

INTRODUCTION.

Edward Marriott Cooke became Medical Superintendent of the Worcester City and County Pauper Lunatic Asylum, at Powick, which was situated about two miles west of the City of Worcester in April 1881 after the death of James Sherlock, who had held the post of Medical Director of that institution since 1854. Frank Crompton's book *Doctor Sherlock's Casebook* ¹ related to Dr. James Sherlock's career as Medical Superintendent at Powick Asylum. ² The initial aim of this publication is to compare the careers of James Sherlock and his successor as Medical Superintendent at the Powick Institution, Dr. Edward Marriott Cooke. ³

This book was more difficult to write than the Volume on Dr. James Sherlock, because of the lack of some available sources. Unfortunately the notes

¹ Frank Crompton, *Doctor Sherlock's Casebook*, Worcester Medical Museum Publication, 2016.

² For brevities sake, in the rest of this publication the City and County Pauper Lunatic Asylum, between 1881 and 1890, will be referred to as Powick Asylum. After the 1890 Lunacy Act (53 Vict. c.5.) this institution became Powick Mental Hospital.

³ Edward Marriott Cooke gained the additional surname Marriott from his mother Sarah Marriott of Wellingborough, Northamptonshire, who married Henry Edward Cooke.

on patients in the Annexes, which were created by Dr. Cooke, after 1884, were moved into what were called Annexe Patient's B2ooks, which were kept separately from the notes of patients still in the original Asylum Wards. These Books did not survive the demolition of the original Asylum Buildings in the 1980s. It was fortunate that the Patient's Notes that started in August 1852 and ceased in around 1914 survived; because they too were left in the abandoned hospital buildings, where five volumes were stolen. These books have never been returned and explain the gap in Patient's Notes that are still extant.

This book is in three distinct parts:

Chapters 1 to 4 are based on evidence from a variety of different sources that provide evidence about Edward Marriott Cooke and his background.

Chapters 5 to 9 are based on evidence from the Annual Reports of the Powick Institution, between 1882 and 1897. Importantly this evidence contains contemporaneous comments on the development of treatment at Powick Asylum at this time. All of these Annual Reports are available on line at the Wellcome Trust Library.

Chapters 11 and 12 are based on the Patient's Notes of 2,103 patients suffering from Dementia, 229 patients suffering from Idiocy and 234 patients suffering from Imbecility. In the absence of Annexe Patient's Notes, lost in the 1980s, it is still possible to identify patients suffering from Dementia, Idiocy and Imbecility, who were transferred to the Annexe, after 1884. Whilst identifying typical cases of these mental conditions is impossible, providing examples of such cases is worthwhile. Such Patient's Notes are important human documents that identify the amazing care and diligence of the Doctors, Attendants and Nurses caring for these patients.

CHAPTER 1.

Who was Edward Marriott Cooke?

Edward Marriott Cooke was born on October 17th 1852, in Harrow, Middlesex, where his father was Henry Edward Cooke of Harrow, Middlesex, who was apparently involved in a business. ⁴ Edward was educated privately in Southampton and then at Highgate School. He then went on to King's College, London, in 1869, to study medicine. He appeared to be the first member of his family to be involved in medicine. He eventually held the post of Assistant Demonstrator in Anatomy at King's College Hospital. However, he was slow to make up his mind about what branch of medicine to specialise in. Initially he had apparently considered specialising in obstetrics or gynaecology, but in 1872 he then obtained the post of Junior Assistant Medical Officer at the City and County of Worcester Pauper Lunatic Asylum at Powick, where he then began to gain appropriate higher professional qualifications in Psychiatric Medicine. It was suggested in his

⁴ In spite of an extensive search of the records the nature of Henry Edward Cooke's business has not emerged. However, he was clearly wealthy enough to send his son into private education.

Obituary in the *Journal of Mental Science*,⁵ in January 1932, that Dr. Marriott Cooke had 'no particular academic leanings'. However, he did present a paper, in February 1895, entitled 'A Review of the last twenty years at the Worcester County and City Lunatic Asylum' that he presented at a Meeting of the Royal Medico-Psychological Association, held at Powick Asylum. By this time, in 1891, he had been elected as President of the Worcester and Hereford Branch of the British Medical Association; at the Worcester Infirmary where this Association had been founded by Charles Hastings in 1832.

At Powick Lunatic Asylum Marriott Cooke was assistant to Dr. James Sherlock, the Medical Superintendent there, who was described in Marriott Cooke's Obituary, in the *Journal of Mental Science*, as 'a man of high medical attainments and of peculiarly suave, courtly and attractive manners'.⁶ Marriott Cooke soon became Senior Assistant Medical Officer in the Asylum at a time when James Sherlock began to suffer from indifferent health. This led Dr. Cooke not only to increase his interest in

⁵ Obituary for Edward Marriott Cooke, *Journal of Mental Science*, 320 [New Series] January, 1932. Vol. LXXVIII, pp. 1-11.

⁶ Obituary for Edward Marriott Cooke, *Journal of Mental Science*, 320 [New Series] January, 1932. Vol. LXXVIII, pp. 4.

the welfare of the insane, but also to attempt to protect the interests of the mentally afflicted, which he continued to do for the rest of his career. His initial interest was in increasing the supervision of patients at night, in the Powick Asylum, because he recognised that at a time when there were 313 male and 356 female patients resident in Powick Asylum, there were no staff continuously available to care for their needs at night. He immediately sought to rectify this situation. Dr. Marriott Cooke was then appointed Deputy Medical Superintendent of the Asylum at a time when James Sherlock became more seriously ill. Thus, he became acting Medical Superintendent for several months, and at this time he began to consider how further accommodation might be added to Powick Lunatic Asylum; which was an issue that the Committee of Visitors, who ran the Powick Lunatic Asylum, were also interested in. They then asked Edward Cooke to visit other similar institutions, to investigate how patient accommodation at Powick might be increased. He completed this task in a creditable way and he then gained rapid and early promotion. Indeed within seven years of his arrival at the Worcester Lunatic Asylum, Dr. Marriott Cooke was appointed as Medical Superintendent at the Wiltshire County Lunatic Asylum, at Devizes, when he was just 26 years old, having been selected from amongst 45

well qualified candidates there. However, his appointment at the Wiltshire County Asylum only lasted for about four years, by which time he had implemented plans for additional accommodation for female patients in the Devizes' institution, and he had also reorganised the way that soiled linen was dealt with in that Asylum's laundry.

It was during the four years spent in Wiltshire County Asylum that Edward Marriott Cooke married Mary Anne Henrietta Cecil, fourth daughter of the 6th Baronet Alton, in what was regarded as a good marriage.⁷ Then, on 13th May 1881, James Sherlock suddenly died, at the age of only 53 years old.⁸ Inevitably the contest for a replacement for Dr. Sherlock as Medical Superintendent Powick Lunatic Asylum was keen, but it appeared inevitable that Edward Marriott Cooke was appointed as replacement Medical Superintendent at the City and County of Worcester Pauper Lunatic Asylum (after 1890 Powick Mental Hospital). He remained in

⁷ The notion of a 'good marriage', in this case related to marrying someone from above their own social strata. However, Mary Cecil became an amazingly supportive wife in Edward Marriott Cooke's future career.

⁸ Ironically James Sherlock died of a chest infection; the same physical ailment that killed many of the patients he had treated at Powick Lunatic Asylum. This ailment was the major infection that killed patients in Pauper Lunatic Asylums at this time.

that post for the next 17 years, after which he was appointed 'Master of Lunacy'⁹ for the Country, in May 1898. By the time this happened the Powick Institution had grown from 770 beds to 1,100 and he had made changes to the way that the Mental Hospital was organised, using ideas that subsequently altered the treatment of mental ailments nationally.

⁹ Edward Marriott Cooke was 'headhunted' by the Lord Halsbury, Lord Chancellor in Lord Salisbury's Conservative Government. This was after the Board of Visitors of the then Powick Mental Hospital had very strongly recommended Dr. Marriott Cooke to the post of Chief Commissioner at the Lunacy Commission. The term 'Master of Lunacy' was used at the time of his promotion.

CHAPTER 2.

Edward Marriott Cooke's relationship with Dr. James Sherlock.

There was no doubt that the influence of Dr. James Sherlock on the 20 year old Edward Marriott Cooke, when he first took up his post as the most junior Assistant Medical Officer at the City and County of Worcester Pauper Lunatic Asylum in 1872. It was profound. This was certainly the first time that the young Dr. Cooke had never encountered anyone like James Sherlock. However, he soon settled in and he gained promotion ahead of the other two Assistant Medical Officers at the Powick Institution at that time. It was for this reason that Dr. Cooke stood in, as Acting Medical Superintendent, when James Sherlock was taken ill, a circumstance that Edward Cooke handled extremely well. He gained the confidence of the Asylum's Visiting Committee, something that was going to be to his benefit within just a few years. Then, within six years of his arrival at the Worcester City and County Lunatic Asylum, in 1878, he was appointed as Medical Superintendent at the Wiltshire County Asylum at Devizes, at the age of just 26 years old.

What also appeared likely was that Edward Marriott Cooke was much influenced by the training in the treatment of the mentally ill provided by James Sherlock. This was because in his medical degree from King's College, London, little was taught about treating the insane. Thus, it was likely that the training that Edward Marriott Cooke received at Powick Lunatic Asylum was the basis of his work with mentally ill patients for the rest of his career. Thus, James Sherlock's own training, in using a Moral Treatment Approach, which he had learned with Professor David Skae, at Edinburgh University, and in the Royal Edinburgh Lunatic Asylum, probably also informed the approach that Dr. Cooke used. It was thus important to be aware that Dr. Sherlock, who was Professor Skae's brother-in-law, adhered rigidly to the Moral Treatment Approach; making it likely that Dr. Marriott Cooke's professional ideology will have been consistent with this training. He thus always used a Moral Treatment Approach.

Thus, when James Sherlock died, in March 1881, and he was replaced by Edward Marriott Cooke, as Medical Superintendent, at Powick Lunatic Asylum, there was likely to be continuity, as opposed to change, in the approach to treating patients there. We know little of James Sherlock's early life, but we do know that he was born in Antrim, in Ireland, in

the 1820s, but more precise information about this was destroyed in 1921 by the I.R.A., who burned the Vital Registration Records for Ireland. However, it appeared likely that James Sherlock came from a medical-family, and we also know that he began his medical-studies at Dublin University, before he transferred to the Faculty of Medicine at Edinburgh, in the late 1840s. He studied medicine in Edinburgh under Professor David Skae, who was appointed to the Edinburgh Faculty of Medicine, in 1846, when he was contemporaneously Medical Superintendent of the Edinburgh Royal Lunatic Asylum, at Morningside, where he developed the Moral Treatment of Insanity, an approach that the 1845 Lunatic Asylums' Act (8 & 9 Vict. c.126) came to insist was used in all English and Welsh Pauper Lunatic Asylums, resulting from that legislation. James Sherlock became an Assistant Medical Officer at the Edinburgh Royal Lunatic Asylum, and whilst working there he married David Skae's wife's sister. A contemporary of James Sherlock, at this time, was Dr. John Grahamsley, who was appointed as first Medical Superintendent at Powick Asylum, in July 1852. Meanwhile James Sherlock was appointed at the James Murray Royal Mental Hospital, in Perth,

¹⁰ in 1853, having been recommended for that post by Professor Skae. ¹¹ However, when Dr. John Grahamsley committed suicide, in August 1854, the Worcester Asylum Committee of Visitors accepted Professor David Skae's advice and appointed James Sherlock to the post of Medical Superintendent at Powick. ¹² In contrast to James Sherlock, Edward Marriott Cooke was from a non-medical background, as his father was a successful businessman, and his son was the first member of the Cooke family to become a medical-man. This meant that Dr. Marriott Cooke, unlike James Sherlock, must have had some entrepreneurial attitudes, ¹³ which

¹⁰ James Murray was a local labourer, who was left a substantial sum of money by his brother who was a master mariner. He spent a large sum of his inheritance on a mental hospital to provide the poor in Perth with free treatment if they became insane.

¹¹ Professor Davis Skae recommended Medical Superintendents to most English and Welsh Pauper Lunatic Asylums at this time. He taught at Edinburgh University Faculty of Medicine and he was Medical Superintendent of the Royal Edinburgh Mental Hospital, which meant that he was the only person training people in the Moral Treatment of Insanity at this time.

¹² The Committee running the Perth Asylum were resentful about losing James Sherlock, as Medical Superintendent, after just over a year in post at Perth, However, David Skae was obdurate that it was in his brother-in-law's best interests to take up the post at Powick Lunatic Asylum.

¹³ The use of the term 'entrepreneurial attitudes' implied that Edward Marriott Cooke was willing to take financial risks to gain

made a significant difference to his approach to the post of Medical Superintendent at Powick Lunatic Asylum.

profit, something that his father probably did. However, this attitude was probably absent in James Sherlock who probably had no experience of this approach.

CHAPTER 3.

James' Sherlock's Legacy – A *Fait Accompli*.

Edward Cooke was a very able individual, who had proved his ability to cope with the task of running Powick Lunatic Asylum, when he became Acting Medical Superintendent there, when James Sherlock was ill. He had also been trained in the Moral Treatment of insanity by James Sherlock, who was recognised as one of the most successful practitioners using this approach at this time. Dr. Cooke was also someone who had been successful in the post he had held at the Wiltshire County Lunatic Asylum at Devizes. For these reasons it was no surprise that he was appointed in Dr. Sherlock's stead, at Powick. However, Dr. Cooke did not start his Superintendency at the Worcester Institution afresh; he had inherited from James Sherlock several ongoing situations.

The Powick Asylum Committee of Visitors ¹⁴ were appointed by the Worcester County Board of Magistrates, who were preoccupied with ‘avoiding a large prospective expenditure, consequent upon the increased number of patients’ in the County Asylum. Thus, when Dr. Sherlock was asked his opinion on how ‘such expenditure could be avoided in whole or in part’, his report made a thorough investigation of this matter. ¹⁵ He initially attempted to avoid dealing with this matter immediately, by suggesting that reserving further consideration of this matter until the number of patients in the

¹⁴ The content of this publication is now dependent on the Annual Reports of the Committee of Visitors of the Worcester City and County Pauper Lunatic Asylum, after mid-1890 the Powick Mental Hospital. This change of name was the result of the Lunacy Act of 1890 (53 Vict. c. 5). Such Reports contained a Section written by the Chairman of the Asylum’s Committee of Visitors, a Report by the Commissioners in Lunacy, a Report by the Medical Superintendent, a Report by the Asylum Chaplain, Copies of the Asylum’s Accounts and Copies of various Statistics compiled by the Medical Superintendent. These sections may vary in their order in the Annual Reports. Copies of the Annual Reports (Nos. 27 to 45 - 1879 to 1898 – the period of Edward Marriott Cooke’s Superintendency at the Worcester County Lunatic Asylum/Mental Hospital are available on line at the Wellcome trust Library web-site.

¹⁵ The 27th Annual Report of the Committee of Visitors of the City and County of Worcester Pauper Lunatic Asylum, presented 30th December 1879, pp. 72-97. Wellcome Trust Library Catalogue and the Hive Archive, Worcester.

asylum reached 790 would be appropriate. At this time there were 763 patients resident there, so he gained a short delay by doing this. He then suggested that the proper place for many of the patients, who remained in the Asylum in an unaltered state, was the workhouse. However, when this notion had been discussed by meetings of Boards of Guardians in the City and County of Worcester, they had 'altogether declined to receive into their Union Workhouse imbecile or demented patients, or those who could at all be classified as of unsound mind'. In spite of this, Dr. Sherlock then continued to suggest placing such patients in workhouses. However, he believed that a four-shilling per patient per week 'Capitation Grant';¹⁶ that was paid by the Treasury to Boards of Guardians to support patients being sent to the County Asylum, inhibited Poor Law Unions accepting such patients into their workhouses.¹⁷

Dr. James Sherlock now insisted that the evidence from other County Asylums was that it was cheaper to maintain quiet insane paupers, than paupers who

¹⁶ This Capitation Grant had been introduced in 1878.

¹⁷ Dudley Poor Law Union, that served the largest place in population terms, that was then part of Worcestershire, had set up-upwards within the workhouse there that did accept such lunatic patients.

were suffering from bodily ailments, in workhouses. He was also sure that this indicated that a large number of patients in Pauper Lunatic Asylums could be safely placed in workhouses, and that if Boards of Guardians did this it would be several years before there would be a need to increase the capacity of Pauper Asylums. However, he also blamed 'the Justices'¹⁸ for unnecessarily signing Orders to commit individuals into County Asylums. For instance, he suggested that children under ten years of age were often committed to an Asylum, in circumstances where they were imbecile and idiotic, having been born with 'defective mental and bodily organisation', where committal to an adult Asylum was the wrong decision. Rather, these children should have been sent to an Idiot Asylum for training. In suggesting this he was referring to institutions like Starcross, in Devon, or Earlswood, in Surrey, where remediation was attempted, that was often successful in equipping such children for an independent life.¹⁹

¹⁸ Specifically the County Board of Magistrates.

¹⁹ Idiotic and Imbecile children were taken into such institutions, where an effort was made to train them, so that they might be employed as labourers, or in other trades. If this training was unsuccessful they were returned to a lunatic asylum in their legal Place of Settlement.

James Sherlock now turned his attention to Private-patients, of whom there were 39, in Powick Asylum, in 1879 (16 men and 23 women), all of whom had Poor Law Settlement in the City and County of Worcester. However, these patients were not paupers, and their fees of between 8s. 8d. and 15s. a week, were paid for by other means than by their Poor Law Union, so there was a profit to be made in the treatment of such patients, as there was on treating patients from outside Worcestershire, where their home Poor Law Union paid £1 per week for their treatment in Powick Asylum. The profits from this source were paid into the Repairs and Maintenance Account of Powick Asylum. Thus, a sum of £800 to £1,200 was paid annually, which under the Poor Law Board Regulations could be used to maintain the fabric of the Asylum-buildings. It was then James Sherlock's conjecture that, the 'friends'²⁰ of patients, were willing to pay such fees to avoid the 'stigma, or taint, of pauperism'. He insisted that these patient's friends paid what they could afford, but this was seldom more than 15s. per week. In fact it was the Committee of Visitors who determined what fee such 'friends' should be charged. In this circumstance Dr. Sherlock felt it

²⁰ The term 'friends' was used by the Asylum Authorities to include friends and relatives of patients.

would be inopportune to cease taking such patients into the Asylum, although he appeared to be somewhat disinterested in maximising profits from this source, although if these profits were lost, the maintenance that these fees paid for would have to be paid by the City and County Poor-Rate payers.

James Sherlock then agreed with the Committee of Visitors that advocating large expenditure on providing new-buildings, to house more pauper lunatics, would not be appropriate at that time. He then alluded to the fact that when an Asylum exceeded a certain size, this caused control and management problems, stating that a larger Asylum could not be administered with the 'same amount of economy and supervision of detail' as it was at present. James Sherlock then suggested that if Powick Lunatic Asylum were to be extended, there would have to be a change in the classification of the inmates. Then, 'Imbeciles, Idiots, and persons of an unsound mind', might be accommodated in a building that was 'more home-like, simple and of less expensive construction' than the-wards of the present Asylum. This would also mean that the acute and dangerous classes of lunatic inmate would continue to be treated in the existing buildings. This, Dr. Sherlock conceded, might increase the cost of supervising these patients, but separating patients who might recover, from those

where there was no hope of recovery, would in his view imply overall a lower rate of maintenance of the institution.

However, Dr. Sherlock's Report then discussed specialist institutions in the Metropolis, constructed after the Metropolitan Poor Act of 1867 (30 Vict. c. 6), which had led to the creation of two Asylums for Incurables,²¹ situated at Hanwell in Middlesex and at Caterham in Surrey. Chronic patients were transferred to these two institutions, from Hanwell and Colney Hatch Lunatic Asylums, and from workhouses in the Metropolitan area. These institutions were in the care of the Local Government Board.²² Thus, James Sherlock suggested in his Special Report, in 1879, that a new Act of Parliament could make it possible for Joint Asylums to be constructed to serve adjacent Counties, where 'unproductive-patients' might be housed, which would be inspected by the Lunacy Commission, with local oversight of these institutions undertaken by local committees set up by the Court of Quarter Sessions.

²¹ At this time these were described as 'Warehouses for the Unwanted'.

²² The Local Government Board was set up in 1871 (under 33 & 34 Vict. c. 70) – it replaced the Poor Law Board.

At this juncture James Sherlock had introduced the notion of two classes of pauper lunatics; the 'productive' and 'non-productive-patients'. Curable patients, who were out of the-wards during the day, being instructed in industrial-skills, were the 'productive class of patients', ²³ whereas, those unable to work, who spent their time in their-wards, were said to be 'non-productive. Dr. Sherlock now stated that the separation of these two classes of patient was reasonable and desirable, because it would reduce the overall costs of running the Asylum. He suggested that the 'unproductive-patients' would be less costly to maintain than the 'productive-patients'. Oddly, this notion of separation of these classes of patient was contrary to James Sherlock's opinion, in about 1860, when he believed that the admixing of patients, with similar non-threatening behaviour, in a ward was desirable in creating a therapeutic community. At that stage he believed that placing an Idiotic Patient with a Maniacal Patient who would care for them, would be to the benefit of both patients.

Dr. Sherlock now discussed an initiative that Warwickshire, the adjacent county to

²³ From the outset, following the County Asylum's Act of 1845 (8 & 9 Vict. c. 126), Moral Treatment had included such Industrial-Training for patients able to undertake such work.

Worcestershire, had made in the 1870s. They had built a subsidiary-Asylum in the grounds of the County Asylum, at Hatton, that had cost £20,000. This new institution housed 220 Imbeciles, Idiots and chronic lunatics, but it shared the Chapel, kitchens and laundry with the adjacent County Asylum, which made it more affordable. This institution, along with Asylums for Idiots, James Sherlock clearly considered to be a possible solution to the problem of increasing numbers of insane individuals.²⁴ However, no attempt was made to develop this type of institution in Worcestershire.

In the late 1850s and early 1860s, Powick Pauper Lunatic Asylum had

incurred considerable margins of excessive accommodation...that was utilised by receiving patients from other districts, and in this way a fund was provided relieving the ratepayers from various annual grants in respect of repairs, renewals and various minor improvements arising and becoming necessary from time to time.

²⁴ In 1872, an Asylum for Idiots was opened at Knowle, in Warwickshire, that took a small number of child patients from Worcestershire.

This was a situation that James Sherlock had encouraged, and for a time this ‘boarding-out of patients under contract’, at Powick Asylum for up to three years, obviated concerns about overcrowding at the Asylum. However, the inexorable growth of the number of insane individuals in Worcestershire, which Dr. Sherlock claimed was in line with the county’s overall growth in population, ²⁵ led to overcrowding at the Asylum. Thus, by the mid-1870s, accepting ‘contract-patients’ at Powick Asylum ceased, and on occasions patients from Worcestershire had to be boarded-out at other Asylums, for instance at Stafford, and at the Joint Counties Lunatic Asylum at Abergavenny.

James Sherlock’s Special Report now considered whether it would be possible to find accommodation in the Worcester Area that could be rented to accommodate ‘non-productive-patients’. The buildings that had been Droitwich Private Lunatic Asylum, which had closed in 1871, ²⁶ were

²⁵ James Sherlock’s belief that the increasing numbers of patients entering the Asylum was in line with the overall growth in population in Worcestershire, was in stark contrast, to the belief circulating concurrently, that there was an ‘Epidemic of Lunacy’.

²⁶ William Ricketts established the Droitwich Lunatic Asylum in the later 18th Century, and it was eventually taken over by his son Martin. Until the opening of the City and County of

one possibility that was considered for rental, but it was then discovered that it would only be possible to accommodate 80, or so, either male or female patients there, and even then substantial costly alterations to the buildings would be necessary for this to happen. Thus, the notion of renting accommodation for ‘non-productive-patients’ was thought not to be a means of avoiding enlarging the present Asylum.

James Sherlock now considered minor alterations to the present Asylum, that would be relatively inexpensive, that might reduce overcrowding. For instance, he suggested building a detached hospital for 40 patients, that would be available if there was an outbreak of epidemic disease, but in normal times it could accommodate patients who required minimal supervision. Another alternative suggested was building an extension on the female-infirmary, where ‘non-productive’ female patients may be housed. Eventually the Dr. Sherlock suggested that

Worcester Pauper Lunatic Asylum at Powick, in 1852, several parishes in Worcestershire sent their pauper lunatics to the Droitwich Institution. After 1852 the private Droitwich Lunatic Asylum struggled to attract non-pauper patients. It eventually closed by 1870. William Ricketts gave evidence to a Select Committee of Parliament in 1816 about the inadequacies of treatment in most contemporary Lunatic Asylums;; evidence that was crucial in the reform of Lunatic Asylums.

reclassifying patients as 'productive' or 'non-productive', or liable to improve with treatment, or not liable to improve, was the approach that needed to be taken. He was convinced that the amount of supervision that 'non-productive-patients' required was less than that for 'acute productive-patients' and that the dietary of these patients would also be cheaper. However, James Sherlock did concede that the cost of treating the 'acute productive cases' may be somewhat increased by such reclassification.

Dr. Sherlock's Special Report then concluded that Section 8 of the Lunacy Amendment Act of 1862 (25 & 26 Vict. c. 111) had given powers for the

Visitors of any Asylum and the Guardians of any parish or Union, within the district, for which the Asylum had been provided, to make arrangements, with the approval of the Commissioners in Lunacy, and the President of the Poor Law Board, for the reception and care of a limited number of in the Workhouse of any parish or Union in such districts.

This, James Sherlock contended, would ensure that persons removed from the Asylum and placed in workhouses would be looked after by paid attendants, and they would then be housed in separate-wards, and their Dietary would be

somewhat similar to that of Asylum patients. However, Dr. Sherlock did still recognise that the Government had handicapped Asylums with the payment of 4s. per head per week to Boards of Guardians, to aid their placing insane paupers in the County Asylums; the so called 'Capitation Grant', discussed earlier. This meant that insane patients in workhouses received no allowance from Government Funds. However, Dr. Sherlock did have to concede that one Poor Law Union in Worcestershire had taken action regarding this Amendment Act. Dudley Poor Law Union had accepted insane pauper patients into its Workhouse, for the last two years.

However, Government Inspectors had suggested that some insane patients retained in workhouses were often found to have been insufficiently treated medically and they were neglected, with their condition 'miserable and deplorable'. It was suggested that this was the reason that the Government had introduced the 4s. per week 'Capitation Grant', which Dr. Sherlock had contended was the cause of Lunatic Asylums becoming filled to overflowing, which in turn led to Asylum-buildings being insufficiently large to provide treatment for the increasing numbers of patients.

CHAPTER 4.

Continuity or Change at Powick Pauper Lunatic Asylum?

It was thus clear that Powick Asylum, at the time of James Sherlock's death, was liable to alter its approach to treating patients, by adopting the separation of 'productive' from 'non-productive-patients'. Thus when Edward Marriott Cooke was appointed, as Medical Superintendent, in April 1881, he encountered a 'fait accompli'. Indeed, in the Report of the Lunacy-Commissioners, who visited Powick Asylum on 17th and 18th October 1881, they stated 'we must notice that an Annexe is to be built to accommodate 210 patients, which will be capable of enlargement to double that number', and that the detailed plans for this additional building, and for the enlargement of the laundry, gas-works, and for the better distribution of sewage within the Asylum, are in the course of preparation.

The Special Report on the Enlargement of the Asylum, contained in the 29th Annual Report, in 1882, was written by Edward Marriott Cooke. In it he stated

That advantage be taken of the increase in accommodation (in the new Annexe) to adopt a system of classification involving cheaper arrangements for certain classes of patients.

To enable this to happen, the County Surveyor had been instructed to ‘prepare plans for the economical erection of large-wards, and a kitchen, for 400 chronic and harmless patients’. Then, inevitably, the Lunacy-Commissioners made certain suggestions that altered the plans slightly, but the new Annexe-Plans were approved, under Section 45 of the Lunatic Asylums’ Act of 1853 (16 & 17 Vict. c. 97). However, the Asylum’s Committee of Visitors were ‘brought to the lamentable conclusions that, insanity had ever been, and still is, on the increase in this City and County’, so they believed the planned enlargements of the Asylum were inevitable. In the last 30 years, the Asylum built to house 200 patients, had 750 beds. However, the Committee hoped that the new Annexe would somewhat reduce expenditure.

Mr. Henry Rowe, the County Surveyor, produced plans for a new-building that would accommodate 420 patients. However, it was to be built in two phase; the first phase of which would be a building to house 210 chronic and harmless patients, who it

was initially suggested should be one-third males and two-thirds females. Then, when this first phase was completed, and patients had moved into the new Annexe, a second similar sized building would be added. However, to enable this to happen, land to the north of the present Asylum would have to be purchased, and an old bridleway, called Quabb's Lane, would have to be stopped-up. It was estimated that the new-building would cost £30,260, but including purchasing the necessary additional land the estimated cost would be £35,110.²⁷

It was very clear that at this time there was huge pressure for space in the existing Asylum-buildings, because, in May 1881, it was necessary for the Committee of Visitors to arrange to board-out 25 men and 5 women, at Rubery Hill Asylum, Birmingham, at a cost of 14s. per patient per week, which was an additional cost of around 6s. 5d. per patient per week. This arrangement had been made for one year, at a total excess cost of £630. This led Dr. Cooke to attempt to explain the reason why the number of patients in public Lunatic Asylums had increased so dramatically. He summarised the reasons for this increase by suggesting that

²⁷ This building project would have cost £4.5 million in 2022.

1. There had been a large and rapid increase in the population of the Asylum in the last 30 years.
2. The causes of this growth were (a) the tendency during the last 30 years to seek out persons becoming lunatic, to treat them better, and to pass them on to the Asylum, instead of retaining them in a workhouse, or with their friends. (b) The yearly increase in Admissions. (c) The great diminution of the death-rate of such patients.
3. That the only contrary influence had been, a higher recovery-rate, which was entirely outbalanced by the foregoing.
4. That the number of Admissions into the Asylum, had kept pace with the increase in the population of the County, during these decades.

In other words there had not been an Epidemic of Lunacy.

By the end of 1882, there were 94 more female patients than males in the Asylum, which was partly because the death-rate was markedly less amongst female patients. However, by the end of 1882, there were 12,293 more females than males in the overall Worcestershire County population, and for this

reason, since the Asylum opened, the female intake to the institution had always exceeded that of the males. However, it was also the case that the recovery-rate, amongst males, was lower than that amongst females. Over the years, this had led to an increasing excess of the number of female patients over males, because of the way that patients were sent to the Asylum, when it first opened, and in the few years following. Thus, the first decade of the Asylum's existence was unusual. However, in the second two decades, after 1863, 'there was no increase in the number of admissions, beyond what would be accounted for by the increase of the County's population'.

Edward Marriott Cooke then concluded that, in all cases of insanity, where there was a chance of recovery, the victim should be sent to the Asylum, as should anyone else, whose insanity made them dangerous to others. However, there were 'many demented and aged persons, imbeciles and idiots, now relegated to the Asylum, who were receiving adequate benefit thereby, who ought to be just as well treated in a workhouse, or with friends.'²⁸ Drs. Sherlock and Cooke clearly concurred in this opinion. They would clearly also have agreed that,

²⁸ The term 'friends' continued to be used to include relatives.

the planned new Annexe, involving a reclassification of the patients, was a very satisfactory way of resolving the accommodation problems of the institution 'at the least possible expense'.

CHAPTER 5.

A Contemporaneous History of the Powick Pauper Lunatic Asylum 1882 to 1890 – The Annual Reports.

The 30th Annual Report of the County and City of Worcester Pauper Lunatic Asylum, which was published in 1882 was the first Report written by Edward Marriott Cooke, and one section of this Report was preoccupied with cost of treating patients at the Powick Lunatic Asylum. Indeed, at one stage, Marriott Cooke claimed that in his Asylum costs were ‘absolutely the lowest in the country’, which was a statement that James Sherlock would never have made. It was for this sort of reason that, it was earlier suggested that Dr. Marriott Cooke was more ‘entrepreneurial’ than his predecessor, as Medical Superintendent, at the Powick Institution. This was a trend that was to continue, and it possibly led to Marriott Cooke’s eventual successful promotion to the Lunacy Commission, at the behest of the Lord Chancellor.

In all, the Committee of Visitors at Powick Lunatic Asylum had to purchase 20 additional acres of land, so that they could erect the new Annexes. However, the overcrowded state of the Asylum was now so acute that there were 35 more patients in the Asylum than it was officially allowed to contain. The Visitors had purchased land from the Earl of Coventry, and from two other local landowners, at

a cost of £1,670, and they also arranged that, the Quabb's Lane bridleway be closed. However, there was another issue that expanding the Powick Asylum-buildings produced. This was additional pressure being placed on the Asylum's water-supply, and by the additional sewage that 420 additional patients would eventually create. The Committee of Visitors then purchased a further 12 acres of land, from the Earl of Coventry, for £1,500, on which a sewage-outfall would be created. This was an important development, because this would prevent Carey's Brook, the main water-supply for the Asylum, becoming even more polluted by sewage than it had been.²⁹

When Mr. Henry Rowe's plans for the new Annexe arrived with the Lunacy Commission, they made numerous objections to the fine details of the design of the Annexe, and this added an additional £800 to the cost of new-buildings, pushing the expected cost up to over £31,000, but when the cost of purchasing the land was added, the Annexe Project would cost £35,110. Again, the Committee

²⁹ The adequacy of Carey's Brook had been an issue from the outset of the Asylum, in the 1850s. Doubt was expressed then about the inadequacy of the water-supply on the White Chimney's Estate that was purchased as the site for the new Asylum.

of Visitors expressed their trust that the 'classification of chronic and harmless cases' in the new Annexe, which their Medical Superintendent Edward Marriott Cooke proposed, would led to some reduction in costs. However the Committee did express themselves 'not sanguine that such a reduction would be considerable'.

Dr. Cooke had made a careful study of the Powick Lunatic Asylum. in its first thirty years of operation, which had 'demonstrated conclusively' that, the workhouses and families now contributed little in caring for pauperised insane individuals, as they had done in the past. Indeed, he accused the workhouses of neglecting their responsibility in caring for poor insane individuals. However, he also claimed that Powick Asylum's 'curative powers had been steadily improving', year on year, since it opened, which reduced other pressures on the Asylum. He then reiterated his claim that separating incurable cases from the curable patients, who were well disposed and useful, would have 'a most beneficial effect' on the Asylum.

In the 31st Annual Report, for 1883, various purchases of land had been completed, and the Quarter Sessional Court had allowed the Quabb's Lane bridleway to be closed. The plans that Mr. Henry Rowe, the County Surveyor, had produced for

the new Annexe, and the alterations associated with it, had been approved by both the City and County Councils, and by the Secretary of State. This made it possible to advertise for tenders to construct the new-buildings. There were 11 such tenders, submitted, ranging from £27,495 to £18,900, to complete the work. The second lowest tender, for £19,495 15s., from Messrs. Philip Horsman, of Wolverhampton, was accepted, and another contract was also signed, with Messrs. Haden and Son, of Trowbridge, to undertake engineering-work in the Asylum.

Then, perhaps inevitably, the Committee of Visitors sought to save money. At the outset, in the late 1840s, when the new Asylum was initially being planned, it was suggested that 'brick-earth' on the Asylum-site could be used to make some of the bricks needed to construct the Asylum-buildings, which had been done for some bricks used for the internal walls of the original Asylum. At this time, patient labour had also been used in landscaping the site and in other building-work. Thus, it was again suggested that bricks made on site should be used to build the new Annexe, and that patient labour should again be used to extract 'brick-earth', and then to level the site. Dr. Marriott Cooke was asked to arrange for the artisan-attendants', employed by

the Asylum, to instruct the patients in certain industrial-skills, to furnish the new-building, when it was completed. In another attempt to save money, the Committee of Visitors considered ceasing to use the funds raised from private-patients, contract-patients and the additional fees they got for out-of-county patients, for repairs. Instead they intended to use this money to help pay for the new Annexe. However, they left this decision in abeyance for further consideration later.

In his Report, for 1883, Dr. Cooke investigated how many patients might be transferred from the Asylum to Union Workhouses-wards, if this was possible. He concluded that there were 28 male patients, and 30 females, who might be moved into special lunatic-wards in workhouses, if these were provided. Another 15 males and 9 females might also be moved to workhouse-infirmaries, where there was a nurse available to care for them. However, there was only one case of a male patient, who might simply be transferred to a workhouse. Dr. Cooke remained obdurate that such transfers would relieve the pressure on his Asylum, suggesting that one major reason for the Boards of Guardians refusing to accept some lunatic patients into their workhouses was 'because they were maintained in the Asylum as at little, or even less, cost, than they would be in their Union

Workhouses. Whilst he recognised that some insane patients needed the specialist-care available in the Asylum, Edward Cooke believed that the presence of some ‘unproductive-patients’ in the Asylum hampered the treatment of some other patients, and for this reason the removal of these patients to a workhouse would be beneficial.

Dr. Marriott Cooke then returned to his suggestion that as the population of Worcestershire was increasing at the rate of 4,000 persons each year, this led to an increase of nearly 9 additional lunatic patients in the County Asylum every year. Then, the increasing longevity of incurable patients, already in the asylum, meant there were also additional numbers of patients from that sources, so he estimated that within 7 years the additional 210 places provided in the new Annexe, would be filled up. Thus, it was thus imperative that a solution be found to this problem, and he favoured putting pressure on Boards of Guardians to make accommodation available in their workhouses. However, he was again insistent that if this were done, great care should be taken, that any case that would benefit from treatment in the Asylum must be sent there. He then returned to considering the longevity of incurable patients in the Asylum. He cited evidence that, 20.4% of patients in his Asylum, in 1883, were over 60 years old, whereas in 1855 the

percentage of patients, over 60 years old, was only 15.6%.

In the 32nd Annual Report, for 1884, it was reported that the new Annexe was progressing well, and that it was likely to be ready for occupation in the 'ensuing summer', but also that £2,000, from the funds granted for the new-building, would be spent on furnishings. It was also suggested that the weekly cost of maintenance in the Asylum, had increased from 7s. 7d. per patient per week, to 8s. 2d, an almost 10% increase, that was said to be entirely due to the excess costs of boarding patients out, at the Rubery Hill Asylum. Quite clearly, the need for the extensions at Powick continued. Then, in their Report, the Commissioners in Lunacy suggested that an electrical system might be installed in the new Annexe-building. However, they also again called for a separate hospital to be built to house patients with infectious-diseases, citing the presence of two patients with Typhoid Fever in the Asylum at that time. The Commissioners also approved of the potential enlargement of the Asylum Chapel. Dr. Cooke's Report then made it clear that the building-work in the laundry, was necessary to cope with an increase in patient numbers; a situation that had led to all of the washing from the Asylum being sent to Rubery Hill Asylum to be washed there, under a contract that was costing £200. However, the Dr.

Cooke was sure that the new-buildings would be completed within about six months and that these laundry arrangements would no longer be necessary. Amongst other improvements included in the new-building-work, Edward Cooke mentioned an improved sewerage-system that would reduce pollution, together with increased accommodation for attendants and nurses.

The new Annexe was completed and opened in June 1884, and in the 33rd Annual Report, for 1885, it was stated that the Committee of Visitors had raised Edward Marriott Cooke's salary from £650 per annum to £800,³⁰ from 1st January 1885, an increase of 23%, which was justified by the additional responsibility entailed upon him by the enlargement of the Asylum, and the increased number of patients then accommodated. This development also led to the appointment of a third Assistant Medical Officer, and at this time it was also decided to rearrange the duties of the Matron of the Asylum. The Visiting Committee determined that they would abolish the post of Matron, and instead she would be called the Lady Housekeeper, although, oddly, she would be allowed to retain the title of Honorary Matron. As a result of the

³⁰ This salary in terms of 2022 would be almost £110,000.

increased number of patients in the Asylum, the Committee had also decided that rather than enlarge the existing Asylum Chapel, they would build a new Chapel of a 'comparatively inexpensive character', on a new site. The estimated cost of this new-building, which would seat 700, was £2,556 16s., and the new-building would be completed early in the coming year. It was now clear that the extra-accommodation available in the new Annexe gave new impetus to the Committee of Visitors desire to make Powick Lunatic Asylum as profitable as possible. Thus, it was 'with satisfaction' that, they reported that a contract had been entered into with Essex County Asylum, for 55 patients (25 males and 30 females), to be accommodated at Powick Asylum, at 13s. per head per week. These patients were to arrive at Powick in the next few days, an arrangement that would be a source of considerable profit.³¹

It was now quite clear that the creation of the Annexe had altered other parts of the Asylum. Indeed, 'spacious rooms' had been provided for patient's visitors, and new offices were created for the Chief Male Attendant, and for the Asylum Clerk. However, elsewhere, a store-room that had been

³¹ A profit of over £600 per annum.

used as a dormitory was restored to its previous use. However, the Visitors did recognise that these changes had placed extra pressures on ordinary asylum staff, so that several individuals were given salary rises. It was then stated that, the opening of the new-buildings had relieved the extremely overcrowded state of all departments of the old Asylum.

In spite of these changes, the weekly charge, for the treatment of pauper patients, remained at 8s. 2d. per patient per week, and again it was stated that the Committee were sure that this would be satisfactory to the Poor Rate Payers of the City and County, to know that this sum ranked amongst the lowest weekly cost of an Asylums in the Country. Again, it appeared significant that this statement was never made in James Sherlock's time as Medical Superintendent. However, Dr. Cooke appeared to approve of this approach to the financing of his Asylum.

A situation now arose that was clearly a shock to the Committee of Visitors, and one suspects to the Medical Superintendent as well. The Committee of Visitors, quite complacently announced that there would be an excess of about £2,000 when the new Annexe was paid for, and they asked the Authorities if this money could be used to furnish the new-

wards. However this was followed by a statement that

It is with great regret that the Committee now inform the Court and Council, that the estimate which they had made, in September 1884, and on which the Report referred to was made, turned out to have been very erroneous, although it was based to a large extent on a Special Report made to the Committee by the County Surveyor at that time.

This problem related to the expenditure incurred in carrying out improvements to the boiler and engine-house, and to the wash-house at to the laundry. Mr. Henry Rowe, the County Surveyor, had originally estimated this -building-work to cost £600, whereas the total cost when the Accounts were made up were no less than £4,273 6s. 7d. or £3,673 more than the original estimate. The Committee of Visitors then stated that, it was unfortunate that, believing that they had ample money at their disposal, they had given orders, from time to time, without applying to the Court and Council for permission to carry out this additional work. Inevitably the Committee expressed their regrets about this situation, and they asked the Court and Council for

an additional sum 'not exceeding £7,600 ³² to complete this work. They further suggested that, because of the additions to the accommodation at the Asylum, together with other improvements to the water-supply, kitchens, and staff-quarters, to cater for a further 210 patients in the future, the Committee felt confident that the total outlay, including the £7,600 now asked for, would not be found to be extravagant. The inevitable result of this statement was that the Justices, at the Epiphany Quarter Sessions, in 1886, along with the City Council of Worcester, who had also been asked for extra finance, ³³ demanded a further Report on this matter.

The response of the Committee of Visitors, at this stage, was probably inevitable. They clearly considered that Henry Rowe, the County Surveyor, had responsibility for the situation they were in, so a letter from him was the major piece of evidence sent to the Justices. Indeed, Henry Rowe had already accepted that large extras on the -building-work, in connection with the wash-house and laundry, which were the principal items of the extra cost, were made without the authority of the

³² £7,600 in 1885 would be £1,040,000 in 2022.

³³ The County Council still paid 8/9th of the Asylum Costs and the City Council 1/9th.

Committee of Visitors. Whilst the Visitors were satisfied that the work completed was necessary, they had not been consulted before the building-contractor was authorised to start the work.

In his letter, Henry Rowe claimed that the plans for the work on the wash-house and laundry had been altered several times, but they had then been sent to the Committee of Visitors for their approval. However, they had not given specific permission for the work to commence. He then stated that, his estimate for the work had increased from £600 to £800, between May and September, and then later he had increased his estimate for the work again, to £1,400. However, he then admitted that, he had 'inadvertently' assumed that these costs were part of the £24,000 that, it had already been agreed would be available to pay for the Annexe and allied developments. He then stated that, further alteration to the engineering-work then took place, but he believed that the £700 cost of this work had also been included in the £24,000, already agreed. He then made an extraordinary statement that, 'the idea that the extra had arisen on the builder's contract of £19,495...was not the case'. He then suggested that given the additions, suggested by the Committee, the extras involved were 'but trifling'. He then claimed that, nothing had been done to the wash-house, laundry, boiler and engine-house that

was outside the original Contract. Indeed, nothing had been done except what was found absolutely necessary. He then cited the average cost per patient of buildings, at Rubery Hill Asylum, at the Burntwood Asylum, in Staffordshire, and at the Gloucester County Lunatic Asylum. He then claimed that the costs of buildings at Powick Asylum, to allow for an increased number of patients, was £190 per head, and that when the building was further extended, the average cost would fall to £93 per patient, costs that were well below the cost of work in other mental institutions. He then stated that he did not consider himself responsible for the approximate estimate of the engineering-work, or for the increased cost of enabling communications between the old and the new Asylum-buildings. He believed that his approximate estimate for the work, of £25,980 (which excluded work on the gas-works), had eventually been exceeded by only £500. Unfortunately there was no response to Henry Rowe's letter from the Quarter Sessional Court,³⁴ although it was apparent that he continued to be the County Surveyor, and he undertook further planning work at the Asylum.

³⁴ In spite of a thorough search of the Quarter Sessional Papers, in the Archive at the Hive Library, in Worcester, no response to Henry Rowe's letter was found.

In spite of this the Lunacy-Commissioners were entirely satisfied with the new Annexe, when they made their next Annual Visit to Powick Lunatic Asylum. They found the new-wards and dormitories in a comfortable state, and they believed that the decision that had been made to place 70 male and 140 female patients in the new Annexe appropriate. At the time of their visit there were 64 male patients and 125 female patients in the Annexe, but they also found that there were 128 vacant beds (60 for males and 68 for females), chiefly in the old part of the Asylum. The Commissioners were also pleased that the new Chapel, with seats for 700 patients, meant that attendance at Divine Services had increased.³⁵ The Commissioners also commented on improvements in the laundry, on the new steam-engine, the enlargement of the gas-works, and they were particularly pleased that the way that sewage was dealt with had improved.

Edward Marriott Cooke was also able to report that Dudley Poor Law Union had agreed to continue to receive patients, he recommended for transfer into

³⁵ There had been disquiet from the Roman Catholic Church, and from Non-Conformists, about what was seen as an Anglican dominance of religion in the Powick Asylum. Indeed, there were even claims of proselytism occurring at Powick Lunatic Asylum. However, the 1890 Lunacy Act (53 Vict. c.5) did much to redress this situation.

their Workhouse. This was a situation that had been going on for two years and the Medical Superintendent still hoped that this system of dealing with 'harmless and chronic cases' might be adopted by other Worcestershire Poor Law Unions. Edward Cooke then showed his willingness to indulge in emphasising the cheapness of Powick Lunatic Asylums, compared with other similar institutions, by saying that he was proud to announce that the average weekly cost at Powick Asylum was only 7s. 10 ³/₄d.

He then expressed his satisfaction with the new Annexe. He was pleased with the way that the first six months had gone, although he did admit that a great deal was still to be done to complete the intended enlargement of the Asylum. Effectively the opening of the new-building had increased the accommodation of the Asylum to 944 patients (413 male and 531 female patients). He then explained that the two separate parts of the Asylum were now connected by a walkway that was 500 feet long, that the new-buildings had a frontage of 380 feet, with the 4 distinct blocks. One block was to contain 70 male patients, two other blocks would house 140 female patients, with the fourth block being devoted to administrative purposes. It was then intended to add 4 further blocks in the future. On the ground floor of each accommodation-block was

a day-room (72' by 40' and 14' high), with access to a sanitary-block, in which there were 6 baths. The first floor was of similar design to the ground floor, but the rooms there were dormitories. The Administration-block contained rooms to accommodate an Assistant Medical Officer, the Chief Male, and the Chief Female Attendant, along with visiting rooms, where patients could meet their friends and relatives. The other half of the building-contained the kitchens, and accommodation for various servants. Above the kitchen was a water-tank containing 20,000 gallons of water, which would provide water for consumption by the patients, but also water for fire-hydrants, in case of fire. The wards in the new Annexe were heated by open-fireplaces, but there were then steam-coils, that provided most of the heating in the buildings. The Annexe then had large airing-courts, to provide a place where patients could spend time out of doors, and these courts had beautiful rural-views. It was Marriott Cooke's hope that by removing Imbeciles, Idiots and chronic demented patients into the Annexe, they would relieve the curable, intelligent and useful patients from daily contact with a class whose society must be trying and harmful to them. However, this outcome was what Dr. James Sherlock had intended when he first envisaged building the Annexe.

In the 34th Annual Report, for 1887, it was reported that the Bishop of Worcester had opened the new Chapel, on 15th January 1887, and that the Chapel had a new organ that had cost £249, which had mainly been paid for by public subscriptions. However, it was obvious that making a profit out of Contract-patients was continuing, with a Contract for 55 patients from the Essex County Asylum continuing for a further two years. Indeed, this appeared to be the reason why the weekly cost of pauper patients, at the Powick Lunatic Asylum, could be reduced from 8s. 2d. to 7s. 10d., and then, later in the year, to 7s. 7d., so that the emphasis on being one of the cheapest Pauper Lunatic Asylums in the Country was again emphasised. However, the success of attracting profitable patients led to a decision to offer private patient places at £1 a week, to people in adjoining counties, at a profit of 12s. 5d. per week per patient to Powick Asylum.

In 1887, Lord Beauchamp retired of Chairman of the Committee of Visitors. and His Lordship was then thanked, especially for his diligence and thoughtful care, on all details during the execution of the large and important extension recently and satisfactorily completed, and it is interesting to wonder whether this was a reference to the financial debacle, when £7,600 had been spent in excess of the sum

provided by the County and City Authorities, and there had been no direct mention of this matter elsewhere.

There were now 40 private-patients (10 males and 30 female) in the Asylum, but there was also one male and one female Criminal-lunatic,³⁶ who the Prison Authorities paid private-patients fees for, but there were 3 more private-patients than in the previous year. It was then suggested that the estimate for the year of necessary repairs to the Asylum-buildings would amount to £1,300, but that this amount would easily be covered by the profits made from Essex County Asylum's Contract-patients, together with the profits from other private-patients. However, it then appeared that a dangerous lunatic, who had been sent from Powick Asylum to Fisherton House Asylum,³⁷ near Salisbury, Wiltshire, where the charge had been 15s. 6d. per week, was, on 19th March 1887, allowed to

³⁶ Because criminality was regarded as infectious, like pauperism, the presence of criminal lunatics, who were thought doubly infected in the Asylum was not welcomed.

³⁷ Broadmoor Criminal-Lunatic Asylum had opened in 1863, but almost from the outset it was too small to accommodate all Criminal-lunatics. Fisherton House Lunatic Asylum had accommodated Criminal-lunatics, from other County Asylums, before Broadmoor opened, so that Powick Asylum had sent this dangerous lunatic there, rather than attempting to treat him themselves.

return to Powick Asylum, by Dr. Cooke. It appeared that treating this man at Powick Asylum, would save nearly £29 per annum, which made the risk of doing this worthwhile. When the Commissioners in Lunacy visited the Asylum, on 4th November 1886, there were 231 patients in the Annexe (160 females and 71 males), which was 35 more patients than the Annexe was intended to hold. To enable this to happen, rooms intended to house servants, had been converted into dormitories; an arrangement that was intended to cease when the Annexe was doubled in size. The Commissioners clearly accepted this arrangement, as a temporary measure, and they were also pleased with the state of the-wards in the old-building, which they described as 'bright in appearance'.

The Committee of Visitors now reported that they had received £38.044 8s. 10d. from the County and £4,755 11s. 2d. from the City Council (a total of £42,897) to pay for building the Annexe, and that they had £1,117 10s. still in hand. This included £325 17s. still owed to Messrs Haden the Engineers, and £219. 18s. 11d., owed to Messrs Horsman the Builders. There was also money owed to the Engineers and Builders for building the new Chapel that had cost £2,556 16s. However, nowhere was there any mention of the problems of the overspending of £7,600 discussed earlier, and one

can only assume that the circumstances of that financial debacle had simply been accepted by the Court who had granted money to finance the building of the new Annexe.

In 1885 Dr. Marriott Cooke had conducted research that showed that the staff of Powick Asylum had been strengthened, in the period of 30 years, from 1855. However, when the new Annexe opened, much advantage had been gained, when a new Assistant Medical Officer and several other new staff, had been appointed, who were thought essential, because of an additional 110 patients being admitted to the Asylum. These were not new patients, they included 55 patients returning from being boarded-out at Rubery Hill Asylum, and 55 contract-patients from Essex County Asylum. However, the arrival of the Essex Asylum patients had been delayed, at the last minute, which meant that Powick Asylum was overstaffed for a short time, until these patients arrived.

At this time Dr. Cooke believed that the Asylum was likely to recruit more patients than were expected, so that the average cost of salaries would decrease somewhat, and he emphasised that Powick Asylum's costs had 'always been below the average for County Asylums in England and Wales'. Again it appeared that Dr. Cooke was taking responsibility

for financial matters that his predecessor James Sherlock would have been relatively unconcerned about. He now pointed out that the statistical elements of his Report were altered, because of the activities of the Medical Psychological Association, who claimed that Medical Superintendent's Reports, in the past had sometimes contained 'useless information', that he had expunged from his most recent Report, which now made comparisons between similar County Asylums. Marriott Cooke now suggested that the new Annexe, which had taken time and effort to complete, was in thorough working order. However he was still concerned about some parts of the original Asylum-buildings; particularly about the heating of some of the-wards there, which were cold in winter. He then suggested that steam-coils, of the sort used in the new Annexe, should be fitted in parts of the old-buildings, and he again repeated the mantra that the costs at Powick Lunatic Asylum 'compare favourably with the average weekly charges in all other County Lunatic Asylums.

The 35th Annual Report, for 1888, suggested that the notion of allowing private-patients from adjoining Counties to Worcestershire, to be private-patients at Powick Asylum for £1 a week, had failed, as there had only been one such patients, and that individual had only remained in the Asylum for a few weeks,

before they were removed elsewhere.³⁸ However the contract with Essex County Asylum to accommodate their patients continued, and Powick Asylum's rate for pauper patients remained at 7s. 7d per patient per week. It was then suggested that Dr. Cooke's comments about the heating in the older-wards of the Asylum being inadequate had been timely, because in the early months of 1888 the weather had been particularly severe. Thus, the Medical Superintendent's suggestions about adopting the system of steam-coils used to heat the-wards in the Annexe was to be adopted in the wards in the original Asylum buildings. However, fortuitously Edward Cooke had discovered that superfluous steam-coils had been fitted in the Annexe that, could easily be relocated in the older-wards, and he had arranged that this work should be completed by the Asylum's own staff of workmen, assisted by patients undergoing industrial-skill training. Using this approach meant that the work to install the steam-coils was completed for £450, compared with £1,417 if the work had been completed by a builder. Clearly

³⁸ Such private patients were quite often removed, because a pauper asylum was thought inappropriate to the private patient's own social status.

Edward Cooke was again involving himself in matters that James Sherlock would not have done.

At the end of 1888, there was £286 18s. 9d. that was transferred to the Repair's Account, so that this sum and the profits from Private-patients, Out-of-County and Contract-patients covered the cost of repairs for that year. In their Report the Commissioners in Lunacy commented on the profit of around £277, made on the 55 patients from Essex County Asylum, who were still at the Powick Asylum, and they also commented on the improved heating in the old-wards, where steam-coils had now been fitted. Then, in his Report Edward Cooke expressed surprise that the Asylum's population had only increased by 36 patients, but he claimed that this was in part because 35 patients had died in the previous year, although he was unwilling to speculate about the numbers of patients potentially admitted to the Asylum on this basis. He was still insistent that it was the overall increase in the County's population that determined how many lunatics were sent to his Asylum. At this time there were 944 patients in Powick Asylum, including 55 from the Essex County Asylum, which meant that the extended building at Powick still had 122 vacant beds. However, there was some uncertainty about how sufficient these extra places would be, because it was suggested that alterations in the

Worcestershire County boundaries might influence this situation. At this time, the Committee of Visitors had decided to use part of a vacant farmhouse, on land that they had just purchased, as a means of isolating any infectious disease cases that might arise. They hoped that this decision would placate the Commissioners in Lunacy, who had been asking for such facilities to be provided at the Powick Asylum for some time. They were also pleased with the heating in the old-wards, where steam-coils had improved the adequacy of the warmth in the-wards. However, they again could not resist again stating that the average cost of maintenance for pauper patients was now 7s. 4d. per week, making their Asylum one of the cheapest in England and Wales. The 1890 Lunacy Act (53 Vict. c.5) renamed Pauper Lunatic Asylums as Mental Hospitals. From July 1890 Powick Pauper Lunatic Asylum became Powick Mental Hospital.

CHAPTER 6.

A Contemporaneous History of the Powick Mental Hospital 1890 to 1897 – The Annual Reports.

The 38th Annual Report, for 1890, included comments on the effect of the 1890 Lunacy Act (53 Vict. c. 5), which the Committee of Visitors suggested had considerably increased pressures on the Medical Superintendent. They suggested that the Deputations of representatives of the Boards of Guardians of Worcestershire Poor Law Union, were all satisfied with the way that patients in the Asylum were treated. They then stated that the weekly costs per pauper patient had been reduced to 7s., during 1889, but because of the additional costs of provisions and other commodities it had been raised again to 7s. 7d. Then, because of the concerns expressed by the Commissioners in Lunacy, when they visited the Asylum, in May 1890, the Annual Report was preoccupied with two issues; the building of the Annexe, and the adequacy of the Asylum's water-supply. In part the concerns about the amount of accommodation in Powick Asylum related to the fact that the Visitors had entered into another Contract, this time with Derby Borough Asylum, to admit 30 male patients, who were charge 12s. 10d. per patient per week. However, this was considered problematical, because the decision to develop the second part of the Annexe, which was to house 140 male patients, but also 140 female patients, would mean that the Powick Institution would then house 530 male patients and 670

females, a total of 1,200 patients, which was a number that the Committee of Visitors believed was the largest that any Asylum should hold, because institutions larger than this were too difficult to manage.

The concern about the Asylum's water-supply, had been instigate by an outbreak of Typhoid Fever at the Asylum, in November 1890, which had led to the water being analysed, when it was discovered that the wells used to supply some water in the Asylum were unfit for use, which led to all drinking-water being taken from Carey's Brook. Dr. Cooke was then asked to Report on this matter, and he provided an exhaustive analysis of the problems of water-supply, that went back to the opening of the Asylum in August 1852. He had then considered all of the efforts to improve the water-supply, in the intervening 30 plus years, and he concluded that something must be done to ensure that pollution of Carey's brook be minimised, but he also suggested that the filtration of the brook-water should also be improved. However, he also saw problems in dry weather conditions, because the water-supply of other users of the brook-water would be effected.³⁹

³⁹ Including individuals like the Earl of Coventry and Earl Beauchamp, who owned property adjoining the Asylum.

The Committee of Visitors then determined that they would seek an improved source of water for the Asylum, and they asked the advice of Mr. E B Marten, who suggested that ample water was available in the River Teme, quite close to the Asylum-site, but he also believed that the Carey Brook-water could be improved, if water was stored before being treated.

Careful analysis of the numbers of patients in the Asylum, in the previous six years, indicated that although these numbers were inflated by having Contract-patients present, over the past six years the numbers had increased by 116 patients (14%), and contrary to expectation the numbers of male patients (75) had increased more than the number of female patients (41). It was also clear that these increased numbers came from within the City and County of Worcester, where provision had been, and will have to continue to be made to accommodate these additional numbers. It was also apparent that repairs were necessary in some parts of the old-building. For instance, the entire floor of the Male Acute Ward had to be renewed, which had been undertaken by the artisan's employed to instruct patients in industrial-skills, with the assistance of patients. They had also had to repair and refurbish ovens in the kitchens, at a cost of £252 12s. 9d. The Committee of Visitors were also

concerned about new approaches to accounting, enforced by the Local Government Act of 1888 (51 & 52 Vict. c. 41). They were unsure what effect this would have on their own approaches to accounting.

On May 22nd 1890, the Lunacy-Commissioners described the Powick Lunatic Asylum as still over-full on the male-side, and at this stage there were 913 patients in the asylum (416 men and 497 women). They therefore questioned whether a contract to take 30 male patients from Derby Borough Asylum was practicable, and the suggestion that 30 male patients may be removed elsewhere to allow this to happen was, they thought, inadequate. There were 54 private-patients, including two criminal-lunatics, in the Asylum at this time. The Commissioners had also investigated all deaths that had been reported in the previous year, and they were satisfied that all had been handled properly. However, they were obviously concerned that there had been 18 cases of Typhoid Fever at the institution, towards the end on 1889, of which 2 had been fatal. They said that the cause of 'this mischief had been traced to the pollution of the well-water, apparently caused by farm-yard sewage. They expressed their concern at this, but they were also aware that the Committee of Visitors were actively investigating what to do

about the Asylum's water-supply. However, the Commissioners were also concerned that influenza had attacked the Asylum, early in 1890, when 50 members of staff and 100 patients were affected.

Edward Cooke now reported that, during 1890, the daily average number of patients was 903, although he did express concern that 29 patients had been transferred from the Derby Borough Asylum, because he felt there was a lack of space for them at Powick. However, behind these concerns was the fact that for the past 4 years, there had been an increase in patient numbers in his Asylum. In 1890 there were 44 more patients under treatment at the end of the year than at the beginning. However he did suggest that a 'remarkably low rate of mortality, almost the lowest in the history of the Asylum, had been one of the principal agents in causing this rise, whilst he again suggested that an overall increase in the population of the County was another powerful influence in increasing these numbers. He then accepted the Lunacy-Commissioner's concerns about overcrowding, stating that there was a deficiency of 41 beds on the male-side of the Asylum, with 21 empty beds on the female-side of the institution. He also accepted that this situation had caused the Committee of Visitors to abandon accepting the Contract-patients from Derby

Borough Asylum. Indeed, it appeared that the loss of profit that this lack of space caused was a reason for entertaining further extensions to the Asylum-buildings. At this juncture Edward Cooke wrote a Report, suggesting the enlargement of the Asylum-buildings, to accommodate 1,200 patients (530 males and 670 females). However, the Medical Superintendent did express his concerns that any extension above 1,200 patients, would 'be most subversive to the discipline of the Asylum, and to the effective supervision and treatment of the patients'. However, he did demand an immediate extension of the Annexe, to house more patients than originally intended. However, Dr. Cooke then returned to the question of the profits made on Contract-patients, because apparently under a section of the 1890 Lunacy Act (53 Vict. c. 5), the profits from such patients could still be defrayed to the Asylum's Maintenance Accounts, but it could also be used to reduce the County and City Poor-Rates.

The Medical Superintendent's Report then contained statistical tables, relating the growth of Powick Lunatic Asylum's patient numbers, since it opened in 1855. He then stated that currently there were 53 private-patients in the Asylum (17 males and 36 females), which was an increase of 2 over the previous year. Such an increase in numbers will

have increased the profit on housing such patients, but Edward Cooke made no mention of a provision, in the 1890 Lunacy Act, that allowed erstwhile Pauper Lunatic Asylums, now renamed Mental Hospitals, to accept individuals who were well-above the pauper class as patients.

Dr. Cooke's Report then discussed the problem of water-supply to the Asylum, which he said was surrounded by difficulties, because no decision had been made regarding where an alternative supply of water to Carey's Brook could be found. Given this problem Marriott Cooke stated that, 'scrupulous attention' had been made to the condition of the filter-beds on the Asylum site, and by checking for sources of contamination, with the intention of making the water from Carey's Brook as wholesome as possible. He then also discussed the Influenza Epidemic, which had caused 49 members of staff, and 96 patients, to be confined to bed, between 20th January and 10th February 1890. However, thankfully this epidemic caused no deaths, although the disease did sap the strength of individuals, who then took a long time to recover. Influenza had not disappeared, and mild cases had occasionally occurred since the epidemic. On the issue of the 1890 Lunacy Act (53 Vict. c. 5) Marriott Cooke regretted the increase in clerical duties imposed on Medical Superintendents, which he saw as 'reducing

the time available for the medical supervision and treatment of patients.

In the 39th Annual Report, for 1891, it was reported that unfortunately the weekly charge for pauper patients, at what was now Powick Mental Hospital, had been raised from 7s. 7d. to 8s. 2d. on 1st April 1891, because of further increases in the price of coal, provisions and other commodities. However the Committee of Visitors were eager to state that, they had already dealt with the matter of overcrowding in the Asylum mentioned by the Commissioners in Lunacy when they had visited the institution, ⁴⁰ in February 1891, and the Committee of Visitors had already taken steps to authorise an extension to the Asylum-buildings. This Annual Report continued to be preoccupied by the issues of overcrowding and of water-supply. It was then stated that, the new extension to the Annexe was already under construction, and it was likely to be completed by the end of the year. It was also stated

⁴⁰ It is interesting to note that in spite of the Powick Pauper Lunatic Asylum changing its name to the Powick Mental Hospital, it continued to be referred to by the Committee of Visitors and by the Medical Superintendent as the Asylum, which was still defined as a place of safety. Individuals in the Worcestershire Community also continued to refer to the Powick Institution as the Asylum.

that three pairs of cottages to house married members of staff and their families had been almost completed, which was a matter of great importance to Edward Cooke, who sought to improve accommodation for married staff members close to the Asylum, to make working at the Asylum more attractive.

The Annual Report then discusses a development that would considerably reduce overcrowding pressures in the institution. Birmingham was growing rapidly, and it was now suggested that Balsall Heath, which was in the King's Norton Poor Law Union, in Worcestershire, was about to be incorporated into Birmingham, which would mean that in future patients from this fast developing urban-area would cease to be sent to Powick Mental Hospital; instead they would be sent to the Birmingham Borough Lunatic Asylum and to Rubery Hill Asylum. This news enabled the Powick Asylum Committee of Visitors to terminate the contract they had currently had with the Derby Borough Asylum, to house 30 male patients from Powick Asylum, who were boarded-out there. However, worryingly, the Guardians of King's Norton Poor Law Union had some doubts about whether Balsall Heath patients would be removed from the Powick Hospital. However, this transfer did go ahead, so that the 30 male patients were then transferred

back to Powick Mental Hospital, from the Derby Borough Asylum, saving the Powick Institution over £320 per annum. However, the Powick Mental Hospital still had 25 patients boarded-out at the Joint Counties Lunatic Asylum, in Abergavenny, who could not be returned to the Powick Institution until the extension to the Annexe was completed.

The Committee of Visitors had now engaged Mr. E B Martens to report on improving the institution's water-supply, but his recommendations appeared to involve the expenditure of large sums of money. Thus, the Visitors consoled themselves that, the water from Carey's Brook had been, at least for the present, improved, and because the Rural Sanitary Authority had agreed to monitor sources of pollution upstream from Powick Asylum, and because recent heavy rainfall had also improved matters, the Committee of Visitors held the opinion that the issue of the water-supply to the Asylum might 'stand over for the immediate present'.

It was now reported that under Section 263 of the Lunacy Act of 1890 (53 Vic. C. 5), it was compulsory for all land and buildings belonging to Mental Hospitals to be assessed by County Parochial Districts, in the same way that other land and buildings in a District were assessed, which was an enactment that would add £248 3s. 4d. per annum

to Powick Mental Hospital's Repair Account. However, the Committee of Visitors were now also concerned about the dangers of fires in the Asylum-buildings, so they had agreed to appoint a night-watchmen, to patrol the outside of the Asylum-buildings at night, to look out for fires. This man wages would also come out of the Repair Account. It was also stated that Mr. Henry Rowe, who was still County Surveyor, in spite of the issue of the overspend of £7,600, had suggested that the roofs, stone-steps and some floors in the older part of the cost of £275.

When the Commissioners in Lunacy had visited the Powick Mental Hospital, in February 1891, they claimed that it was unsatisfactory that nothing had been done about the water-supply to the institution. Whilst the Committee of Visitors were insistent that something must be done about the water-supply, the Commissioners clearly felt that they had been inactive on this issue. They were also critical of what they saw as inaction regarding overcrowding, but also about the state of some of the single-rooms and dormitories, which they thought were difficult to get into, without causing disturbance to the patients at night, when nurses entered these rooms. They were also concerned that the small dormitories in the Asylum were overcrowded, a situation that was worsened by the

numbers of boxes kept in these rooms that could easily be stored elsewhere. The Commissioners were also critical of some emergency fire-exits, which opened onto the roofs of the asylum-buildings, which meant that patients would have to descend ladders to escape, which they would have difficulty doing without a danger of falling.

The Commissioners also expressed concern about notices about suicidal patients, which were given to Charge Nurses and attendants, in charge of suicidal patients. It was expected that these notices which indicated how the suicidal patient should be treated, would then be signed to indicate that these instructions had been read, but apparently this was impossible to do on the parchment on which these notices were printed. There was then further criticism of dormitories that were kept locked at night, which were never visited by staff. In turn, this indicated an aspect of under-staffing at the Powick Institution; where one nurses, or attendant, oversaw two-wards at night. Thus, the Lunacy-Commissioners suggested that an additional night-nurses should be employed, so that there was a night-nurse or attendant for each ward.

The Commissioners were also critical of wards for epileptic patients that had wooden-floors in the lavatories, urinals and WCs, which were impossible

to keep clean. Therefore it was suggested that such floors should be replaced with concrete in the epileptic-wards. Unusually, the Commissioners were also critical of a lack of facilities for staff members, who when off duty had nowhere to spend their time, in an institution that was four miles from the centre of Worcester.

In Dr. Cooke's Report, he suggested that of the 44 additional patients now in the Asylum, the majority of whom were females, rather than males, which was a change explained by an unusually low mortality-rate amongst female patients in 1891. He then went on to regret the way that the matter of the transfer of patients from Balsall Heath, in King's Norton Poor Law Union, to the Birmingham had drifted on for months. However, this matter had finally been resolved, in January 1881, when 78 of the 79 Balsall Heath patients (30 males and 49 females), were transferred to the Mental Hospitals at Winson Green and Rubery Hill. However, one aged female patient, from Balsall, was deemed too infirm to be moved. Edward Cooke suggested that these transfers made it possible to recall the patients boarded-out at the Derby Asylum, saving money for his Asylum. However, he regretted that in spite of the Annexe extension plans being passed, in December 1890, there was still insufficient space to allow Powick patients at the Abergavenny

Asylum to return to Worcester. He suggested that the Lunacy Commissions comments, had all been acted upon, apart from their comment about the means of escape in case of fire from some-wards in the old-building. He stated that the arrangements there that had been complained about were the result of advice given by the Lunacy-Commissioners, who had visited the Asylum a couple of years previously, about such fire-escapes. Marriott Cooke then reiterated the Committee of Visitors comments about the Asylums water-supply. He then also expressed his opinion about the 1890 Lunacy Act (53 Vict. c 5), which he suggested impressed one with the time consumed, or wasted, and the care requisite in carrying out some of its provisions, especially those relating to reports and re-certifications.'

The 40th Annual Report, for 1892, on the Powick Mental Hospital encapsulated the change in the nature of Edward Marriott Cooke's Superintendency at the Powick Institution, compared with that of his predecessor James Sherlock, when it was stated in a Resolution of the Committee of Visitors that

on account of Dr. Cooke's long and efficient services, not only as its physician, but in the administration of the financial and general

affairs of the Institution – duties which have been greatly increased by the Lunacy Act, 1890, (53 Vict. c. 5), as well as by the large increase of the number of Patients under his charge – he is entitled to be placed on an equality with the Medical Superintendents of the Public Asylums of the Country, and that his Salary be raised from £800 a year to £1,100 from the commencement of the present quarter.

This was an increase of 37.5%.⁴¹ This Resolution was clearly noted by the Lunacy Commission, and it was to have a dramatic effect on Edward Marriott Cooke's career after 1897.

The Committee of Visitors then stated that the cost of maintaining a pauper patient in their Asylum continued to be 8s. 2d. per patient per week. They then went on to report that the extension to the Annexe, which they had expected would be completed by the time this Annual Report was published, had been delayed. The reason for this delay was a prolonged period of frost, and then a strike by employees of the building-contractors

⁴¹ This would be the equivalent to an increase of £26,249 today. His total Salary would then have been worth £149,000 per annum in 2022.

carrying out the construction of the new-building. For this reason it was now expected that the extension to the Annexe would be completed in the spring. Then, having stated that the new-building would be occupied by patients from the City and County of Worcester, the report continued to say that then we shall be able to fill up the beds, which will not be occupied by patients from our own county, with out-patients from neighbouring counties, from which a source of considerable profit may hope to be derived. It was clear that the Committee of Visitors, like their Medical Superintendent, had an altered perspective of the purpose of the Mental Hospital. It was now to accommodate mentally-ill patients, and where possible to assist their recovery, or maintain them until they died, but now making a handsome profit was an important secondary consideration. This was very evident from the way that the Finances of the Institution were presented in the Annual Reports. The Financial Report now came ahead of the Medical Superintendent's Report on the progress of patients.

The Visitors now expressed some relief that patients from Balsall Heath, that had been in King's Norton Poor Law Union, in Worcestershire, had been transferred to the Birmingham, so that 78 patients would now leave the Powick Institution, easing the

overcrowding there. Again, it was the financial benefits of recalling patients boarded-out at the Derby Borough Asylums, saving around £275 per annum, and the fact that 25 other patients at the Joint Counties Asylum at Abergavenny would also be recalled to Powick, in the near future, that lay behind the relief that the Committee felt. In this part of the Annual Report, the Visitors also suggested that three new cottages had been built, that would accommodate the families of attendants at the Asylum, which was an issue that as was previously suggested Dr. Cooke felt to be very important. Inevitably the matter of a purer water-supply, for Powick Mental Hospital, was also mentioned in the Committee of Visitors Report, where they simply suggested that they were actively discussing with the Local Authorities, of both Worcester and Malvern, how the inadequacy of the Powick Institution's water-supply might be dealt with.

It was equally inevitable that the Report of the Lunacy-Commissioners, who visited the Powick Mental Hospital, in April 1892, should replicate the Committee of Visitor's concerns. However, the Commissioners added some additional information. They reported that the overall population of the Asylum was 875 patients (367 males and 508 females), which was a reduction of 36 on the

previous year, which meant that 42 new patients had entered the institution in that year. They also stated that there were 48 private-patients, and 3 criminal-lunatics, who were bringing profits into the institution.⁴² Although the Lunacy Commissioners now suggested that there were 23 male and 22 female vacant beds in the Asylum, they still questioned whether some of the smaller-dormitories were too overcrowded, so that the suggested number of vacant beds available in the Asylum was questionable. They then expressed themselves pleased that, the new Chapel had increased patient's attendance at Divine Services. Whilst the Commissioners were generally complimentary about the-wards of the institution, stating that they were 'in very good order, bright, clean and in good repair', they did still call attention to some other issues that they had noticed. For instance, they were concerned that near to some closets there was a suspicion of sewer-gas, whereas one or two of the bathrooms and lavatories were quite sweet (another reference to odour). They were also concerned that some hot-taps in bathrooms might endanger patients, and they suggested boxing these taps in, and making them only accessible with a key would be a good safety-

⁴² A profit of about £325.

measure. They also suggested that more attention should be paid to the Rules for Bathing, for instance by making turning a cold tap on, before a hot one obligatory.

Inevitably the question of the institution's water-supply figured in the Commissioner's Report. They suggested that the supply of water in Carey's Brook had recently been plentiful, and that no ill-effects had recently been felt from using this water, and they concurred with the view that the absence of water-borne epidemic diseases, and a low death-rate, confirmed this belief. However, they were still concerned that having a water-supply that was subject to contamination was not acceptable. They then commented on the unfortunate delay in opening the new Annexe extension. However, they were also pleased that additional night-attendants had been employed, as had been suggested by their colleagues in the previous year.

Edward Marriott Cooke's section of the Annual Report, stated that the transfer of Balsall Heath Patients to the Birmingham Asylums had taken place on 9th November 1891, which had released extra-space in the Powick Institution. Dr. Cooke's Report stated that his Asylum could now accommodate 920 patients (390 males and 530 females), but at the end of the year there were 17

male patients with no room for them, indicating how overcrowded the institution still was, although there were 11 vacant beds on the female-side of the Asylum. It was clearly still imperative that the new-wards under construction, which would house 140 male patients, were completed by the end of the year. In the meantime certain parts of the existing Annexe-buildings, which were intended for female patients, could be used for males, which made it possible to cope, in the interim. Once the new Annexe was completed, there would be 1,060 inmate places available (460 male places and 600 for females). Dr. Cooke also confirmed that there were 48 private-patients in the Asylum (13 males and 35 female), which was 6 less than last year. He also indicated that he had, together with the Assistant Medical Officers, begun the systematic instruction of nurses and attendants in their duties. This training he hoped would then be extended by giving lectures, and the nurses and attendants would then be examined on the knowledge they had gained. He concluded that, he hoped that this training would be attended with good results, not only to the patients, but also to the attendants and nurses themselves. Again this, system of training, which eventually led to Certification of staff, demonstrated Edward Marriott Cooke's desire to be innovative in his Asylum.

In the 41st Annual Report, on the Worcester County Mental Hospital, for 1884, the Committee of Visitors again extolled the virtues of Edward Marriott Cooke, as their Medical Superintendent, but they also stated that he was indisposed by illness. The Committee then gave him three-month's leave of absence, to allow him to recover. In his place Mr. George Braine-Hartnell, the senior Assistant Medical Officer, very efficiently discharged the duties of Medical Superintendent. On Dr. Edward Cooke's return to his duties, after his leave of absence, the Committee of Visitors then recorded their 'appreciation of Mr. Braine-Hartnell's services. At this juncture Dr. Cooke's administrative duties were reviewed, because the Committee recognised that, because of the large number of patients in the institution, the pressure on their Medical Superintendent had drastically increased. To alleviate this situation, they gave the Asylum Clerk responsibility for the care of the Asylum stores and shops, together with some aspects of the domestic-management of the Asylum. The Asylum Clerk was then to be called the Steward of the institution, and an Assistant Asylum Clerk was then also appointed. The Rules and Regulations of the Institution were revised to accommodate these changes, with the approval of the Secretary of State.

When the Commissioners in Lunacy visited the Asylum, in March 1894, they expressed apparent surprise that the Committee of Visitors and Edward Marriott Cooke had used the advent of the new-building, to enable them to receive 30 patients from the Stafford Asylum, but they were clearly aware that this would bring an annual income of over £310 into the Powick Asylum Maintenance Account, which would materially reduce the demands the Asylum made on the Rates of the City and County of Worcester. They were also pleased that the Powick Asylum had been able to recall its boarded-out patients from both Stafford Asylum, and from the Joint Counties Asylum at Abergavenny. Dr. Cooke's promotion of a training course for the nurses and attendants, at the Asylum, was also thoroughly approved of by the Commissioner, in part because it would mean that nurses and attendants, who left the Asylum, and offered their service to individual patients living with their friends and relatives would be better able to treat patients suffering from mental illness there. They also approved of the increased number of places for male patients, because this satisfied their concerns about overcrowding on the male-side of the Asylum. The Commissioners were also aware that, there were now 847 patients in the Asylum (357 males and 490 females), including 46 private-patients (13 men and

33 women). However, the also approved of the increased attendance at Divine Worship, in the new Asylum Chapel, and of the fact that 562 patients had attended various entertainments, dances, theatrical performances, and the like, and of the string-band, consisting of staff-members and patients. However, they were also complimentary about the provision of newspaper and books for the patients to read, and of a variety of entertainment facilities for patients.⁴³

Dr. Marriott Cooke's Report again emphasised that the number of patients from the City and County of Worcester, had again increased, by 19, but there was still room for them, as the Asylum had new-buildings. However, he was clearly aware that the increased number of new patients was commensurate with a growth in the City and Counties population, which was continuing to rise, which would, quite quickly, again cause overcrowding at the institution. He explained that, as a temporary measure, some male-wards had been appropriated to be used by female patients, but as additional space would be available, when the next phase of building took place, this situation would be resolved. He suggested that the

⁴³ These entertainments were more plentiful on the male-side of the Asylum than on the female-side.

accommodation now available would house 1,060 patients (460 males and 600 females), and he was also pleased to report that 30 male and 30 female patients, from Stafford Asylum had arrived, on whom a profit of 4s 10d. per head per week was made. ⁴⁴ The 25 patients, who had been boarded-out at the Abergavenny Asylum, had also returned to Powick Asylum, which again reduced the cost of their upkeep. However, the number of private-patients on the Asylums Book's had fallen by 6 patients in that year. ⁴⁵

Dr. Cooke also expressed himself satisfied with the sanitary condition of his Asylum, and he was also pleased to announce that the new system of filtration, used on the Carey's Brook-water, was working well, although there had been some concern, when low rainfall led the brook to be very at a very low level. The course of training for nurses and attendants, was also working well, and it was the intention to introducing lectures to the staff, who cared for the patients, to be given by himself and the Assistant Medical Officers. A sum of £25 had also been spent on books, to be used in the training-course that Edward Cooke believed would greatly improve the preparedness of the Asylum's ordinary

⁴⁴ An overall profit of about £750 per annum.

⁴⁵ This would lead to a loss of about £125 in profit.

staff. He was also pleased that the Commissioners in Lunacy, when they visited his Asylum, in March, had found little to criticise. However, they had made one suggestion about the location of a fire-escape, from one of the-wards. Edward Marriott Cooke also thanked the Commissioners for their suggestion about the Female-hospital, where they had recommended that a new sanitary-block be built. This suggestion had been implemented, with great success. The cost per pauper patient of treatment at the Worcester City and County Mental Hospital was now 8s. 4¹/₄d., which meant there was a slight loss on each patients, because the Poor Law Unions were only charge 8s. 2d. per patient per week. However Dr. Sherlock did point out that the cost was a farthing per patient per week less than in the previous year.

In the 42nd Report of the Worcester Mental Hospital, for 1895, the Committee of Visitors again extolled the virtues of Edward Marriott Cooke, as Medical Superintendent. They stated that he continued to carry out the very onerous and responsible duties which devolve on him, with the same conspicuous care and attention, which he has hitherto displayed, and which had conduced to so much good management of the Asylum, and the wellbeing of those unfortunate persons, who become its inmates. The Visitors also suggested that the

changes in the Administration of the institution, put in place in the previous year, when the Asylum Secretary also became the Steward, continued to work well. At this juncture, particular reference was also made to the work of their Engineering Sub-Committee that had met on several occasions because of the alterations and improvements made in the Asylum-buildings, in the past year. As in previous years, the various Delegations of Guardians, from the Poor Law Unions in the City and County, who visited the Asylum to investigate the way that patients from their Union were being treated, had again testified to their appreciation of the care and attention bestowed by the Medical Officers and attendants on the patients in the Asylum. The Visitors were also pleased that, the weekly maintenance fee remained at 8s. 2d. per pauper patient per week. They then stated that, as there was an increase in the numbers of patients from their own City and County, they had asked the Staffordshire Lunatic Asylum Authority to remove 15 of the 30 male patients, currently in Powick Asylum as Contract-patients. This balanced the need for space to accommodate City and County of Worcester patients, with the profit-making motive of contract-patients, from other institutions, which was clearly becoming more problematical.

Regarding the suggestion from the Lunacy-Commissioners, in their last Report, about access to house-keys to the female-side of the Asylum, by male staff members, the Committee had adopted the Policy that the Commissioners had suggested. The Visitors then made comments about the successful installation of a new steam-boiler, at a cost of £682, which was £58 less than the original amount quoted. The boiler was now in use, and this had resulted in a substantial saving in the amount of fuel consumed. They also reported some changes to the fire-escapes, in two dormitories where 50 patients slept; alterations that had cost £74 0s. 4d. It was also reported that Messrs. Joseph Wood and Sons, had replaced the ceilings in some of the older-wards, which were unsafe, at a cost of £173 5s., and that the Visitors had purchased land adjacent to the Asylum, belonging to Mr. Greswolde Williams, on which more cottages to accommodate married attendant's families would be built. However, the Committee still awaited the Secretary of State's Approval of this purchase, for this purpose.

When the Lunacy-Commissioners visited the Powick Asylum, in March 1895, it was reported in the 44th Annual Report, that there were 1,010 (448 men and 562 women), in the institution, which was an increase of 117, over the numbers at the time of their last visit. However, they noted that the new

Annexe was now in use, so the additional number of patients had not caused any problems. Indeed 25 male patients, who had been boarded-out at Abergavenny Asylum, had been brought back to Powick, as had 30 male and 30 female patients boarded-out at the Stafford Asylum. It was also noted that there were 41 private-patients resident in the Asylum, at this time, and that each of these patients made a profit of 6s. 10d. per week for the Powick Mental Hospital. ⁴⁶ The Commissioners also noted that, there were 14 more men and 41 more women patients in the Asylum, than when they had made their last visit.

The Commissioners had clearly been concerned about the incidence of epidemic diseases in the Powick Institution, but on this occasion there had been only one case of Typhoid Fever, in a male patient who had survived. There had also been a few cases of Influenza and German measles, and four cases of Scarlet Fever. The initially case of this disease was in a male attendant, who had then apparently infected a male patient in his ward, whilst two other patients were infected with Scarlet Fever, but in two separate other-wards. All four of these patients were moved to the farm-cottage,

⁴⁶ An overall profit of about £670.

which was now used as an isolation-hospital, where there was accommodation for 6 patients of the same gender. Whilst there were no more cases of Scarlet Fever, after this time, the Commissioners did express concern that the farm-cottage might prove inadequate for its purpose, at some stage in the future, and they again recommended that a proper isolation-hospital be built at the Asylum. However, they were pleased that all attendants and nurses received regular instruction in first-aid. They also noted that Dr. Cooke had recently been ill, but that he was now on duty again in a healthy state, which they welcomed.

The Commissioners then expressed their astonishment, at the situation briefly referred to earlier, when they had discovered that, in what they described as a well-ordered Asylum', 8 male staff (exclusive of the Assistant Medical Officers), had keys that admitted them to the female-wards. The Commissioners expressed their great concern about this, because such dangerous results had recently arisen from this cause. Even in the case of old, and so-called trustworthy artisans and attendants, no male should be allowed into the female-wards, without being admitted there by a nurse. In spite of this admonishment the Lunacy-Commissioners concluded by stating how their Report demonstrated how satisfied they were with the

management of this Asylum, which was very creditable to Dr. Marriott Cooke, who seemed to be ably assisted by all of his staff. It appeared that the Committee of Visitor's opinions of Edward Cooke's abilities, were shared by the Lunacy-Commissioners who visited the Powick Institution.

In Edward Marriott Cooke's Report, he gave the same patient-population for the Asylum as the Lunacy-Commissioner's had done, but he was careful to state that there were still 43 unoccupied beds available in the institution, although only six of these vacant-spaces were on the male-side of the institution. It was for this reason that, he had asked Stafford Asylum to remove 15 of their patients who were under-contract at Powick Mental Hospital. However, it would take up to 3 months for these male patients from Stafford to be removed, but Dr. Cooke was aware that the numbers of patients being committed to the Asylum fluctuated. Thus, as a rule, committals were greatest at the end of the summer, by which time the Stafford patients would have departed. However, Dr. Cooke was pleased to report that 10 other patients had been discharged, either to the Union Workhouse of the Union of their Settlement, or into the care of relatives or friends. However, he did also report that there were 2 less private-patients than there had been, in the Powick Institution last year.

Edward Marriott Cooke now made comment, about the physical-health of the Powick Mental Hospital patients generally. He concurred with the Lunacy-Commissioners that, the health of his patients had generally been good. However, he did make the point that, Influenza had been marginally more troublesome than usual, but the effects of the disease were milder. There were also cases of Scarlet Fever, one of which was in a 4 year old boy, who had been placed in a female-ward to be treated. The single case of Typhoid Fever, which was also mentioned by the Lunacy-Commissioners, was not fatal, and investigations of its cause were not conclusive. Indeed, no cause for this case could be ascertained. Then Dr. Cooke also suggested that, as Smallpox had been prevalent in some parts of the County, the friends and relatives of patients from those areas, were prohibited from visiting the Asylum. However, it appeared that individuals afflicted with insanity, from those areas were still committed to the Asylum, in spite of the risks of infecting Asylum patients with smallpox.

Dr. Cooke then again alluded to the importance of providing affordable accommodation for married male attendants, and their families, near to the institution. He believed that this meant that men, who were good attendants, would be contented to

remain employed at the Asylum. However, what was singularly lacking, was any comment about similar accommodation for nurses, although it was unclear how many nurses employed at Powick Asylum continued to work at the institution, if they married. The Medical Superintendent appeared to agree with the Lunacy-Commissioners that providing facilities, where the nurses and attendants could eat and spend their off-duty hours, was also important, and Dr. Cooke hoped to provide such amenities. He also conceded that, if a hospital for infectious-diseases was constructed, which the Lunacy-Commissioners had consistently demanded, it should be built on the land that had recently been purchased.

The cost of maintaining pauper patients in the Powick Institution had fallen quite significantly, to 7s. 6 3/4d. per head per week, a decrease of 9 1/2d (a decrease of 9.7%). In gross terms this meant an overall saving of in excess of £2,000, over the previous year, which it was claimed was because of a reduction of some important food items, but it appeared mainly to be possible because the farm and garden profits of £969 15s. 10d. Regarding an entirely different matter, almost since the opening of Powick Asylum, in 1852, patients had been given weak beer, brewed on the premises, which was often safer to drink than the water from Carey's

Brook. However a decision had now been made to reduce the number of patients given beer, so that now, less than 25% of patients were given any beer at all, and then it was just half-a-pint, with their dinner. This Edward Cooke claimed was to save money, with the saving devoted to improving the overall diet of all patients. However, this decision was also related to the quality of the water that was available for the patients to drink. In fact, Dr. Sherlock appeared to suggest, the Committee of Visitors were now more complacent about this issue, than they had been. They were now apparently convinced that, they could rely on a water-supply from Carey's Brook, unless that water-source became very polluted, which they appeared to regard as unlikely. However, they had also conceded that they may have to purchase an alternative supply of drinking-water for the institutions use.

The Medical Superintendent believed that the Asylum-buildings, both internally and externally, were in a good state of repair, and he stated that the fire-proof ceilings in the-wards, in the old-building had recently been strengthened. However, he also reported that, two fire-escapes, mentioned by the Commissioners, had also been replaced. However, he was also pleased that the two new Steam-boilers, one serving each side of the Asylum, had

decreased the amount of fuel needed to heat the Asylum-buildings, thus saving money.

The 43rd Annual Report of Worcester Mental Hospital, for 1895, began with the Committee of Visitors at the Mental Hospital congratulating the County and City Councils for retaining the services of Edward Marriott Cooke, as their Medical Superintendent. This was at a time when Dr. Cooke had introduced a system of badges, for the Attendants and nurses, that represented their respective rank and standing in the Asylum. At this time the rate for maintaining a pauper lunatic, in the Powick Institution, remained as 8s. 2d. per patient per week, and the Deputations, representing the Boards of Guardians of the various Poor Law Unions in the City and County of Worcester where the patients came from, were still very positive about the way their patients, who had been committed to Powick Asylum as insane were treated.

The Commissioners in Lunacy, had again visited Powick Mental Hospital, to inspect the institution, in October, 1885, when they had recommended additional attendants and nurses be appointed; a suggestion which was immediately acted upon by the Committee of Visitors, who were eager to build another extension to the Asylum, to accommodate the increasing numbers of individuals being

declared insane, and being committed to their institution. However, at this time, there were still 29 female patients from the Staffordshire Asylum, who were contracted-out patients, but once again the pressure of additional patients from the City and County of Worcester, demanding treatment in their County Asylum, led to these women contract-patients being removed as soon as was practicable.

In the 1894 Finance Act (56 & 57 Vict. c. 30), the Government had altered some aspects of the way that the accounts of Public Mental Hospitals should be kept, which led the Powick Mental Hospital Committee of Visitors to send their Asylum Clerk to Hanwell Asylum, to familiarise himself with the new approach to accounting in use there. On his return these new accounting methods were adopted at the Worcester Institution. At about this time the Visitors decided to purchase land from Mr. Greswolde Williams, which was sanctioned by the Secretary of State, and the building of four pairs of cottages, to be occupied by male attendants at the Asylum and their families were begun. Once completed these cottages were occupied by attendants eager to live within easy reach of the Asylum.

When the Lunacy-Commissioners had inspected the Powick Institution, there were 1,042 patients resident (464 male patients and 578 females).

However, these numbers included 15 male and 30 female contract-patients from Staffordshire Mental Hospital, and one woman patient who's Settlement was in a London Poor Law Union.⁴⁷ There were also 38 private-patients (11 males and 27 females). However, worryingly, there were two men in the Asylum with no bed available for them, although there were 28 vacant places for female patients, which was a situation that meant that some of the Staffordshire contract-patients were under notice for removal back to Stafford, but this had not yet happened, which led the Lunacy-Commissioners to demand that something be done immediately to resolve the lack of male spaces available at Powick Mental Hospital. The immediate outcome of this situation, was that male places in the new Annexe, which had been occupied by women patients, were immediately reassigned to their male contemporaries. These problems were then discussed with Dr. Cooke, it was suggested to him that great care would be needed in creating new dormitories, in the new-buildings. At this juncture, the Medical Superintendent suggested that a new

⁴⁷ Such patients were often maintained in lunatic asylums close to where they then resided, and their fees were paid on a monthly bases by the Board of Guardians where these patients had legal Settlement.

block of buildings might be built in the gardens, at the back of the new Annexe.

The Lunacy-Commissioner had investigated the physical-health of patients at the Powick Institution, in 1895, and they discovered that since their last visit, there had been five cases of Scarlet Fever, with two of these cases afflicted nurses, two other cases were in women patients, and the fifth case was of a 4 year old boy, who had been placed in a female-ward to recover. There had also been one case of a male patient with Typhoid Fever, and one mild-case of Facial Erysipelas.⁴⁸ This situation was typical and this led the Lunacy-Commissioners to be satisfied with the general health of the Worcester Mental Hospital. They were also satisfied with the dress of both male and female patients, with only one patient found to be wearing a strong dress because of her violent behaviour.

The Lunacy-Commissioners also found 207 epileptic patients,⁴⁹ 13 cases of the General Paralysis of Insanity,⁵⁰ together with 20 patients with suicidal

⁴⁸ Erysipelas was a bacterial infection of the skin, in this case on the patient's face.

⁴⁹ This meant that about 20% of the Powick patients had epilepsy.

⁵⁰ See Frank CROMPTON, *Is It A Matter Of Perspective? The General Paralysis of Insanity (GPI) and Syphilis,*

tendencies, such that they had to intently watch at all times. Most of these patients were housed in the new Annexe, where they could be better observed, particularly at night. However, it appeared that the Lunacy-Commissioners felt that some of these patients would have been more properly housed in the old-wards, where Dr. Cooke felt intense observation of these patients would be difficult. The Commissioners response to this, was to suggest that if some walls in the old-wards were demolished, to increase the size of the wards, this would facilitate moving some of these patients there. In spite of this slight disagreement, the Lunacy-Commissioners were very complimentary about the-wards at the Worcester Mental Hospital, which they said were 'very clean, bright and comfortable'. However, another matter they were concerned about, was the numbers of patients who soiled and wet their bedlinen at night. Indeed, on the night before the Commissioner's inspection visit, 22 male patients and 24 female patients had wet and soiled their bedlinen, which the Commissioners found excessive, because it was suggestive of the inattention of

An article on the Worcester Medical Museum's Website.

night-staff to this problem, in the wards where they worked.

Regarding another matter, the Commissioners were also pleased with the new boilers, that had been fitted, which were more economical with fuel than the old boilers that had been replaced. They also again commented on the advantages of having male attendants living, with their families, in cottages provided on the Asylum-site. However they were still concerned at the lack of facilities for the ordinary staff of the institution, particularly when they were off-duty. They were also still critical that, there was no small hospital, for isolating patients with infectious-diseases, and the lack of apparatus for disinfecting the clothing of infected patients.

The 43rd Annual Report on Powick Mental Hospital, for 1895, then contained a Special Report regarding providing additional accommodation that would increase the Patient numbers in the Asylum to 1,200; a number which it was not considered advisable to provide for in one Asylum. This resulted in the Committee of Visitors making an application to expand their Asylum, essentially because of the increasing numbers of female patients, then being committed to the institution. They had then asked

Mr. Henry Rowe, the County and City Architect,⁵¹ to produce plans and an estimate of costs, to enlarge the Asylum up to the population-limit of 1,200 which expediency suggested was an absolute limit.

Henry Rowe's estimate was

For the main building and all items connected therewith, but exclusive of Engineering-wok. Estimated by Mr. Henry Rowe, including his commission &c.	£12,128 0 0
For Engineering-work estimated by Messrs. Haden and Sons.	£ 1,849 0 0
For furniture and Equipment.	£ 2,375 0 0
TOTAL.	£16,352 0 0

Having received this estimate the Committee of Visitors then submitted Mr. Rowe's plans and estimate, together with tenders from Messrs Haden and Sons to the Councils, with the request that they sanction a grant of no more than £17,000 to build this new extension to Powick Mental Hospital buildings.

Edward Marriott Cooke's Report now stated that at that time there were 1,038 patients in the institution (449 male patients and 589 females), with these numbers including 30 male and 30 female contract-patients from Stafford Asylum,

⁵¹ It was unclear why Henry Rowe was now described as County Architect rather than County Surveyor.

which Dr. Cooke stated was 52 patients more than the number in the institution last year. He then stated that the overall average number of patients in the Asylum was higher than the average in any preceding year, and it was also stated that 25 of the patients admitted to the Asylum, in 1895, were over 60 years old, and that there were older patients being admitted to the institution than previously. He also stated that, 34% of City and County patients, were Discharged Recovered. Seven other patients had been discharged to the Union Workhouse, where their Settlement was, or they were given over to friends to be cared for. Thirty other patients were simply transferred back to Stafford Asylum, where they had been before being boarded-out at the Powick Institution. The Medical Superintendent then reported that the Mortality-rate, in 1895, was the lowest recorded in the history of the Asylum, largely because deaths from heart and lung diseases were much less than previously. There were 39 private-patients (12 male patients and 27 females), which was one patient less than at the end of 1894. Edward Cooke was also thankful to say that, there had been no suicides of patients during 1895. He then reported that, there were 4 hospital-wards (two on each-side Of the Asylum), that could house up to 200 physically sick patients. However, these-wards also contained paralysed, feeble and aged

patients; 'cases that demanded the most unremitting care and attention, at the hands of the nurses and attendants, because many of these patients were totally unable to feed themselves'.

The Medical Superintendent now reported on the health, not only of the patients, but also the staff. There had been four cases of Typhoid Fever afflicting a female patient, who died, and a nurse in the same ward, early in 1895, and then two further cases afflicted a male and a female patient, and it was later determined that it was polluted water from Carey's Brook that probably caused these cases. Marriott Cooke also reported that Influenza had existed, on and off in the mental hospital for all of the year, although it had mainly afflicted the female staff, including some servants. However, no case of Influenza was particularly severe. He suggested that the illness of staff, with this disease, had caused great inconvenience.

Edward Marriott Cooke had been offended when a statement was made at a Board of Guardian's Meeting in one of the Worcestershire Poor Law Unions, in 1895, which was widely reported in the local press. A delegate on one of the Asylum visits, made by Guardians to visit patients from their Poor Law Union in the mental hospital, had asserted that no classification existed in the Asylum, and that

habitually tranquil, intelligent and well-conducted patients were indiscriminately associated with those who are constantly turbulent and of perverted and vicious habits. This, Dr. Cooke immediately asserted was misleading, and at variance with the facts. He believed that these comments originated from a want of knowledge of the symptoms evince by lunatics, and were ignorant. He suggested that it was clear that at a particular visit, to a particular ward, lasting a few minutes, one or two patients were found to be excited, whilst others were orderly. However, in fact changes in patient's mental state occurred, so that the excited and actively dangerous patients today, would become quiet and comparatively well-behaved tomorrow. He was keen to make it clear that, there was classification of patients in his Asylum, which they had been able to make much more complete since the opening of the Annexe ten years ago. Each of the 7 male-wards, and 10 female-wards in the Mental Hospital were occupied by patients having special mental and physical characteristics. Patients were placed in wards, according to their behavioural characteristics. Thus imbecile, idiotic and demented patients, with faulty habits, were separated almost entirely from curable and more sensible patients. Indeed, they were placed in different-wards. He concluded that

Every individual patient is considered, treated and located according to his mental and physical condition, and further every case is reviewed as to classification, and as soon as a patient is safe, or fit to be associated with a better class of patient he was moved on.

Edward Marriott Cooke then suggested that if expense was no object, classification might be improved, and the comfort of patients increased. However, by multiplying the-wards and decreasing the number of patients in each ward, the development of such a scheme would be too costly to contemplate, and he was convinced that if such a scheme was adopted, there would be no increase in the recovery-rate of patients.

With regard to the ordinary staff of the Asylum, the nurses and attendants, Dr. Cooke explained that as the responsibilities of the Head Female Attendant had become more onerous, as the numbers of female patients increased, it had been decided to appoint an Assistant Head Female Attendant, who would have responsibility for the female-wards in the Annexe. Additionally, he was pleased at the way the badges, worn on staff-uniforms, to indicate nurses and attendants who had successfully completed the training course, that he had instituted, was working. He was also pleased that,

the staff messes, that had been created, where staff-members could eat and spend their off-duty time, somewhere other than in their bedroom had also been successfully created. He then again reported his pleasure, that there were now more cottages, in the Asylum grounds, where attendants and their families could live close to the Asylum.

Dr. Edward Cooke concluded his Report, by stating that the issues raised by the Commissioners in Lunacy; including the reduction of the incidences of bed-wetting, amongst patients with faulty habits, had been satisfactorily dealt with. He also commented on the good state of maintenance, both internally and externally, of his Asylum. He also stated that it had been decided to provide, another extensive airing-court for female patients, who were arriving at the Asylum in increasing numbers. This would provide another garden, out of doors, with extensive views of the beautiful surrounding countryside. Inevitably, the Medical Superintendent then concluded his Report by stating the weekly cost per patient per week of the Asylum in 1895 was 7s. 9 5/8d, making a profit of 4 5/8d. per patient per week. Dr. Cooke continued to be entrepreneurial in some of the comments he made.

In the 44th Annual Report on the Powick Mental Hospital, for 1896, the Committee of Visitors

reported that attendants and nurses, who had been employed by the Asylum for over 3 years, and who had undergone the training-programme on offer, were eligible to get a Certificate in Mental Nursing, which meant that their conduct had been exemplary. The Visitors then confirmed that, in spite of Dr. Cooke's comments about the Asylum failing to classify its patients, published in a local newspaper, the Delegations visiting the Asylum to inspect patients from their Poor Law Union, after the publication of this suggestion, and had been very satisfied about the manner of treatment of their patients in the Asylum. They also confirmed that the charge per week, for a pauper patient, was still 8s. 2d., and they stated that there was no need to alter that rate, because of the way that Edward Marriott Cooke had managed the institution. They also confirmed that the Commissioners in Lunacy had inspected the Asylum, in July 1896, when it was found to be 'well and efficiently managed, and the condition of the patients was duly and properly regarded.

On their visit, in July 1894, the Commissioner had recommended that Idiot children be separated from adult patients, and this had led the Committee of Visitors to instruct Dr. Cooke to make a special report on this subject. However, the Visitors had already written to the Lunacy Commission

expressing their opinion that providing special accommodation for children in their Asylum would be difficult. They then suggested that providing such separate accommodation for children might be possible, but in collaboration with neighbouring counties. The Committee then also suggested that the extension of the Powick Asylum-buildings had been sanctioned by the Secretary of State, but there soon there would again be insufficient room for patients from the City and County of Worcester, in their local mental hospital, so that they had cancelled the contract they had with Staffordshire to board their patients out. Thus 29 women patients from Stafford Asylum were then removed, with the loss of profit that this arrangement would have accrued. .

Inevitably the Asylum's water-supply again called for serious attention from the Committee of Visitors, who made it clear that the major supply of water for their hospital came from Carey's Brook, and that every effort had been made to ensure that pollution of that brook was minimised. Indeed, they had arranged that, Mr. Braine-Hartnell, the Assistant Medical Officer and Assistant Medical Superintendent, be appointed as an Assistant Inspector of Nuisances, under the Public Health Act of 1875 (38 & 39 Vict. c. 55) which specifically covered controls over water-supply. However,

whilst Upton-on-Severn District Council had accepted this arrangement, the Local Authority in Martley, where the source of Carey's Brook was located, refused to allow this arrangement in their area. This matter was then put in the hands of the County Council's Sanitary Committee, who had the control over water-supply, vested in them by the 1875 Act. The Committee of Visitors clearly sought to resolve the issue of the Asylum's water-supply so as to effectually remedy the evils which they must admit still exist.

The Lunacy-Commissioners had visited the Worcester County Mental Hospital, in October 1896, and at the time of their visit there were 1,043 patients on the institutions books, (455 males and 588 females), which was 9 fewer men and 10 more women than when the Commissioner had last visited. The Commissioners reported that, the 45 patients boarded-out from Stafford Asylum, had been removed. However, there were two out-of-county patients, both women, and 39 private-patients (11 men and 28 women) now in the mental hospital. Thus, whilst the Asylum was described as almost full, the Lunacy-Commissioners were critical of some beds that they found in corridors, and of some dormitories, which they claimed had too little floor space for the number of beds they contained. However, they then also stated that, this situation

would be resolved when the new Annexe extension for 140 patients was opened. They then again mentioned to problem of Idiot children in adult-wards, which has already been discussed. They hoped that a small dormitory, in the new Annexe, might be used to resolve this problem.

The Commissioners then turned to the question of attendants visiting patients at night, which, ironically was an issue that had concerned Dr. Cooke when he first arrived at Powick Pauper Lunatic Asylum in 1872. The Commissioner were now concerned that single-rooms had locks that were difficult to open, which was both a fire-hazard, and the rattling these door caused when they were opened at night, disturbed the patients sleeping in that room. Commissioners also had concerns about epileptic patients and those suffering from the General Paralysis of Insanity,⁵² who were not supervised at night, which they said was not satisfactory, and they suggested appointing an additional night-attendant to resolve this issue. They also believed that the Red-card system for potentially suicidal patients, was now working

⁵² See Frank CROMPTON, Is It A Matter Of Perspective? The General Paralysis of Insanity (GPI) and Syphilis, An article on the Worcester Medical Museum's Website.

effectively, but they still wanted to ensure that attendants and nurses had read the Regulations for such patients, and had signed the cards to say that they had done so.

Edward Marriott Cooke verified the Asylum's patient-population, to be those cited by the Lunacy-Commissioners, stating that the numbers had increased by 34 in the last year. He then mentioned a recent publication from the Lord Chancellor suggesting that, the alarming rise in patient numbers was due to a diminished Mortality-rate, and an increasing population generally. This Dr. Cooke suggested caused Asylums to be burdened with a large number of aged, more or less mindless persons, who from their feeble and helpless condition, faulty habits, and, often very restless ways need increasing attention. They were a source of perpetual anxiety, lest by falling they should injure themselves'. He said that this situation was illustrated by that fact that, he had reported that 53 patients had been admitted to the Powick Mental Hospital, in the last two months, of whom 5 were between 60 and 70 years old, 7 were 79 and 80, one was patient was 83 and another 84. Thus, eighty-nine patients remaining in his Asylum were over 70 years of age. He then suggested that the constant lengthening of life, due to medical and other attention which people received, and the freedom

from the ordinary worries of everyday life, had more to do with the multiplication of numbers in his Asylum than any other cause.

Marriott Cooke later stated that, the Committee of Visitors had recognised the fact that the growing number of patients, and the accommodation that the Asylum provided; for 1,060 patients, would very shortly be inadequate, and the decision had been taken to extend the Annexe to accommodate another 140 patients. He then suggested that, as this would raise the numbers of patients in the Powick Institution to 1,200; which was the largest number of patients that should be congregated in any Asylum, no further extension of the Powick Institution should be contemplated.

At the end of 1896, Dr. Cooke stated that, there were just 17 unappropriated beds in his Asylum, and that it was probable that these beds would be filled, before the new accommodation being built was available. In the last year, he stated, 14 more patients had been admitted to the Asylum, than in any previous year, which was a greater increase since the institution opened in 1852. Indeed, the additional patient numbers entering the Asylum in July had been double those in any other month of that year. In 1896, 36.2% of patient were discharged as Recovered, but at this time space in the mental

hospital was so scarce that, 9 patients who had Settlement outside Worcestershire were transferred to their own Poor Law Unions. Five other patients were transferred to friends, who signed agreements to care for them. It was surely ironical that Dr. Cooke's solution to the problems of an overcrowded Asylum, sending patients to workhouses and to friends, were being resorted to, because there was no alternative. There were still 39 private-patients in the Asylum.

Edward Cooke now stated that, generally, the physical-health of patients in the Asylum was good. Influenza had been quite troublesome, and a laundryman on the staff of the Asylum, and one female patient, had Scarlet Fever; both survived. There were 5 cases of Typhoid Fever during 1896; a male and female patient contracted the disease, in January. Then, a laundryman, who was not resident in the Asylum, got the disease in June. Then a junior male attendant and a female patient, became ill with the disease in August Four of these patients, with Typhoid Fever recovered, but one died. Edward Cooke also stated that, because more patients needed supervision at night, and because additional attendant were needed on both the male and female sides of the Asylum, several new nurses and attendants had been appointed. Dr. Cooke was gratified to know that the Lunacy-Commissioners

who visited the Asylum in July had been pleased with their visit.

The Medical Superintendent now stated that, the problem of continuous night-time supervision had been resolved, by placing an additional member of staff in one of the dormitories, on each side of the Asylum, who was present throughout the night. This clearly satisfied the demands of the Lunacy-Commissioners, but it also meant that suicidal patients no longer encountered patients subject to fits, which was in the interest of both types of patient. Dr. Marriott Cooke also reported that the weekly cost of maintaining a pauper patient, had increased to 8s., which was an increase of 2 ³/₈d., an increase that was due to an increase that the Government Auditors demanded, in assessing the value of the Asylum-buildings, which had led to an increase in costs of £300 per annum. He also reported that, the Committee of Visitors had decided to rent several small fields, that had previously been farmed by other people, but which were surrounded completely by land that was the Asylum Farm. He again, expressed the hope that, at some time in the near future, a satisfactory outcome to the question of the Asylum's water-supply would be found.

In the 45th Annual Report of the Worcester Mental Hospital, for 1897, the Committee of Visitors stated that, whilst there had been no change in the Medical Staff of the institution, they wanted again to record how ‘efficiently Dr. Cook, and several other medical gentlemen, who assisted him, in the discharge of his arduous and responsible duties. However, by this time it was known that the Lord Chancellor, Lord Halsbury, had selected the Powick Mental Hospital’s highly valued and esteemed Medical Superintendent for the responsible position as a Commissioner in Lunacy.⁵³ It was in these circumstances that, the Committee of Visitors of the Powick Institution, accepted with deep regret Dr. Edward Marriott Cooke’s resignation, but they also acknowledged his fitness for the post of Lunacy-Commissioner. They then sought to appoint a new Medical Superintendent.

The Committee of Visitors now reported that, the various Delegations of Poor Law Guardians who represented the various Poor Law Unions in the City and County of Worcester, had all continued to express satisfaction with the manner in which patients were treated by the Dr. Marriott Cooke and his staff. They then again stated that the cost of

⁵³ It was at this point that the term ‘Master of Lunacy’ was used.

maintaining pauper patients, in the Powick Mental Hospital, would remain at 8s. 2d. per patient per week. It was also reported that, two Lunacy-Commissioners inspected the institution, in November 1897, and reported with satisfaction that, the new extension to the Annexe, which would double its size, were nearing completion. It was then hoped that this new accommodation would be ready for occupation by the spring or early summer, of 1898. They also reported that arrangements had already made furnish the new-wards, and that a burses-room was to be provided in the new-building. When completed Powick Mental Hospital would house 1,200 patients. They then also reported the both the City and County Councils had agreed to make improvements to the Institution's existing water-supply, an arrangement that had been agreed by the Secretary of State. Mr. E B Marten, who had provided the Committee of Visitors with his professional advice, was to superintend this work, which when it was completed, would be of great and lasting benefit to the mental hospital and its inmates'.

When the Lunacy-Commissioner visited the Powick Mental Hospital, in November 1897, there were 1,087 patients on the institutions books (408 males and 607 females), which was an increase of 44 patients over previous year. However, whilst it was

claimed that the Asylum had accommodation for 1,060, the Commissioners considered this estimate to be too liberal. They had found some of the dormitories, on both-sides of the Asylum, particularly the smaller ones, to be overcrowded. They stated that there was allowance, in the Regulations of only 35 square feet of floor-space per patient, but there was less space than this in some of the small dormitories at Powick. They also investigated a potential case of maltreatment that, had occurred in March 1897, when an epileptic patient had his ribs broken. However, it appeared that this patient had become violent, and he had struggled with two attendants, which led him to fall against the arm of a wooden bench, breaking a rib. Dr. Cooke had investigated this case and he felt there was no maltreatment involved, a decision which the Lunacy Commissioners agreed with.

The Commissioners saw 15 children in one ward, and they raised the same issue as their colleagues had done previously. They again stated that, it was undesirable that idiot children consort with adult patients. It was suggested that, whilst the Commissioners understood that the Committee of Visitors were considering what to do about this issue, they then expressed the opinion that, in the meantime a small day-room, and dormitory, might be made available for these children. They also

hoped that it might be possible to supply more toys and picture-books for these youngsters. The Lunacy-Commissioners then also pursued another suggestion, previously made by their colleagues, regarding an additional observation room,⁵⁴ in the Infirmary on the female-side of the Asylum. They also again suggested that a permanent night-nurse be appointed, to provide continuous supervision to female epileptic and suicidal patients. They then also noted that there had been 12 cases of Colitis⁵⁵ that, had all occurred in the same male-ward. There had also been 4 cases of Typhoid Fever, amongst the nurses and attendants, which it was suggested was caused by some deficiency in the sanitation of the asylum. However, oddly the Lunacy Commissions appeared convinced that these infections were caused by the rough state of some of the plastering of walls in the-wards. It was again also noted that the new extension to the Annexe was nearing completion.

In his Report Dr. George Braine-Hartnell, who by this time had taken over the Medical Superintendency of Powick Mental Hospital from Edward Marriott

⁵⁴ An observation room had a large window made of unbreakable glass in the door, so that a patient in the room was open to permanent inspection.

⁵⁵ Colitis was an inflammation of the Colon (the large intestine).

Cooke, ⁵⁶ stated that there were 1,099 patients in the Asylum at the end of 1897 (482 males and 617 females), which was an increase of 56 patients (28 of each gender). However this was 39 patients more than the institution was officially allowed to accommodate, an eventuality that Dr. Cooke had predicted the previous year. The numbers of patients committed to the Asylum was 24 more than the average for the last 10 years. However, there had also been an increase in private-patients from 39 to 49, which was regarded as good news, because this group of patients still brought a profit of almost £800 to the institution. The new Medical Superintendent then explained that, the form of undertaking used on admission to the Asylum, that had been instigated by the 1890 Lunacy Act (53 Vic. C. 5), which had been accepted by the Committee of Visitors, stipulated that payments for patients in the Asylum had to be paid three-months in advance.

Dr. Braine-Hartnell then reported on the health of staff and patients at the Asylum, where there had been two cases of Typhoid Fever that had afflicted two attendants, who worked in different-wards.

⁵⁶ For the first 4 months of 1897 Dr. Marriott Cooke was still Medical Superintendent at Powick Mental Hospital, so that Dr. Braine-Hartnell wrote about some issues dealt with by his predecessor.

Both men had made a good recovery. There were also two cases of Scarlet Fever, one in a nurse, and the other in a boy. These cases were sent to the Infectious-diseases Hospital, where they remained until they were quite recovered. However, perhaps the most troubling infections of all, were cases of Dysentery, when fresh cases occurred just the disease appeared that the disease was abating. To resolve this problem, all latrines in the Asylum were fumigated with Chlorine, because dysentery was assumed to spread from person to person, as they used the same closet. This remedy worked and the disease abated. The average cost of maintenance for a pauper patient at Powick Mental Hospital was 7s. 6 $\frac{1}{8}$ d., in 1897, which meant that a profit of almost 8d. Was made on each pauper patient per week.

To celebrate Queen Victoria's Diamond Jubilee an entertainment was provided for all patients able to attend on White Hill, a field close to the Asylum. The entertainment involved sports, music and dancing; an afternoon that was enjoyed by everyone who attended it. Then in August, Lord Beauchamp invited all members of staff from the Asylum to his home at Madresfield, on two afternoons, and Dr. Braine-Hartnell then thanked Lord Beauchamp and Lady Mary Lygon for their kindness and attention.

Regarding more mundane matters, it was found that the lightning- conductors on many of the Asylum-buildings were worn-out, so the Committee of Visitors ordered that, they all be tested and where necessary replaced. A Merryweather telescopic fire-escape, was also purchased at a cost of £46 10s, which was used in fire-practices, with very great. In the hospital's Kitchens an additional Mottram's Potato Peeler had been purchased. However, one assumes that it was with relief that Dr. Braine-Hartnell suggested that the issue of the Asylum's water-supply was approaching a solution. Upton-on-Severn District Council, where Dr. Braine-Hartnell, had been an Assistant Inspector of Nuisances, ensured that Carey's Brook was regularly checked, and many causes and sources of pollution had been located. This had led to the improved filtration of the water that was now accumulated in a large reservoir. On Mr. E B Marten's advice, the reservoir held 800,000 gallons of water. It was constructed at an estimated cost £1,300. The water from the reservoir was now discharged into the filter beds by an automatic flushing syphon, which aerated the water considerably. A tender from Mr. Vale to complete the work on this system was accepted, but the turf and top-soil, to a depth of 9", was removed by asylum-tradesmen, using patient labour, to minimise costs.

CHAPTER 7.

The Master of Lunacy after 1897.

As Edward Marriott Cooke was appointed by the Lord Chancellor as one of the Commissioners in Lunacy his successor as Medical Superintendent George Braine -Hartnell stated

To the vacancy thus created (by Edward Cooke's appointment as Commissioner in Lunacy) your Committee did me the honour to appoint me. I feel I cannot let the occasion pass without adding my testimony as to the ability of Dr. Cooke, and the great interest displayed by him in all matters connected with the Asylum. He carries with him the goodwill of all the staff.

In appraising the career of Dr. Edward Marriott Cooke as Medical Superintendent of the City and County of Worcester Pauper Lunatic Asylum, between 1881 and 1897, this publication has used the Annual Reports of this Asylum, year by year, which has the advantage of being contemporaneous judgements on Dr. Cooke in his role as Medical Superintendent. The Annual Reports consisted of three parts:

The Report of the Chairman of the Committee of Visitors, a group appointed by the Worcestershire Board of Magistrates, who were men of substance made responsible for the Pauper Lunatic Asylum.

The Report of the Commissioners in Lunacy, who made an annual inspection visit to the Asylum, producing a Report which was

presented to the Lunacy Commission; a Government Department set up by the 1845 Lunatic Asylum's Act (8 & 9 Vict. c. 126) to oversee Pauper Lunatic Asylums in England and Wales.

The Report by Dr. Marriott Cooke, the Medical Superintendent, which essentially responded to the issues raised by the Asylum Visitors and the Lunacy Commissioners. This Report included comments by the Chaplain and other Asylum Staff. It also included statistics and comments on the Treatment Regime at the Asylum and the Financial Accounts of the Institution. The Administrative Staff of the Asylum produced the Statistical and Financial Reports on the Institution.

As suggested earlier Dr. Cooke had been an Assistant Medical Officer at the Powick Lunatic Asylum, from the early 1870s, when he was just 20 years old; at a time when he had little experience of treating insane individuals. He had clearly impressed James Sherlock, the Medical Superintendent at the Powick Lunatic Asylum from 1854 until 1881. Indeed, it was clear that working with Dr. Sherlock profoundly influenced Edward Cooke's ideology about Mental-health and that Dr

Cooke accepted the tenets of the Moral Treatment Regime that James Sherlock used at Powick Asylum absolutely. Marriott Cooke made swift progress at the Worcester Asylum and after about 3 years he was regarded as the Assistant Medical Superintendent, so that when James Sherlock became ill, it was Dr. Cooke who acted as Medical Superintendent until Dr. Sherlock recovered and returned to work. Then, at the age of just 27 years, Edward Cooke was appointed as Medical Superintendent at the Wiltshire County Lunatic Asylum, where it appeared he used the approaches that James Sherlock had taught him. Then, when James Sherlock died in 1881, after 27 years as Medical Superintendent at the Powick Institution, Edward Marriott Cooke was appointed as Dr. Sherlock's replacement.

This situation ensured continuity in the way that the Powick Lunatic Asylum was run, which was probably inevitable given the relationship between the two successive Medical Superintendents. Dr. Cooke inherited an institution that was nationally highly regarded, but like all Pauper Lunatic Asylum's it was an institution that had substantially increased in size, which inevitably altered the pressures for change within the Asylum. Dr. Cooke inherited his predecessor's plans to alter the 'Categorisation of Patients'; to separate the patients, where there was

a possibility of an improvement in their mental condition, from patients where there was no possibility of improvement. This was something that Dr. Cooke believed would benefit the patients and which would, in overall terms, be cheaper.

Essentially, the succession of Annual Reports, for the period 1881 to 1897, outlines the changing nature of treatment at the Powick Pauper Lunatic Asylum (after 1890 Powick Mental Hospital) over this 17 year period. However, it also indicated the alteration in Edward Marriott Cooke as Medical Superintendent over this time; a period when he gained the confidence and admiration of the Committee of Visitors. It appeared that within 5 years of his appointment as James Sherlock's replacement, as Medical Superintendent, Edward Cooke had surpassed his predecessor in the opinion of the Committee of Visitors, who had held Dr. Sherlock in very high regard. Both men ran the Powick Asylum efficiently and they both had good relationships with the Administrators, the Matron, the Assistant Medical Officers, they worked with, and with the 'ordinary staff' of the Asylum, including the attendants and nurses, the craft-trainers and the other domestic-staff of the institution. Both

Medical Superintendents had also, usually,⁵⁷ been found satisfactory in their treatment of patients, by the Delegations of Poor Law Guardians from the various Worcestershire Poor Law Unions that sent, and paid for, the treatment of insane paupers at the Powick Lunatic Asylum. Therefore, the question of why Dr. Cooke came to be better regarded than his predecessor requires an answer.

Edward Marriott Cooke had married Mary Anne Henrietta Cecil, fourth daughter of the 6th Baron of Alton, in Hampshire, in 1879, whilst he was Medical Superintendent at the Wiltshire County Asylum. She proved to be very supportive of her husband when he worked at Powick Asylum.⁵⁸ Both Edward Cooke and his wife were accomplished musicians and both played the organ in the Asylum Chapel and on occasions conducted the choir, which was indicative

⁵⁷ Dr. Marriott Cooke's debacle with the Poor Law Guardians, who accused the Asylum of lacking any Classification, being the only example of unwarranted and unfair criticism of the Institution.

⁵⁸ This opinion is supported by Edward Marriott Cooke's Obituary in *The Journal of Mental Science*, Vol. 320, LXXVIII, January, 1932, pp 1-12. Ironically this Obituary was written by Hubert Bond, another British psychiatrist and mental-health administrator, whose father was the Rev. Alfred Bond, Chaplain at Powick Lunatic Asylum, throughout Marriott Cooke's career there.

of a Medical Superintendent who undertook more than his medical duties.

It was suggested earlier that Edward Marriott Cooke had no relatives involved in medicine, and his father was a businessman, which meant that his son had been exposed to the entrepreneurial attitudes of business. Thus, if Powick Lunatic Asylum was regarded as a business, that was treating insanity, Dr. Cooke might be expected to have different attitudes to ‘profit making’ compared with his predecessor and mentor Dr. Sherlock. If we take Powick Lunatic Asylum in 1888, as an example roughly mid-way through Edward Cooke’s career in the institution, when it was treating 782 Pauper patients and 95 Non-Pauper Lunatics. This led to the following Financial Results.:

VALUES. ⁵⁹	In 1888.	In 2022.
Receipts for treating Patients:	£17,668 -7-5	£2,446,864
Includes Profit from Private Patients:	£ 1757-16-1	£ 243,467
Amount of Mortgage on Asylum Buildings:	£24,575-17-0	£3,403,424

At this stage, in Dr. Marriott Cooke’s eighth year as Medical Superintendent, at the Powick Lunatic Asylum, when his entrepreneurial interests had begun to be apparent, he had begun to comment on

⁵⁹ It is interesting to consider how valuable these profits would be in terms of their value in 2022.

the cheapness of his Asylum compared with others, and he also attempted to attract private patients, who lived outside Worcestershire and Contract-Patients sent to Powick Asylum by more overcrowded County Pauper Lunatic Asylums, elsewhere in England and Wales; all patients who made profit for Dr. Cooke's own asylum. The lowest amount of profit from private patients, out-of-county patients and contract patients was in 1881 when it was £2,552 (£330,627 in 2022). The highest amount of profit from these patients was £4,634 in 1895 (£649,231 in 2022). The average amount of profit for these patients between 1881 and 1897 was £3,027 (£414,449 in 2022).

The fact that Edward Cooke was interested in the financing of the Institution he ran was new to the Committee of Visitors, because Dr. James Sherlock, who had treated private patients, out-of-county patients and contract-patients made little comment about the profit from these patients, in the Annual Reports he wrote. Thus, by 1888 Dr. Cooke was attempting to maximise the profits gained by attracting such patients and he now approved of being one of the cheapest Pauper Lunatic Asylums in England and Wales, which led to him playing a different role in administering his Asylum. He was trusted by the Committee of Visitor, and by the County Board of Magistrates, to manage all aspects

of the Asylum. Arguably he became the Chief Executive Officer, as well as Medical Superintendent, of the Powick Lunatic Asylum. He now made decisions that were reported to the Committee of Visitors, rather than the reverse, which used to happen. This in turn led the Committee of Visitors to have more confidence in Dr. Cooke, so that in 1895 they recommended him to the Lord Chancellor for the post of 'Master of Lunacy', a post he was appointed to in 1898. He held this post until 1914, when he was appointed as Head Commissioner of the Board of Control for lunacy and mental deficiency a post he held until 1918. He was then knighted (KBE) in 1919. However, he continued to attend meetings of the Board of Control until his death in 1931. He influenced National Policy relating to mental-health for over 30 years.

Edward Marriott Cooke was the man who implemented the National Deficiency Act of 1913 (3 & 4 Geo. V. c.25) which redefined Idiocy and Imbecility, and it introduced the terms 'feeble-mindedness' and 'moral defective. This legislation stated:

This Act was later amended by the Mental Deficiency Act of 1927 (17 & 18 Geo. VI. C.33).
Section 1 –

(1) The following classes of persons who are mentally defective shall be deemed to be defective within the meaning of this Act:

(a) Idiots, that is to say, persons in which case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers.

(b) Imbeciles, that is to say, persons whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs, in the case of children of being taught to do so.

(c) Feeble-minded persons, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or, in the case of children, involves disability of mind of such a nature and extent as to make them incapable of receiving education at school.

(d) Moral defectives, that is to say, persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal

propensities and who require care, supervision and control for the protection of others.

(2) For the purpose of this section, 'mental defectiveness means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes, or reduced by disease or injury.

In doing this Dr. Marriott Cooke radically altered the approach to treating insane individuals; from the system he had worked under when he was first appointed as Assistant Medical Officer at the City and County of Worcester Pauper Lunatic Asylum, in 1872, and from the changes wrought by the 1890 Lunacy Act (43 Vict. c. 5).

CHAPTER 8.

Asylum War Hospitals.

In 1915, Edward Marriott Cooke and Hubert Bond wrote a Report for the Home Secretary about setting up Asylum War Hospitals, where eventually 482,949 Officers and men were treated, which about 17% of the sick and wounded men was sent for treatment from the War-Front back home to Britain to recover. During the Great War Twenty-four, out of the hundred or so public mental hospitals in England and Wales, that were still often still referred to as County and Borough Pauper

Lunatic Asylums 'were rapidly converted into first-class medical and surgical-hospitals , which soon won 'the highest praise from the Medical Department of the War Office.' ⁶⁰ They were also praised by 'highly qualified civilian critics' and the officers and men who were treated in these hospitals.

Sir Edward Marriott Cooke and Dr. Hubert Bond, ⁶¹ who worked together at the Board of Control of Lunacy and Mental-health, suggested using the Lunatic Asylums to treat war-wounded servicemen in the early months of 1915. To enable this to happen England and Wales were divided into areas, and then one Asylum in each area was selected as an Asylum War Hospital. In the case of Worcestershire, it was the Powick Lunatic Asylum that was chosen to become an Asylum War Hospital. However, perhaps inevitably, it was suggested, by some, that 'some well-meaning, but technically ignorant and ill-informed people, both inside Parliament and outside it, protested against our sick and wounded heroes being located in 'pauper

⁶⁰ *British Journal of Mental Science*, Vol. 66, September 25th 1920, p. 482.

⁶¹ As suggested earlier, Hubert Bond's father had been Chaplain at the Powick Mental Hospital when Edward Marriott Cooke was Medical Superintendent there.

lunatic Asylums'.⁶² However, such Asylums were institutions that were already functioning effectively, with their medical and nursing-staff working in well-equipped and very adequate institutions, so all that all that was necessary was to employ more doctors and nurses in these hospitals.

Inevitably, it would be expected that members of the Board of Control of Lunacy and Mental-health, who were responsible for all insane persons in England and Wales, would be interested in how the 'injuries and misery of War' had impacted on the mental-health of the casualties in the Asylum Military Hospitals. Marriott Cooke and Hubert Bond had fully investigated this aspect, when they examined the mental disorders that they considered were actually due to the War. In doing this they estimated that 38,440 men were suffering from 'Psychoneuroses Neurosis'; a class of functional mental-disorders involving chronic distress. In Asylum War Hospitals patients afflicted in this way were separated into special wards, where their individual psychological condition could be treated. However, some of these patients, who were considered to have severe problems of this sort

⁶² Op. cit. *British Journal of Mental Science*, Vol. 66, September 25th 1920, p. 482.

were transferred to regional-hospitals that specialised in treating such mental conditions.

One aspect of the setting up of the Asylum Military Hospitals, that was contemporaneously considered a problem, was the impact that the arrival of injured-soldiers arriving in Lunatic Asylums that were usually overcrowded. There were some suggestions that some patients already in these institutions were transferred to live with relatives and friends, whilst others were transferred to the wards of Union Workhouses, but it was also probable that some insane individuals, who would normally have been sent to a Lunatic Asylum, were accommodated elsewhere. Then, other patients; specifically those with the severest forms of insanity were sent to already overcrowded wards in the Asylum. ⁶³ It appeared important that the last measure relating to medicine that Edward Marriott Cooke imposed on Powick Mental Hospital was its creation as an Asylum Military Hospital in 1915 be

⁶³ This aspect of Lunatic Asylums during the Great War has been under researched. However the work of Sarah Ganderton, who curated an event celebrating the Powick Asylum War Hospital, which was based on her research on this topic. The Report on her Research Project is available on the Worcester Medical Museum's Website.

dealt with in this article. The focus will now turn to the creation of the Annexe in 1894.

CHAPTER 9.

The Annexes – a new beginning for the Powick Mental Facility.

The new Annexe at what was then Powick Mental Hospital opened in 1894. As was suggested earlier this project originated in 1881 when James Sherlock was Medical Superintendent of the Powick institution and it was continued after Dr. Sherlock's death, by his successor Dr. Edward Marriott Cooke. The Annexe was intended to accommodate what

were termed 'non-productive-patients'; that was individuals who could not be employed under the 'Moral Treatment Regime' that was still rigidly adhered to at the Powick Mental Hospital. These patients were separated from 'productive-patients' who were capable of undertaking the work element of Moral Treatment, who continued to be treated in the wards in the original Asylum buildings. 'Non-productive-patients', who were often described as 'incurables' were suffering from Dementia and Idiocy (including Imbecility). They were separated from 'productive-patients' who were regarded as potentially curable, who were suffering from Mania and Melancholia.

One huge problem exists when considering patients in the Annexe. After the Annexe was created the administrative structure of the Powick Mental Hospital was altered. Essentially Edward Cooke became Chief Executive, as well as Medical Superintendent of the Institution, and the administration was then divided, between staff of the wards dealing with curable patients, and with the Annexe that was dealing with incurable patients. Thus, the patient's records were then separated into those for 'non-productive-patients' and those for 'productive-patients' and these records were apparently kept in two different locations, which was logical because there different

administrators responsible for each set of records. This system worked, but at the closure of Powick Asylum in the early 1990s, when the buildings were essentially abandoned, the main records survived, but what were referred to as 'Annexe Case Books' which contained patient's notes for individuals sent to the Annexe, were all lost. However, with care, it has been possible to identify patients who were sent to the Annexe and the records of these individuals up to the time of their transfer give details of why being sent to the Annexe was felt appropriate. At this point it was also obvious that a small number of demented and idiotic patients, who were deemed able to be employed were exempted from transfer to the Annexe.

**'Non-Productive-patients' suffering from
Dementia.**

Daniel Hack Tuke, edited a *Dictionary of Psychological Medicine* that was published in 1892. In this book Dementia is defined as:

A state in which manifestations of mind are to a greater or lesser degree absent in consequence of disease or decay of the brain itself...[which was]...always an acquired condition, and as such is to be

distinguished from amentia, which is either a congenital state or one closely connected with that period. ⁶⁴

Dr. Shaw Claye, ⁶⁵ who provided the text on Dementia, in Hack Tuke's Dictionary, gave an explanation of this mental ailment that related to the nineteenth century, rather than to the twenty-first century, so that the text used throughout this introduction to Dementia, and to its contemporaneous treatment at Powick Asylum is contemporaneous to the late 19th and early 20th Centuries.

Hack Tuke also stated that

Patients who do not recover and who die early, either of exhaustion or of some intercurrent affection, tend to fall into Chronic Dementia, or what is called Chronic Mania. With the latter affection, there is associated a considerable degree of permanent loss of mental power, so that it

⁶⁴ Tuke. Daniel Hack (ed.). *A Dictionary of Psychological Medicine*. Blakiston. Philadelphia. 1892, p. 348.

⁶⁵ SHAW, T CLAYE, FRCP (Lond.), was Medical Superintendent of the London County Asylum, Banstead. He lectured on Psychiatric Medicine at St. Bartholomew's Hospital.

is really a state closely akin to Chronic Dementia.⁶⁶

For this reason patients suffering from Chronic Mania were also placed in the new Annexe.

Having defined Dementia, this article will now investigate the patients with this mental-ailment, who were housed in the Annexe, at Powick Mental Hospital, between 1894 and around 1906.

FEMALE NON-PRODUCTIVE-PATIENTS.

The records of 54 Non-Productive female patients, who were committed to Powick Mental Hospital after 1894, who were sent to the Annexe were examined. These women were between 16 years and 85 years old when they were admitted. Their mean age was 55.5 years and their modal age 57 years. On average these women were in the Annexe for 6.9 years before they died there, but three patients died within a week of their arrival at Powick Mental Hospital. However one woman spent 44 years in the Annexe before she died. There were 21

⁶⁶ Tuke. Daniel Hack (ed.). *A Dictionary of Psychological Medicine*. Blakiston. Philadelphia. 1892, p. 767.

(39%) single-women, 11 (20%) married-women and 22 (41%) widows in the Annexe. Of these female demented patients 37 (77%) were from urban-places, 11 (23%) were from rural-places, whilst there were 3 out-of-county patients and 3 private patients. Patients were said to HAVE Dementia, but they DID NOT die of Dementia; they died of the many medical-conditions that caused the deaths of many individuals in 19th and early 20th Century English and Welsh Society.

An edited version of the Patient's Notes of three female and three male patients suffering from Dementia is included here, because these are 'human documents' that give a real insight into the situation of patients in mental hospitals at this time. However, it appears appropriate to give a WARNING that these notes are often about the deaths of insane individuals and that some readers may find them disturbing. Please also note that as a Social Historian, with an interest in Mental-health in the 19th Century, the author is unable to understand certain aspects of Pharmacology, thus medications are sometimes omitted from these notes.

Lizzie Davies was only 18 years old when she was committed to Powick Mental Hospital, on 18/12/1897, suffering from Dementia. She was apparently from John Street, Blackheath, in the Dudley Poor Law Union, which was then part of Worcestershire, so she was sent to the

Powick Institution. She was a Charwoman, who was single and she belonged to the Church of England, but her degree of education was unknown. She was regarded as dangerous to other people. Her attack of insanity was of 3 weeks duration, and it was said to be 'Puerperal', which meant that she had been pregnant. Dr. Dudley Price, of Dudley, had written the Medical Certificate that led to this young woman's incarceration. It stated that her speech was incoherent and that she was alternately apathetic and violent. It was also stated that she was suffering from Puerperal Mania. Dr. Reginald Tucford, House Surgeon of the Guest Hospital, in Dudley, stated that this young-woman was violent and unmanageable. She believed that she had nothing to eat and that the hospital ward she was in was on fire. She had also knocked down a Nurse, Emily Middlemass, and she had tried to bite Frances Beale, another member of the hospital staff. F.A. Swindale, Assistant House Surgeon, corroborated these facts. Lizzie Davies had apparently given birth to a child a month previously, when she had done well, but then a week later she had become unmanageable. She was a fairly-nourished young woman, who had no bruises or marks of violence on her body and her heart and lungs appeared to be reacting normally. On her arrival at Powick Mental Hospital, she was diagnosed as suffering from Dementia.⁶⁷ She was

⁶⁷ In the definition of Dementia discussed earlier it was important that the ailment was caused 'in consequence of disease or decay of the brain itself', a situation that could apply

lost and confused, and she refused to answer any questions. At this time her habits were said to be perverted,⁶⁸ and she took her food badly. At times she was depressed and she said she was going to die, but then she would not speak and she was said to be dull, heavy and confused, so he needed attention and direction to help her cope. She did not reply to questions she was asked and she had a dazed look. This woman had arrived in an institution that used a Moral Treatment Approach that expected patients to work, but Lizzie Davies did nothing to amuse or employ herself and she needed attention like a child. Inevitably she was transferred to the Annexe. She was now thought sullen and irritable, and at time she now got excited. She still would not converse and she still appeared dull and stupid. Then, after about 3 months at Powick mental Hospital, someone bothered to check her Place of Legal Settlement,⁶⁹ which was found to be Rowley Regis,

to an individual of any age. The definition of Dementia has altered over time and it is now a term that normally relates to individuals in middle age or older.

⁶⁸ The word perverted has gained a connotation that it did not have at the end of the 19th century. It then simply meant that habits had altered.

⁶⁹ 'Legal Settlement' was instituted by the Poor Law Amendment Act of 1834 (4 & 5 Will. IV, c.76), the legislation that introduced the New Poor Law. Every individual in England and Wales was given 'Settlement' in their place of birth. Then, if they subsequently needed support from the Poor Law, it was their Place of Settlement that paid for that support. However, if an individual moved and paid their Poor Rates in another place,

which was part of Dudley in Staffordshire. This meant Lizzie Davies was in the wrong Asylum, so she was Discharged Not improved and sent to Stafford Asylum. Unfortunately confusion about Settlement was a situation that happened quite often in Dudley. this young-woman was transferred to Stafford Asylum on 9th March 1898 after less than 12 weeks in the wrong Mental Hospital.

At the other end of the age and social spectrum was Susannah Moule who was a 79 year old widow, from Hartlebury, who was committed to Powick Asylum on 19/2/1896. She belonged to the Church of England and she had received a good education. She had been ill for about a year and the cause of her illness was said to be old age. She was thought dangerous to other people. Mr. G W L Stretton, of Kidderminster, wrote the Certificate that allowed this patient to be admitted to Powick Mental Hospital, ⁷⁰ which said that this woman was

their Place of Settlement was moved to their new place of residence. However, if an individual moved and did not pay the Poor Rates their Place of Settlement continued to be their place of birth. From 1834 this meant that if an individual, who became insane and needed treatment, this was paid by their Legal Place of Settlement, which could lead to an individual who retained Settlement in their place of birth, who had moved away, many years previously, being chargeable to their place of birth. After 1845 this meant that treatment in the new Pauper Lunatic Asylums was paid for in this way.

⁷⁰ As a Private Patient, Sarah Moule will have been allowed into what had been a Poor Law facility, previously intended for

constantly screaming and talking nonsense. She had embraced her Certifier and attempted to sit on his knee, and she clung so closely to him that he had difficulty getting away. Susannah Wilson, this woman's housekeeper, niece and companion, at Roseland Cottage, Hind Lane, Hartlebury, stated that her aunt was very noisy and violent, and that on 2 or 3 occasions she had attempted to get out of the windows. However, even more worryingly, she had tried to take live-coals off the fire with her bare hands. She had also knocked her attendant down and broken a window. A year ago this patient had suffered from influenza and since that time she was getting bad. There was no family history of insanity. She was a feeble old woman, who was also in an excited state. She was very strong and it required several nurses to manage her. Her legs and buttocks were extensively bruised, and there were also bruises on her arms. Her pulse-rate was 84 and her pulse was feeble. She weighed 8st 4lb. Her skin and tongue were clean and her heart was acting feebly, and she was in a very unsatisfactory state of health. There were sores on the back and front of this woman's legs that were somewhat red and inflamed. She was suffering from senile degeneration. She was very excited and restless, and she resisted whatever was done for her. She had to be fed, dressed and washed, and she would not keep in bed. She required incessant supervision. Dr. Moore, of

pauper patients. Being a Private Patient in a Mental Hospital was much altered by the Lunacy Act of 1890 (53 Vict. c. 5).

Stourport, wrote her Certificate, stating that this patient was suffering from mania. She was constantly shouting, swearing and throwing her hands about. She was very restless and she had tried to get of the windows and the door. She evidently did not know what she was doing, and she had no mental control over her actions. She required more or less restraining the whole time. Susannah Moule had been showing signs of brain-failure, loss of memory, wanderings in her mind and frequent occasional crying and laughing fits, for 12 months. Miss Susan Wilson, her companion and niece, of Roseland Cottage, Hind Lane, Hartlebury, informed Dr. Moore that her aunt had for a long time past frequently been very strange in her actions, and evidently she had not known what she was doing or saying. Then, for the last week, except when under the influence of medicines, she had been constantly incoherently, and shouting and trying to get out of the room with nothing on but her nightdress. She had endeavoured to get out of the window and over the bannister of the stairs, and she clearly had no idea what she was doing or what she wanted to do. She did not recognise any of her friends, or people who went into her room. It had also been necessary to restrain her, because she was so restless, noisy and excited. She still resisted everything that was done for her. She had also stripped off her clothes and required to have them strapped onto her. She was also forcibly fed with her food and she was on an extra-diet, with brandy. However, she was still constantly restless as she lay about her padded-room. She still took her food badly and she now had a cough. She was now taking paraldehyde

draughts ⁷¹ to calm her down, but she was still restless and troublesome. She would not keep her clothes on and constantly wandered about her room day and night. She was now given extra medicaments. Her habits were now perverted. ⁷² She was noisy and restless and she took a draught at night. She died on 25th February 1896 at 2.25 a.m. and her Death Certificate stated that she was 79 years old and that she was a widow. She was said to be of 'Independent-means' and it was confirmed that she had lived in Hind Lane, Hartlebury. She died of Senile Degeneration, but no post-mortem examination was deemed necessary. She had no injuries evident at the time of her death and no physical Restraints had been used. Her death was witnessed by Nurse Annie Williams. The Death Certificate was signed by George Braine-Hartnell AMO. This woman had died less than 6 days after she entered Powick Mental Hospital and it was likely that she was treated in the Annexe.

Another female patient, in middle-age, who was admitted to Powick Asylum with Dementia was Elizabeth Day. She was a 44 years old, single, housekeeper, from Worcester. She belonged to the Church of England and she could read and write. She was committed to the

⁷¹ Paraldehyde is a hypnotic and sedative, with anticonvulsant effects, that was commonly used in the 19th and early 20th Centuries. However it has now largely been superseded by other sedatives.

⁷² The word perverted has gained a connotation that it did not have at the end of the 19th century. It then simply meant that an individual's habits had altered for the worse.

Asylum on 9/7/1896, having been ill for 6 months, with the cause attributed to drink. She was thought to be dangerous to other people. G W Till, of Worcester, was her Certifier and he stated that she had answered questions in a very indifferent and abusive way stating that she had no name and she had refused to give her age. When asked where she lived, she replied in a house that had a chimney on the top. She was constantly singing absurd songs, such as 'I forgot I ought not to have told' and she repeated this phrase over and over again, whenever she was asked a question. She had also stripped herself naked, and then turned somersaults in the bed. Dr. George E Hyde, the Prison Surgeon, of Foregate Street, Worcester, reported that this patient was of an unsound mind. Then, Agnes Wood, of the Worcester Union Workhouse, confirmed these statements and stated that whilst in the workhouse this woman had destroyed her own clothing. She had also been summonsed for being drunk, and she had been sent to the prison, while her case was enquired into, which meant that she would have been regarded as a Criminal-lunatic. There was a family history of drink and she was said to be anaemic. Both of her arms were very bruised, but her heart and lungs were acting normally. This woman was suffering from mania and she was restless, noisy, excited and at time violently disposed to those about her. She was also incoherent in her conversation and she required constant care and supervision. She continued to sing snatches of songs and other incoherent nonsense, and she was noisy, excited and deluded. At other times she was violent and destructive. She could

still not converse coherently and she would now not reply when spoken to, except by singing 'I ought not to have told'. At the end of August 1896 she was somewhat quieter than she had been, but she still sang 'I ought not to have told' when asked a question. She was now given a sleeping draught at night, and she was certainly not as noisy as she was. In the context of an institution that expected to treat its patients by giving them skill-training, it was unfortunate that Elizabeth Day did nothing to amuse or employ herself. Her conversation was still rambling, but at times she could be persuaded to do a little work, so she was regarded as improved, particularly as she did some needlework.⁷³ Elizabeth Day was still rambling in conversation and simple, and foolish, in her manner, but she now did useful work in the ward, but in January 1897 she had taken off her dress and put it in the wash-tub, saying she had 'the creeps on her'. This woman now went daily to the laundry, where she worked industriously. However, her conversation was still rambling and she was still foolish and flighty in

⁷³ It appeared to be an expectation, amongst the staff of Powick Asylum, that women patients who did needlework were improving. Indeed, it appeared that the initial training of medical-men, in the Moral Treatment of Insanity, under David Skae, at Edinburgh University Medical Faculty, had given them a notion that womanhood involved being adept at needlework. It appeared that this essentially middle-class perception of womanhood, had then been passed on to successive generation of individuals involved in treating insane working-class women in institutions like Powick Asylum, that applied a Moral Treatment approach.

her manner. In this unbalanced state of mind, she lacked self-control and she continued to laugh with no apparent cause. She also continually chattered to herself whilst working in the laundry. In June 1897, a Report sent to the Lunacy Commission suggested that patient was still suffering from mania and that she was quite unable to converse. Instead, when spoken to she simply laughed immoderately. She could not answer the simplest question rationally, and she required supervision and control. However, she was well-nourished and her heart and lungs acted normally. In mid-1897 she was still working in the laundry, although she was sometimes maniacal, confused and behaving in a foolish and irrational manner whilst there. She could still not give a connected answer to any question. Whilst she was in good health, mentally she had been dull and irritable for some time. Then suddenly she sat, and without cause, refused to work in the laundry or to employ herself usefully in any way. She now kept very irritable and on several occasions she viciously attacked nurses. Towards the end of 1899 this patient had been unfit for work for some time, and she was still sullen and irritable, and liable to outbursts of violence and there was apparently no improvement in her. Indeed she now made unfounded charges of ill-treatment against the nurses and she was very vicious towards them. In early 1900, Elizabeth Day was still suffering from mania. Her conversation was extremely rambling and disconnected and now she was full of insane suspicions, claiming that she was robbed and insulted by everyone. She still refused to employ herself in any way. These facts were

again reported to the Lunacy Commission]. There was no improvement in this woman, who was still very foolish and rambling in conversation, and she could still not be induced to occupy herself in any way. At times she was still violent, very rambling in conversation, irritable and abusive. On 13/9/1901 she, after almost 6 years' incarceration in Powick Asylum she was transferred to the Annexe. However it was suggested that she did not die until 19th June 1940, when she would have been in her late 80s. She had been incarcerated in Powick Asylum for about a fortnight over 44 years, at this time.

Of the 54 female demented patients, who were in the Annexe after 1894, there were no Patient's Notes available for 30 (55.6%) of these patients.⁷⁴ The same percentage of patients died or were transferred within three years of their arrival at Powick Asylum. Just 7 patients (13%) of patients were in the Annexe for between 20 and 44 years. The Occupations of the female dements who were housed in the Annexe were:

OCCUPATION.	No.	%age.
Not Given.	30	55.6
Housewife.	7	13.1

⁷⁴ It appeared to be probable that the reason for the absence of these Patient's Notes, was because these patients were sent straight to the Annexe, so that their notes would have been in the Annexe Case Books that were lost when the Powick Asylum buildings were abandoned and left to be demolished.

Domestic Servant.	4	7.4
Charwoman.	4	7.4
Labourer.	3	5.6
Shop Assistant.	2	3.7
Dressmaker.	1	1.8
Gloveress.	1	1.8
Musician.	1	1.8
Independent-means.	1	1.8
TOTAL.	54	100.0

In terms of the social status of the women in this sample; it appeared that one woman (2%) belonged to an elite-group of women of 'independent-means', two women (4%) had a skilled occupation, two (4%) more had unskilled occupations, whilst 11 women (20%) were unskilled. However, 38 women had no-occupation recorded for them. Seven women who had described themselves as housewives were amongst the group with no-occupation.

The records of 54 Non-Productive female patients, who were committed to Powick Mental Hospital after 1894, who were sent to the Annexe were examined. These women were between 16 years and 85 years old, when they were admitted. Their mean age was 55.5 years and their modal age 57 years. On average these women were in the Annexe for 6.9 years, before they died there or before they

were transferred to other mental-institutions. However, three patients died within a week of their arrival at Powick Mental Hospital, but Elizabeth Day spent 44 years in the Annexe before she died and another woman was there for 42 years. There were 21 single-women, 11 married-women and 22 widows in the Annexe.

NON PRODUCTIVE MALE PATIENTS.

The records of 67 Non-Productive male patients, who were committed to Powick Mental Hospital after 1894, who were sent to the Annexe were examined. These men were between 19 years and 98 years old, when they were admitted to Powick Mental Hospital. Their mean age was 49.4 years and their modal age 47 years. On average these men were in the Annexe for 3.4 years before they died there or before they were transferred to other Mental Hospitals. However one man spent 22 years in the Annexe, before he died there and another man spent 20 years incarcerated there before he too died. There were 19 (28%) single-men, 40 (60%) married-men and 8 (12%) widowers in the Annexe (However one man refused to say what his marital status was). Of these male demented patients 46 (72%) were from urban- places, 18 (28%) were from rural-places, whilst there were 2 out-of-county patients and 2 private patients. Patients were said

to HAVE Dementia, but they DID NOT die of Dementia; they died of the many medical-conditions that caused the deaths of many individuals in 19th and early 20th Century English and Welsh Society.

Harvey Charles Rowley was a 40 year old married labourer in the iron trade, with 4 children. He belonged to the Church of England and he could read and write. He was from Worcester Workhouse and he was committed to the Asylum on 22/7/1894 with Dementia and General Paralysis. This was his first attack of insanity and it had been going on for about 2 years. The supposed cause was General Paralysis.⁷⁵ This man's Certifier stated that Harvey Rowley had constantly wandered about in a dull and stupid manner. He had also answered questions in a very disconnected way. He imagined that he had various ailments. However, in a way typical of someone with General Paralysis, he believed he was due to get some money off various gentlemen. This was a well-built man, who was under medium height, with a fresh complexion and who was muscular. His skin was marked with a number of small blotches, over his shoulders and pectoral-region, which was another symptom of General

⁷⁵ Op. cit. See Frank CROMPTON, Is It A Matter Of Perspective? The General Paralysis of Insanity (GPI) and Syphilis, An article on the Worcester Medical Museum's Website.

Paralysis. This patient had lost his muscular co-ordination, and he could not stand steadily. He also stuttered whilst speaking and he had increased superficial reflexes of the pupils of his eyes, together with many other physical symptoms of General Paralysis. He could not converse clearly, and he broke down and lost the theme of his conversations, which he often concluded with a short indifferent comment, which suggested that he did not know where he was or where he came from. This man had a double rupture and his heart action, and sounds, were accentuated. He claimed he was looking for a man who owed him money; thousands of pounds. He talked in a rambling manner and it was with great difficulty that he could be bought to answer a direct question. He now complained that he was being knocked about by the attendants, in the early-morning, which was a delusion. He also now claimed that he was a Captain in the Artillery which was another grandiose claim typical of someone suffering from General Paralysis. Harvey Rowley still talked in a very rambling way and he could not be kept on just one subject. He still complained of being knocked about every morning, by Mr. Martin one of his attendants, which was simply not true. However he now talked very indistinctly and he was difficult to understand. There was no improvement in this man in any way and he was still deluded about his treatment in the Asylum. He was still rambling in his conversation and he was very restless at night. He was also very unsteady on his legs, and he was getting even more feeble and shaky. He now dragged his legs as he waked. He also no longer took his food well.

He now had a sore on his groin where his truss, which he wore because of his hernia, gouged him. However when treated this wound then healed. At the beginning of 1893 he was still restless and deluded, and he still believed he was being knocked about at night. He was still very rambling in his speech and he was getting ever more shaky on his legs. He remained in a deluded state and he now repeated the same words over and over again. Essentially he was now unable to converse fluently. However, he still complained about being knocked about, but there were absolutely no foundations for his statement about this matter. He now walked badly and his speech also was much affected. Mentally he was now very feeble and very lost. However, he still had the same deluded ideas about being beaten by the attendants. This man was now in a very unsatisfactory state of health. He was much thinner in the face and his right knee was found to be swollen, and there was fluid in the knee-joint, which was rather painful and tender. In an attempt to treat these problems this patient, he was put to bed and he was given an egg for breakfast. He was then put on a slop-diet with milk and beef-tea. He was also given medication. On 9th June 1895, six days later, this patient's temperature had gone up, and he had been put to sleep in the sick-room, which meant that he was under constant supervision. He then failed to urinate for a day, so a catheter was used to draw off his water. He passed about a third of a chamber-pot full of clean urine when the catheter was used. Two days later, the catheter was used again and he passed more clean urine, which

was slightly cloudy, and it contained albumen.⁷⁶ This man's chest was also sounded and this revealed a resonance at the base of both lungs. Two days after this Harvey Rowley's physical condition worsened. He had developed diarrhoea, and he had been given an enema and some medicaments to resolve this. Another enemata was then given two-hours later, by which time his diarrhoea had ceased. However, it recommenced the next day, in the evening and he was given another enema, this time containing opium. A catheter had been used again, twice a day, to draw off his urine. This man had no cough, but his breathing was rather rapid. Four days later, there was little or no change in this man's medical condition and catheter had again been used to draw off his water. His temperature was now slightly raised and his knee was still painful and swollen. This man's condition now deteriorated, and he was certainly not as well as he had been. There was now dullness at the base of his right-lung. His urine continued to be clean and he had no cough, and no more diarrhoea. It was now stated that he was still suffering from Dementia, and that he was mindless and unable to recognise any of his surroundings. His habits were now wet and dirty and he now lay in bed in a helpless condition. It was now suggested that this man's General Paralysis was far advanced. However, he now had Pneumonia and retention of urine. This Report was sent to the Lunacy

⁷⁶ Albumen in a patient's urine was possibly an indication of Albuminuria, which was a sign of a serious kidney-disease.

Commission to allow this man's treatment to be continued. However, this patient now became much feebler and he now lay on his back and it was found that he was able to pass his water himself, without a catheter. In spite of this, he was constantly wet and it was only with constant care that bed-sores ⁷⁷ could be avoided. At this time this patient's breathing was very bad. He now looked much worse than he had and he was evidently dying. He died at 12.30 a.m. on 29th July 1895. He died of General Paralysis of 3 years duration, which was confirmed by a Post Mortem Examination. By the time of his death he had been incarcerated in Powick Mental Hospital for just over a year before he died there. His death was witnessed by Attendant John Ranford.

In another case, John Pritchard, a 43 year old married general labourer, with 4 children, who belonged to the Church of England and who he could read and write and was from Droitwich, was committed to Powick Mental Hospital on 11/3/1895. This was this man's first attack of insanity and it was of 9 week's duration. The cause was Apoplexy ⁷⁸ and heredity. ⁷⁹ This man's father and

⁷⁷ Bed-sores were a major problem for bed-ridden patients, because such lesions often resulted in gangrene in wounds.

⁷⁸ Apoplexy is often referred to as a stroke, where a blood vessel in the brain ruptures, and the bleeding that results puts pressure on the tissues of the brain where the bleeding occurs, which invariably causes some paralysis.

⁷⁹ The matter of whether mental-ailments were inherited was an issue that has been much debated since the 19th Century. It appeared to be the case, amongst the medical men at the

brother were queer,⁸⁰ He was suicidal. His Certifier stated that at times this man got very excited and he had tried to get out of a window, so that it was then necessary to restrain him. He was unable to answer any questions rationally, and he did not know the days of the week, what month it was, or whether it was winter or summer. This patient was a thin and poorly-nourished man, who was very helpless and he could hardly walk without assistance. His right-side was paralysed by his Apoplectic attack. He was also aphasic.⁸¹ He also had marks of old bed-sores on his hips and sacrum. He was demented, very lost and dull, and he had no idea where he was. He could not answer the simplest question, but it was difficult to understand anything that this patient said. He was restless, especially at night, and at times he was wet and dirty in his habits. He then slightly improved, although he was still very lost, and he now said that he was only one-week old. He also said he was from Dudley, when in fact he was from Droitwich. In

Powick Institution, in the 19th and early 20th Centuries, to believe that some patients did inherit a propensity to develop mental illness from their antecedents. It was for this reason that the pro-forma on which Patients Notes were written, towards the end of the 19th Century, included a section on 'Family History'.

⁸⁰ The term 'queer' is clearly used in a very different way from in contemporary parlance. In the 19th and early 20th Centuries it simply meant that the person referred to had unusual behaviour patterns.

⁸¹ Aphasia was a disorder resulting from damage, or injury, to the specific area of the brain that controlled speaking.

spite of his weak physical condition this man's heart appeared to act normally. He still dragged his right foot a good deal as he walked because of his paralysis. After about two-week's in the Asylum he had improved somewhat physically, and he now walked about fairly well. However, he was still in a lost and confused state, as he was feeble-minded and unable to converse. It was probably inevitable that this patient was quiet and he gave no trouble. He was now said to be in an improved physical state, and he thought to be doing well, a comment that could only be referring to the fact that he was somewhat cleaner in his habits. Otherwise it was difficult to understand what John Pritchard was saying, as his speech was defective. At time this patient got very depressed and he then burst into tears for no apparent reason. He had been tried at work in the hair shop, but he could do nothing there and he seemed very miserable and depressed, so he was kept in his ward, where he now did a little work in the ward. His mental state was no such that he almost cried when he was spoken to. He still gave very little trouble and he began to look somewhat better and a bit brighter, but otherwise there was little obvious improvement. There was very little change in this man, although he did now pay a little more attention to his surroundings. However, he was still feeble-minded and unable to keep up a conversation. He was quiet and he still helped a little in his ward. At the end of 1895 he was still in a demented state and he did not improve again. In February 1896 this man was said to be suffering from Dementia and he was feeble-minded and lost and he still did not know where he was and he did not know the

names of people who were constantly with him. Thus, it was considered that John Pritchard was quite unfit to look after himself or to have control of his own actions. However, he was still fairly-nourished. He was now diagnosed with a left reducible inguinal hernia and a Report was sent to the Lunacy Commission this patient's condition. It stated that there was no change in this patient and he was still depressed. He now complained of pain in his right thigh and he was sick, and he vomited some greenish-fluid that contained bile. He was then in a collapsed state, so he was put to bed and he appeared to be getting better, but he was still kept in bed. Then, in July 1896, he was up and about again, although he was mentally unchanged, and still in a demented state. His behaviour was now uncertain, and he sometimes pushed other patients if he thought no one was looking. However, he only pushed people feebler than him, men who would not retaliate. At the beginning of 1897 this patient was still suffering from dementia and he was still very feeble-minded and childish. He was still unable to converse and he was thought uncertain and spiteful. He continued to strike and push other patients, who he believed would not retaliate. Thus, it was considered that this man now required supervision and control. He was fairly-nourished and he was suffering from hemiplegia ⁸² on his right side and aphasia. ⁸³ Another Report sent to the Lunacy Commission containing this

⁸² Hemiplegia was paralysis on one side of the body.

⁸³ Aphasia was a disorder resulting from damage or injury to the specific area of the brain that controlled speaking.

information. However, this patient now did not alter much, although he was now very spiteful, and he required care and supervision. In January 1898 he was unchanged and he now paid very little interest to his surroundings and he was very slow to comprehend even the simplest questions he was asked. His replies, if he gave any, were difficult to understand. This was due to his aphasic condition. At time this man was now very irritable and uncertain in his temper. However, generally he was quiet and he was well-behaved. He was still fairly-nourished and he gave a little assistance in his ward. The situation that now ensued was depressing and indeed frightening. On 13th July 1898 John Pritchard complained of a burning sensation in his left thigh, so he was put to bed, where he apparently had tenderness and some pain when either of his lower-limbs were moved passively. It was now noticed that he was passing bloody urine, but because of his mental state it was difficult to form any idea of the cause of this Haematoma.⁸⁴ He now frequently had an urgent cause to pass urine, but he was very reluctant to urinate. However he was apparently in constant pain in his pubis, which was accentuated by incontinence. The pain and tenderness in his left leg was now pronounced as he lay with his limb extended and everted, as he held his hip joint rigid, so that any attempt to move his limb was communicated to his pelvis. His paralysis was a little more marked on the outer side of his limbs, but there was a distinct enlargement of his left

⁸⁴ A Haematoma is a collection of blood outside a blood-vessel.

thigh, although this was not accompanied by any enlargement of his veins or by any localised or general redness of the skin or any Oedema.⁸⁵ Even when the left lower limb was passive, the patient complained of pain, which was more or less at the site of the sciatic nerve. However the pain did not extend to his loin and nor did there appear to be any tenderness on palpitation of his loin or in any region of his abdomen and nothing was felt in his rectum. This man's temperature was normal, but his urine was bright red in colour and it smelt offensively and was alkaline. His urine contained albumen⁸⁶ and some reddish deposits, which under the microscope proved to be crystals of triple phosphates that had come from blood corpuscles. The patient was given medication and barley-water and his urine was now improved in character; it was less foul and ammoniacal, and it was free from blood, but there was albumen still present. This man's pulse was now feeble and weak, in rhythm and volume and the apex beat was feeble. There were bruits⁸⁷ present, along with evidence of flagging circulation present in both lower extremities, especially the left and in the left foot and in the lower part of his , which was blue, cold and insensitive. There was still tenderness when the patient's thighs were moved. Both this ma's feet and legs were now swathed in cotton-wool

⁸⁵ Oedema is swelling caused by excess fluid accumulating in the body tissues.

⁸⁶ Albumen in a patient's urine was possibly an indication of Albuminuria, which was a sign of a serious kidney-disease.

⁸⁷ Bruits are murmuring sounds, when the chest is sounded.

He was now allowed what food he fancied, but his appetite was poor, but he was now also given brandy. He was still taking the alkaline diuretic mixture ⁸⁸ and he required a slight draught of morphine. His foot and lower leg were now purplish in colour, and they were studded with bullae ⁸⁹ containing foul smelling blood-stained fluid. The bullae were treated with Iodoform, a disinfecting fluid, and other medicaments. This patient was steadily becoming more feeble and there were now moist sounds present in both lungs, where there was also deficient percussion present. This man's foot and the bottom third of his right-leg were now gangrenous, and this was death of tissue due to lack of blood flowing gradually extending up his leg. The patient's urine was still alkaline, but it was neither foul nor ammoniacal, and there was no blood in his urine, although there were still traces of albumen. There was also a white deposit, which under the microscope appeared to be amorphous granules and crystals of phosphates. The patient now lay in a stupor and he took little nourishment, but he now passed urine and faeces under him in bed. He was now developing gangrene in his right foot, so he now had gangrene in both lower limbs, and it was suggested that gangrene was spread by blood clotting in blood-vessels that had undergone degenerative change. This patient's condition was now highly critical, and he died at 3.35 p.m. on 5th August 1898. He was 46 years old and he died

⁸⁸ A diuretic mixture was a medicine to increase the production of urine.

⁸⁹ Bullae are large blisters containing fluid.

of gangrene of the leg. A post Mortem Examination was held that confirmed this cause of death. He had no other injuries at the time of his death and the gangrene had been present for several weeks. Attendant Thomas Baylis witnessed this man's death, where no mechanical restraints had been used. George Braine-Hartnell signed the Death Certificate.

Another patient in the Annexe at this time was Frederick Collett a 54 year old married labourer, with no children, from Pound Yard, Redditch, which was in Bromsgrove Poor Law Union. He belonged to the Church of England and he could read and write. He was sent to Powick Asylum on 6/9/1895. This attack of insanity, which was his first and it had lasted for 2 months, and he was suicidal. The Medical Certificate committing this patient to Powick Asylum was signed by William Smith, of Redditch. It stated that this man had refused to answer any questions, and he had been strange in manner when he was interviewed. He was very restless, and he had refused to take his food unless he was pressurised to do so. He had wandered about the room without object, with a vacant expression on his face, but sometimes his expression was sullen. This man had put a cat on the fire, and he had also made a fire on the floor of the cellar of his house, which could have burned the whole place down. He had also thrown his bedclothes out of the window, and taken his own shirt and used it to light the fire. His wife recounted these events, but she also stated that her husband had refused his food. This man had never led a very steady life, and he had frequently been

out of work, which often led to him not had sufficient food to eat. This was his first attack of insanity and he first became reticent and miserable two months ago. He had refused to eat a week ago. There was nothing known of his family history. He was a dirty, stout and fairly muscular man, with brown hair that was becoming thin on the top of his head. If this patient extended his fingers they tremored and his reflexes were greatly exaggerated on both side. He had a slight bruise on the back of his left shoulder, but there were no other marks of violence on him. He was 5' 2 1/2" tall and he weighed 10st. 3 lb. His pulse rate was 81 and his pulse was regular, but small. His skin was greasy and he had acne on his back. His tongue was also furred and tremulous. His eyes were blue and the movements were normal. The pupils were equal and reacted normally. Frederick Collett's heart and lungs were working normally and his abdominal-organs were normal. However, his speech and articulation were not clear and he was very shaky on his feet. His urine was clear and acid, but normal. This man was very restless and at times he was excited. He was also very confused and he had no idea of time. He suggested that he had been at the asylum two weeks previously, but in fact he did not know where he was or indeed what day it was. He could not tell the time and he was dirty in his habits. Frederick Collett was suffering from Dementia and he was very lost and dull. He had no idea of time and he claimed he had been at the asylum for two weeks, which was simply not true. In fact he had no idea where he was. He was restless and needed much supervision. He could not answer even the simplest question. He slept well and

he was getting less restless during the day than he had been. In spite of this he was said not to be improving. He was very lost and he sat about not noticing anything that was going on around. However, he continued to sleep well. He was now lost, dull and unable to converse, because his articulation was defective. He had a good appetite. However, after about 3 months in the Asylum this patient was said to be going downhill and he was now wet and dirty. He also had difficulty swallowing, so he was fed minced-meat, with bread and milk, which he could swallow. He now developed retention of his urine, a situation that was resolved with a catheter, so that his water was now drawn off. This man was now looking worse than he had. He also now had a troublesome cough and there was a percussive note that impaired the sound at the right base of his lungs - a vocal vibration. He was given a mixture medicines. His urine had been drawn off on several occasions as he was still not capable of passing it. His urine continued to be clear and acid. He then was again passing his water at his own volition. This man's general health now improved, but he then had 7 sharp epileptiform fits⁹⁰ and he was now very depressed and full of delusions. He now believed that he was 20 feet in length, so that he was being shortened in the Asylum and he was now barely 2 feet in length. He then had 7 or 8 more fits in rapid succession, all of them epileptiform in nature. In spite of this it was suggested

⁹⁰ Epileptiform Fits were markedly different from Epileptic Fits because they were initiated in a different way and in a different location.

that this man's condition was then greatly improved, which was caused by the beneficial use of enemata. However, he again had a slight cough, and the percussive note when his chest was sounded was back. He was now given milk, beef-tea and brandy in an attempt to improve his condition. In early 1896 he was again very deluded, claiming that he was given no food, but he also now believed that his bed was full of ants and that bees were trying to get into his mouth. This made him very restless at night, and he was again said to be going down-hill. His general health was found to be very unsatisfactory and he was still very deluded. He again thought that he was made longer and shorter, by some unexplained means, and he was also still convinced he was being starved. He was now given Paraldehyde⁹¹ as a sedative, because he still was very unsettled at night. He was now very destructive and he constantly stripped himself. Then in the middle of March 1896 he had a slight stroke, and he was left unconscious for about an hour. He was then given an enema and he rapidly recovered. However, three days later, he had another slight stroke that paralysed him on his right side and he remained unconscious, until his death at 6 p.m. on 20th March 1896. This patient's temperature went up to 107.6 degrees just before he died. Frederick Collett was 55

⁹¹ Paraldehyde is a hypnotic and sedative, with anticonvulsant effects, that was commonly used in the 19th and early 20th Centuries. However it has now largely been superseded by other sedatives.

years old when he died of General Paralysis, which was confirmed by a Post Mortem Examination. He had no injuries at the time of his death and he had been suffering from the General Paralysis of Insanity for about 20 months, before he died. No physical restraints had been used on this man. His death was witnessed by Attendant Herbert J. Hampton and the Death Certificate was signed by Edward Marriott Cooke M.B. (Lond.), the Medical Superintendent of Powick Mental Hospital at this time. This patient died after less than 7 months incarceration in Powick Mental Hospital.

Of the 67 male demented patients who were in the Annexe after 1894 there were no Patient's Notes available for 12 (17.9%) of these patients. Of the male patients 54 (79.9% died or were transferred within three years of their arrival at Powick Asylum. Just 2 patients (3.0%) of these male patients were in the Annexe for between 20 and 23 years.

In terms of the social status of the men in this sample; it appeared that no men belonged to the elite group of professional. Nineteen men (28%) had skilled occupations, 10 (15%) had semi-skilled occupations, whilst 28 (42%) were unskilled. However, only 10 (15%) men had no-occupation recorded for them. Of these men two farmers were impossible to categorise, because a farmer could be attempting to eek a living on a couple of acres, or he could have a substantial land-holding. The

Occupations of the male dements who were housed in the Annexe were:

OCCUPATION.	No.	%age
LABOURER.	26	38.7
NOT GIVEN.	8	11.8
CARPET WEAVER.	4	6.0
BRICK LAYER.	2	3.0
FARMER.	2	3.0
FOOD DEALER.	2	3.0
RAILWAY. SIGNALMAN.	2	3.0
BEDSTEAD MAKER.	1	1.5
BOATMAN.	1	1.5
BUTCHER.	1	1.5
COMPOSITOR.	1	1.5
COOPER.	1	1.5
ENGINE DRIVER.	1	1.5
FIRE IRON POLISHER.	1	1.5
GARDENER.	1	1.5
MILLER.	1	1.5
MINER.	1	1.5
NAIL MAKER.	1	1.5
PATTERN MAKER.	1	1.5
PORTER.	1	1.5
PRINTER.	1	1.5
PAINTER.	1	1.5
SAWYER.	1	1.5
STONE MASON.	1	1.5
SHOEMAKER.	1	1.5
TAILOR.	1	1.5
VICE MAKER.	1	1.5
WAGGONER.	1	1.5

Having completed the analysis of female and male individuals suffering from Dementia, who were in the Annexe at Powick Mental Hospital, after it was set up in 1894, an amazing discrepancy emerges. It was apparent that women and men suffering from Dementia were very different. Indeed it appeared

that the only commonality between the genders suffering from this mental affliction, related to the symptoms they suffered. Both female and male Dementia sufferers, or what will now be called dements, had manifestations of their minds that were to a greater or lesser extent absent in consequence of disease or decay of the brain itself. The age range of female dements was ten years less than that of their male contemporaries, with the average age at which such women were afflicted with Dementia being 55.5 years old, which was 6 years more than the average age of men afflicted with the same mental ailment. However, the longest time that a woman dement remain in the Asylum, before they died or were transferred elsewhere was 44 years. Which was double the longest time that a man remained in the Asylum, which was 22 years. There were 7 (13%) women who remained in the Asylum for over 20 years, compared with just 2 (3%) men.

The marital-status of female and male dements was also markedly different Twenty-one women (39%) who were committed to the Powick Institution with Dementia were single, Only 11 (20%) women were married, whilst 22 (41%) were widows. Whereas, 19 (28%) of men were single, 40 (60%) were married and just 8 (12%) were widowers. However, this meant that 33 (61%) of women dements had been

married, compared with 48 (72%) of men who had been married. Thus, it was very possible that it was the age of these females and males dements that accounted for differences in the marital-status between the two genders.

Another major difference between female and male dements related to the occupational status of individuals committed to Powick Mental Hospital. Whilst there was one woman who came from a background of having 'private means', there were no men in this situation. However, women dements generally came from lower occupational statuses than did men dements. Thus, there were only 2 women (4%), compared with 19 men (28%), who had skilled occupations before they were committed to the Powick Institution. There were then only 2 (4%), female dements from semi-skilled occupations, compared with 10 (15%) males who had worked in semi-skilled occupations. However, 11 (20%) women were from unskilled occupations when they were committed to the asylum with Dementia, compared with 28 (42%) of men in this occupational group. In part, the fact that 38 (70%) of women, did not declare that they had an occupation prior to committal to Powick Metal Hospital, including 7 women, who said they had been housewives may have caused this disparity, because only 10 men (15%) were in a similar situation, having

had no occupation before they were committed to the Powick Institution.

One area where there was a closer parity between female and male dements was in the nature of the Places of Settlement of the patients. Seventy-seven per. cent. of women dements, and 72% of men dements came from urban–places when they were committed to Powick Mental Hospital with Dementia. Thirty women who were in the Annexe, had no Patient’s Notes recorded for them, whilst there were only 12 men in this situation. Thus, as was suggested earlier, the logical explanation of this was that these individuals were sent straight to the Annexe, so that their Patient’s Notes were put into ‘Annexe Case Books’ that are no longer extant, because they were unfortunately lost during the demolition of the Asylum buildings in the 1980s.

From the outset of this project the intention was to focus on the work of Dr. Edward Marriott Cooke in creating the ‘Annexe’ at Powick Mental Hospital (as it was called after 1890). As suggested earlier, Dr. Cooke inherited the notion of an Annexe to treat what were contemporaneously described as ‘Non-Productive-patients’, from Dr. James Sherlock, Dr. Cooke’s predecessor as Medical Superintendent, who had died in March 1881. ‘Non-Productive-patients’ were the antithesis of ‘Productive-

patients'; individuals who actively worked in the various 'departments' of the hospital, where they were taught, by craft instructors, something that had been part of the 'Moral Treatment Regime' used at Powick Asylum since its inception in August 1852. Essentially, 'Productive-patients' included patients suffering from Mania and Melancholia, mental ailments it was deemed improvable under treatment in the Asylum. Thus, the 'Annexe' was intended to hold 'Non-Productive' Patients' suffering from Dementia and Idiocy/Imbecility; mental ailments deemed incurable continued to be housed in the original wards of Asylum Buildings. However, interestingly, if a patients suffering from Idiocy or Imbecility was able to undertake work in the training departments of the Mental Hospital, then they were not transferred to the new 'Annexe'. It was Dr. Marriott Cooke's declared intention, in separating 'Non-Productive-patients' from their 'Productive-patient' contemporaries to reduce the per capita costs of patients in the new 'Annexe', by altering the diet that patients resident there were fed, to make it cheaper, but also reduce staff numbers of nurses and attendants in the 'Annexe'. Meanwhile Dr. Cooke recognised that the costs of treating the 'Productive-patients' would be marginally increased, but he hoped that the treatment offered to patients likely to improve

would be improved; a situation that eventually did happen.

Hack Tuke also stated that

Patients who do not recover and who die early, either of exhaustion or of some intercurrent affection, tend to fall into Chronic Dementia, or what is called Chronic Mania. With the latter affection, there is associated a considerable degree of permanent loss of mental power, so that it is really a state closely akin to Chronic Dementia.⁹²

For this reason patients suffering from Chronic Mania were also placed in the new Annexe.

The records of 54 Non-Productive female patients, who were committed to Powick Mental Hospital after 1894, who were sent to the Annexe were examined. These women were between 16 years and 85 years old when they were admitted. Their mean age was 55.5 years and their modal age 57 years. On average these women were in the Annexe for 6.9 years before they died there. However, three

⁹² Tuke, Daniel Hack (ed.), *A Dictionary of Psychological Medicine*, Blackiston, Philadelphia, 1892, p. 767.)

patients died within a week of their arrival at Powick Mental Hospital. However one woman spent 44 years in the Annexe before she died. There were 21 single-women, 11 married-women and 22 widows in the Annexe.

CHAPTER 10.

'Non-Productive-patients' suffering from Idiocy and Imbecility.

Daniel Hack Tuke, edited a *Dictionary of Psychological Medicine* that was published in 1892.

In this book the section on Idiocy was written by Dr. J Langdon Down,⁹³ who was Consultant Physician at the London Hospital, who had also been Medical Superintendent at Earlswood Asylum, a specialist asylum for idiot children. Dr. Down suggested that the term idiocy was fairly vaguely defined, although he believed that the term invoked an imaginary type of mental affliction that rarely existed. Idiots were a large group of individuals with impaired intellectual ability, which was broken up into well-marked categories.⁹⁴

Daniel Hack Tuke's Dictionary of Psychological Medicine (1892)⁹⁵ then suggested that the difference between idiocy and imbecility was simply related to the degree of mental impairment, which implied a continuum of mental enfeeblement from mild to severe. Whilst, to some, imbeciles were mild

⁹³ Dr. Down, J Langdon, wrote the section on idiocy in Tuke, Daniel Hack (ed.), *A Dictionary of Psychological Medicine*, Blackiston, Philadelphia, 1892, pp. 643-675.

⁹⁴ These categories included Idiots said to be: accidental, congenital, cretinoid, developmental, eclamptic, epileptic, hydrocephalic, hypertrophic, inflammatory, macrocephalic, microcephalic, paralytic, sensorial, strumous, Plagiocephalic, Scaphocephalic, toxic, traumatic, together with the idiocy of deprivation and finally several idiocies named after racial types representing an individual patient's facial characteristics. As an afterthought Dr. Idiots Savants were included in this taxonomy.

⁹⁵ Tuke, Daniel Hack (ed.), *A Dictionary of Psychological Medicine*, Blackiston, Philadelphia, 1892.

idiots, this was not an opinion that Daniel Hack Tuke agreed with. Indeed, he conceded that imbecility could even be used for dementia, following acute psychic disturbances. He also demurred from the view that imbecility was applied only to those whose mental impairment developed after birth, sometimes even in adulthood. Tuke then made a distinction between, 'intellectual imbeciles', who had weaknesses in their intellectual faculties, compared with moral imbeciles, individual's whose moral faculties afflicted.⁹⁶ Senile imbecility was a synonym for senile dementia.

MALE IDIOTS UNDER DR. JAMES SHERLOCK 1854-1881.

There were 35 male Idiots admitted to Powick Pauper Lunatic Asylum in the time that Dr. Sherlock was Medical Superintendent. They ranged in age from 7 to 49 years when they were committed to the Institution. James Sherlock then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 21.3 years (The Median Age was 17 years.) Fort-four per cent of these patients were

⁹⁶ There was only one case of Moral Imbecility admitted to the Powick Institution between 1852 and 1900. However, analysis of this Patient's Note leaves doubt as to why this patient was sent to the lunatic Asylum.

between 11 and 20 years old when they arrived at Powick Lunatic Asylum. Thirty-four of James Sherlock's male idiot patients were single and 4 were married. Sixty-one percent of these male patients came from Urban Places and 39% from Rural Places. On average these male idiots spent 14.2 years in the Asylum before they died or were transferred elsewhere. One male idiot spent 68 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Fifty-eight per cent of male idiots died, 13% were transferred to other mental institutions, whilst another 13% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. Eighty-four per cent of Dr. Sherlock's male idiot patients had no occupations recorded for them before they arrived in the Asylum. Six patients had been employed; all in unskilled occupations.

Henry Burston was an 11 year old boy, from Redditch, in Bromsgrove Poor Law Union. He had no occupation or religion recorded for him, and he could not read nor write. He was suffering from Idiocy with Epilepsy, and he was committed to Powick Pauper Lunatic Asylum on 22/7/1864. He had moderate habits of body, and he was

lymphatic in temperament. The expression on his face was unobservant and idiotic. His general-health appeared to be good. This attack was said to be of 10 years duration, however, his condition was probably congenital. His Certificator had stated that this boy was occasionally violent, and that he had a tendency to destroy articles of clothing. He also occasionally screamed violently. When 10 months old, he had suffered a fit, which was repeated at intervals until he was 3 years old. Since then he had not been epileptic. He was unable to speak. The cause of this boy's condition was probably congenital, with possibly some hereditary predisposition to insanity. His father's cousin had an idiot child, (Sarah Burston) who is at present an inmate of this Asylum. His brothers and sisters are weakly and phthisical, and his father was evidently possessed of no very strong mind. After three months in the Asylum, this boy had improved in his bodily-health and condition. He was generally quiet and cheerful, and he rarely interfered with other inmates. However, he occasionally became rather-irritable, but otherwise he was unchanged. In March 1865, this boy was always healthy looking, and he took his food well. He also remained quiet and easily managed. His mental state remained unchanged, and he understood very little of what was said to him. However, he appeared to comprehend actions more than the words. A year later, he was unchanged, and a year after that he was growing well and he was continuing in good bodily-health, but he was mentally unchanged. He had not suffered from epilepsy since he arrived at the Asylum. In July 1871 this young-

man had still not had an epileptic seizure, and his bodily-condition remained satisfactory. However, he was inclined to be noisy, and he ran about biting at his hands, but if allowed to do so he would also eat grass, or anything that came his way. In February 1872, he was thin and delicate in appearance, but he was now troubled with a dry hacking cough. He now constantly practising masturbation. In September, his bodily-condition had somewhat improved, but he was still delicate looking, and his habits were still perverted.⁹⁷ He remained in much the same state, but his bodily-health and general appearance then somewhat improved. His habits were still dirty and depraved. Then, in February 1875, he remained in the same idiotic and drivelling condition, but he was now also still perverted and untidy. He ate well, but his health was now indifferent. In September, 1880 there was no improvement in this patient's mental condition. He was still idiotic and almost mindless, and when spoken to, he grimaced and opened his mouth widely, but he never answered. He was thought to be harmless, but dirty in his habits, and he was unable to make the least effort to employ or even amuse himself. During the last summer, he had not required any special medical treatment. In March 1881, he remained in his previous state, being quite demented and unable to do anything for himself. He did not speak,

⁹⁷ The word perverted has gained a connotation that it did not have at the end of the 19th century. It then simply meant that an individual's habits had altered for the worse.

and he paid no attention to what was said to him. However, he went out into the airing-court daily. In May this patient had not materially changed, so he remained very vacant and demented. He now looked thin, and he had recently contracted a black-eye, probably by bumping his face against the table. In July, he was very wet and dirty, but he was unchanged mentally. In September, he continued in the same mindless condition described above, and he could still not do anything to employ himself, and he was still wet and dirty. In January 1882, this inmate remained in the same mindless condition previously reported. He could still not converse. Then, in March, he continued to be lost and confused, and he still did not reply when spoken to. He now required constant supervision. In July, he still showed no signs of improvement, and he could still do nothing to employ or amuse himself, and he could still not answer the simplest question, but he was well-nourished. In October, he craved after food, so much that he ate any scraps which he came across. In May 1883, there was still no change to record in this patient, and he still could do nothing to interest or amuse himself, except constant grimacing, but he was still in good health. In January 1884, he was in exactly the same state as had already been described. Then, in June, he was in good general-health, but being very idiotic and helpless, and still doing nothing to amuse or employ himself. When spoken to he still replied with a grimace. In December, he was in exactly the same physical and mental condition as described previously. In April 1885, this patient remained in a very idiotic state, and when

spoken to, he grimaced and then opened his mouth widely. He was now quiet, but dirty in his habits, and his general-health was fair. In August, mentally this patient was unchanged, but he had required no special treatment since the last note. In December there continued to be no sign of any improvement, but his general-health was now fair. In June 1886 there was still nothing to be recorded regarding his general-health and condition. However, it was commented that he had come well through the severe winter. It was self-evident that he could not be taught anything. In December, in spite of the cold weather, his condition was good, but his mental condition was unchanged. Then, in July 1887, the first real problem with this patient arose, when he became a desperate thief, especially at meal times, when he would snatch food off his neighbour's plate, at meal-times, and cram the food into his mouth with both hands. The problems that this caused can only be imagined. This man was now dirty in his habits, and he was now sometimes violent. However, his health was still good. In March 1888 there was nothing to report, and his patient's notes were then moved to a Forward Book, which is no longer extant, so unfortunately we have no idea about what eventually happened to him.

**MALE IDIOTS UNDER DR. EDWARD MARRIOTT
COOKE 1881-1897.**

There were 50 male Idiots admitted to Powick Pauper Lunatic Asylum in the time that Dr. Marriott Cooke was Medical Superintendent. They ranged in

age from 6 to 71 years when they were committed to the Institution. . Edward Marriott Cooke then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 21.2 years (The Median Age was 17 years.) Forty-four per cent of these patients were between 11 and 20 years old when they arrived at Powick Lunatic Asylum. Forty-five of Edward Marriott Cooke's male idiot patients were single, none were married, but 5 patients had no marital status entered for them. Fifty-five per cent of these male patients came from Urban Places and 45% from Rural Places. On average these male idiots spent 19.9 years in the Asylum before they died or were transferred elsewhere. One male idiot spent 61 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Fifty per cent of male idiots died, 32% were transferred to other mental institutions, whilst another 6% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. Ninety-two per cent of Dr. Marriott Cooke's male idiot patients had no occupations recorded for them before they arrived in the Asylum. Four patients had

been employed; all in unskilled occupations, all had been labourers.

Joseph Collett was a 20 year old single man, with no occupation recorded for him. He belonged to the Church of England, and he could neither read nor write. He was committed to Powick Pauper Lunatic Asylum on 23/6/1882 suffering from Idiocy. He was from Stoney Hill, in Bromsgrove. This patient had been weak-minded from birth. However, he had been getting worse for the last 8 months, and he was thought dangerous to other people. The cause of this man's mental state was unknown. He could not answer any questions intelligibly, and nor could he understand common conversations. He had no knowledge of recent events, and he had wandered about and would not stay at home. His father had died of bronchitis, but his mother's brothers and sisters were alive and healthy. This man was well-nourished, and he appeared to enjoy good general-health. His abdominal and thoracic organs appeared normal, as far as could be ascertained. He was suffering from Idiocy, and he could not articulate sufficient to be easily understood. He was very childish in manner and habits, and he could give no account of his past life. He had hitherto been quiet and well-behaved. After about 3 weeks in the Asylum, this patient's general-health continued to be satisfactory, and he was now doing a little work in the garden, or on the farm, although he was too feeble minded to be of much use. Ten days after this, it was suggested that this patient had very little mind, and he did not seem capable of learning much. He had

been sent to work in the tailor's shop but, he could not be taught to sew a button on, or to use the scissors in the proper way. However, his general-health was still good. In August he did not improve and he was now so mischievous and volatile that it was not easy to employ him in any way. In September he was dirty in his habits, and he had to be moved from the Convalescent Ward because of this. He had now a fondness for mischief and theft, but his general-health and condition continued to be excellent. In October his man's mental condition showed no signs of improving, and he continued to be almost mindless, and as fond as ever of mischief and annoying others. He articulated as though he had something in his mouth, and he said that he 'ate a good dinner tomorrow'. In January 1883 He had 20 or 30 spots of ringworm, which had yielded to tar ointment, which had been rubbed on daily, over the whole of his body. His sheets and bedding had then been kept separately from that of other patients. Thus, no other patients had been infected. In March this patient's ringworm was quite cured. Then, in May he continued to be idiotic, but his health was good, and in late August he was very foolish and demented, so that he said the same thing to the AMO day after day. However, he now sometimes became enraged and dangerous. In January 1894 he was still talking in his old idiotic way, but he still made himself useful outside in the garden, and he was in very good health. In June he was still idiotic in his manner, but he still worked well outside on the land, His health was still good. In September he was very stupid and idiotic in his conversation, but he still made himself useful outside. He

still had very good health. In March 1885 he went out to work with the gardeners, where he talked with a lisp in an idiotic manner. His general-health was still good. In September he was very foolish and childlike in manner, but he still went out to work. However, he now persisted in claiming he was a married man. In December he was still very childish, and he asked to be sent home to break stones at the rate of 8s. 4d. a week. He now suffered from bronchitis and tonsillitis, for which he was given medication, and his condition improved. In March 1886 mentally there was no change and his bodily-health was still good. In June he had a sore place on his left hand, which he was constantly picking at, so a strong dressing was applied to prevent him from doing this. He was now destructive of his clothing. Mentally this patient remained in the same condition of idiocy. In September, since the last note he had suffered, an attack of Psoriasis⁹⁸ on his hands, which was painted with iodine and he was given arsenic internally, and he recovered. Mentally this man was in exactly the same state. In December he was still very lost, stupid and confused. However, he was now also very wet and dirty. He now did nothing for himself, and he had to be pressed to eat his food. In May 1887 he was removed to the Annexe, because he was now very deeply demented. He now sat all day with his head hanging down. He made absolutely no effort to employ himself in any way. This patient's extremities

⁹⁸ Psoriasis was a skin disease that caused scaly patches on the skin.

were now cold and blue in cold weather. In August he had improved a little physically during the summer, but mentally he was unchanged. In November the improvement in his physical condition continued, and he was now able to work in the garden again, although mentally he did not improve. In November 1888 in a fit of ill-temper he rushed into the closets and put his fist through a pane of glass. He had been more troublesome of late and in March 1889 he had recently been kept in bed for a week, because of his noisy violence. However, he was then quieter. Generally he was troublesome because he violently took food from the other patients. In July he was now fairly quiet, and his general condition had greatly improved, although he could now not work as he had formerly done. In March 1890, during the cold weather he appeared to be more lost than ever. He was now dirtier in his habits, and he was more destructive. His nose and extremities were still cold and blue in winter weather. He was now quite incapable of the simplest employment and at times he was lazy, noisy and troublesome. In June he had physically improved, but he continued to be mischievous and destructive. In September he was unchanged mentally, but he had improved physically, during the summer months. In March 1891 this man was aggressive and quarrelsome, and he had no command of himself. He was also easily enraged. He was also destructive of his clothing, and he picked at his skin and made himself sore. This patient's circulation was now very feeble. In September His mental state remained more or less unchanged, and he now again had a skin eruption resembling Psoriasis about

his trunk and limbs, which faded away after a few weeks of treatment with medication. In June 1892 he remained quarrelsome and passionate, and he was still destructive of his clothing, but also very untidy in his habits. His bodily-health remained fairly good. In March 1893 he had lately been found ripping up the mattresses, and taking out the sea-grass they contained, which he then made into cigarettes and smoked. This man remained in exactly the same imbecile and childish condition he had been in since the outset of his time in the Asylum. His notes were now moved to an Annexe Case Book, which is no longer extant. These Annexe Books were destroyed when the Powick Hospital buildings were demolished in the late 1980s. We know that this man died, but we are uncertain when.

MALE IMBECILES UNDER DR. JAMES SHERLOCK
1854-1881.

There were 42 male Imbeciles admitted to Powick Pauper Lunatic Asylum in the time that Dr. Sherlock was Medical Superintendent. They ranged in age from 8 to 53 years when they were committed to the Institution. James Sherlock then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 26.5 years (The Median Age was 22 years.) Thirty-five per cent of these patients were between 11 and 20 years old when they arrived at Powick Lunatic Asylum. Forty-one of James

Sherlock's male imbecile patients were single, 1 was married and 1 had no marital status given for him. Sixty-three per cent of these male patients came from Urban Places and 37% from Rural Places. On average these male Imbeciles spent 8.9 years in the Asylum before they died or were transferred elsewhere. One male imbecile spent 52 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Fifty per cent of male Imbeciles died, 24% were transferred to other mental institutions, whilst another 17% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. One male imbecile escaped and was never returned to the Asylum. Forty-three per cent of Dr. Sherlock's male imbecile patients had no occupations recorded for them before they arrived in the Asylum. Five patients had been employed in skilled occupations, including a boot-machinist, a butcher, a glass-cutter, a shoemaker and a tailor. A further 18 male imbeciles had been employed at unskilled trades, including 16 labourers.

Joseph Hartland was an 18 year old single labourer, who belonged to the Church of England. He could neither read nor write. He was committed to Powick Pauper Lunatic

Asylum on 15/12/1873, suffering from imbecility. He was from Dunhampton, Ombersley, in the Droitwich Poor Law Union. His was a case of congenital mental deficiency, and he was thought dangerous to other people. His certifier stated that this young-man could not fix his attention on any subject, and nor could he tell his own age, or the time of day. He had also been very violent to those about him. He had a vacant and meaningless expression on his face. This patient was in a moderate bodily-condition and in fair health, with his thoracic organs acting normally. His facial expression was imbecile and childish, and his articulation was also defective. Thus, his intellectual facilities were weak and under-developed. He was also rather stubborn and obstinate in his behaviour. In January 1874 it was stated that this young-man was usually tractable and easily managed, and he took his food and slept well. In May he was still behaving himself moderately well, and his habits had been cleaner and more tidy than expected. He was thought not difficult to manage. In January 1875 this patient continued to enjoy good bodily-health, and he now did a little work about the ward. As a rule he was now quiet and tractable. Then, in August he sang several songs, although he could not pronounce many of the words distinctly. Indeed, it was suggested that he could not speak intelligently. He was still in good health in August 1876 although he was still simple. In November there was very little change in this case. He was still easily managed and he was able to do some simple work in the ward. In May 1877 he continued to be much the same, although his general-health was now satisfactory.

In November he was still going on well, with his bodily-health now tolerably good. He continued to make himself useful in his ward, but he was still simple in manner and conversation. In May he had been confined to bed for 3 or 4 days, with an enlarged bursa patella,⁹⁹ which then subsided. In November there was little change in this man, but he now did some scrubbing in his ward. His health remained fairly good. In May 1879 he was in the same imbecile condition mentally, but his bodily-health was good. He still worked usefully in his ward. In August 1880 this patient had not changed much since the last Report. However, he now worked on the farm, or elsewhere about the Asylum, as was required He remained very simple and childish in manner and conversation, saying for instance that, his age was 10, that of his mother was aged 14 and his father was 16. He did not speak very distinctly. This patient' general-health was good. In November He was simple and childish as before. He smiled pleasantly when spoken to, and he was willing to be useful in any way he was able to be. His bodily-health and condition was good. In July 1881 he was again unchanged, remaining simple and foolish in conversation and demeanour. He now worked a little in the ward, and he was good tempered and well-behaved. His general-health was satisfactory. In October this man was still childish and simple in his demeanour, but he was good tempered, and willing to do any simple work

⁹⁹ A bursa patella was inflammation of the fluid filled sack that cushions the knee joint.

within his intelligence. His bodily-health and condition were all good. In August he was generally quiet and well-behaved, but occasionally he became quarrelsome, destructive and mischievous, but his general-health remained good. In January 1883 he continued to be well-behaved, although his talk and demeanour remain simple and foolish, but he still enjoyed good general-health. In September he was said to be as grotesque, simple and demented as ever. However some weeks previously he was covered with Pityiasis Versicolor,¹⁰⁰ which completely yielded to medication. In June 1884 this patient was very demented, and whenever he was spoken to he simply replied with a fatuous grin. However, he was still quite well-behaved. In September he continued to be useful about the place, but he preferred light work to anything hard and continuous. He now claimed he must be drunk before he could work. He was now very demented and childish in his behaviour. In April 1885 this man remained very stupid and lost, and he was very grotesque in his antics and in his behaviour generally. He now claimed he disliked work in any shape or form. However, he ate and slept well, and his general-health remained good. In January 1886 he remained very grotesque in his behaviour, and he was still very lost and childish. He now again went out to work, and his bodily-health was still good. In October he remained simple and foolish in manner, but he worked on the land. Then in

¹⁰⁰ Pityiasis Versicolor caused flaky coloured patches on the skin because of a fungoid infection.

March 1888 mentally this man remained quite unchanged. At this juncture this Patient's Notes were transferred to a Forward Book, which is no longer extant. However we do know that this man died on 17/4/1918 when he was about 63 years old.

**MALE IMBECILES UNDER DR. EDWARD MARRIOTT
COOKE 1881-1897.**

There were 63 male Imbeciles admitted to Powick Pauper Lunatic Asylum in the time that Dr. Marriott Cooke was Medical Superintendent. They ranged in age from 4 to 73 years when they were committed to the Institution. Edward Marriott Cooke then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 28.6 years (The Median Age was 22 years.) Thirty-eight per cent of these patients were between 11 and 20 years old when they arrived at Powick Lunatic Asylum. Sixty-one of Edward Marriott Cooke's male imbecile patients were single, 1 was Sixty-seven per cent of these male patients came from Urban Places and 33% from Rural Places. On average these male imbeciles spent 8.3 years in the Asylum before they died or were transferred elsewhere. One male imbecile spent 51 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or

those sent back to workhouses were said to have been 'Discharged Relieved'. Fifty-two per cent of male imbeciles died, 32% were transferred to other mental institutions, whilst another 5% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. Sixty-seven per cent of Dr. Marriott Cooke's male imbecile patients had no occupations recorded for them before they arrived in the Asylum. Nineteen other patients had been employed unskilled occupations, 15 had been labourers. There were two skilled men, a pen-maker and a shoemaker.

Harry Willie John Thomas Pagett was aged 14 years old, with no occupation recorded for him. He belonged to the Church of England and he could neither read nor write. He was an Imbecile with epilepsy. He was from Hawes Building, in Cookley, Kidderminster. He was committed to the Asylum on 9/6/1888. He was dangerous to others, and his Certifier stated that this boy was incoherent in speech and idiotic in manner. He grimaced and interfered with other children, who he caught hold of and frightened. On one occasion he had held a child over a furnace of boiling water. He had also indecently exposed himself. At the time of his admission to the Asylum, his mother said that her son had suffered no fits for 21/2 years and that the fits he had suffered were caused by worms, and they had disappeared when he was given medication to get rid of the parasites. On admission to the Asylum Harry Pagett was clean, but

there were many bruises on his legs, buttocks and arms. He was a fairly built boy, with a healthy complexion, and he appeared to have been well cared for. There was no evidence of cardiac or pulmonary diseases. He was an imbecile, who could not count, and he did not know the value of money. However, he had sufficient sense to cry for his mother, and to attempt to escape in order to re-join her, when she left him at the Asylum. Then, owing to his very deficient articulation, it was very difficult to make out much about his mental condition, but he seemed to have a good understanding of what was said to him. He was very timid and apparently suspicious, but he was easily pacified when spoken to kindly. He had suffered no fits since admission, but then he was very anxious to get away and he continually attempted to do so. However, he was not violent. However, within a couple of months this boy had settled down, and was beginning to do a little simple work in the garden. He was mischievous and he teased the men in his ward, but he then ran away when they wished to chastise him. He still worked in the garden, where he appeared capable of harrowing. He had still suffered no fits. In November 1888 he was bright and cheerful, and he now appeared quite reconciled to his absence from his mother. However, sometimes he was restless and volatile, but he was learning to work in the garden. In January 1889 he was moved to Male-ward 8, and he was now said to be working on the land, for which he manifested a considerable aptitude, and being very willing to do what he was told. He was now bright and cheerful, and he continued to work satisfactorily on the farm. Then, he

complained a good deal of pains in his head, which were probably due to the state of his bowels. In April 1889 He was sent to assist with the horses, and he seemed to appreciate this change in his occupation. However, he suffered from blistered feet, due to his boots rubbing, which made him rather peevish and fretful for a few days, but he was then well again. This young-man had little or no command over his emotions, so that he could be made to laugh or cry according to whether he was spoken to in a kind or rough manner. Then, in September 1889, it was noticed that he was heavy and sleepy, after he was found, by the carter, rubbing his penis against one of the horses. At this time it was also suggested that one of the men in the ward had taught him other sexual practices, and for this reason he was moved to Male-ward 9, so that he was under better control at night. This young-man was still useful to the carter, but he had then been confined to this ward with an abscess on his thumb, which was probably due to scratching or bruising. However, he did not know how the injury was caused. Harry Pagett was still worked usefully with the horses, but his articulation was as defective as ever. It was then said that he was doing well following the plough and he gave no unnecessary trouble. By the end of 1890 Harry Pagett still worked with carter and he was very fond of his work, but his speech and his mental condition remained unchanged. He then crushed a finger badly, whilst at work and he had to remain indoors for a short time. He soon returned to work with the carter and he was still showing a good aptitude for his work. He then developed a sore elbow, but more generally his physical-

health was still very good. However, mentally he was unchanged, although he may have been regarded as a little brighter, as he now paid more attention to his work. He now laughed and made the most horrid grimaces when spoken to, but he was very difficult to understand. At the end of 1891 it was suggested that he was rather more intelligent than he had been, but he still laughed and made horrible grimaces. Mentally he required much direction and supervision, but he was now physically well. He then again rather improved, and he showed an even great aptitude to his work on the farm. In mid-1892 he could now be trusted to do a good many things of his own volition on the farm; so he appeared to be increasing in intelligence. However, he was still unable to express himself in words. He was now useful driving, or assisting to drive, the cart. However he had again taken to masturbating, and he had also begun to give way to indecent inclinations, so that he had attempted to undertake some very improper conduct with another patient, who slept in the same room as he did. This led to him being moved to another ward. By the end of 1893, it was said that this man had been quarrelsome of late, and he had been fighting with fellow patients. However, he still worked on the farm, and he now became less quarrelsome. However, he had now developed a habit of biting and picking at his flesh, and his behaviour generally deteriorated, and he did not improve. Indeed, he was now giving a good deal of trouble, so he was moved to Male-ward 3, where his penis was occasionally blistered to stop him masturbating; treatment from which it was claimed he benefitted. He was now again

much more tractable and he no longer picked his flesh. At the beginning of May 1894 he was confined to bed with a temperature of 104.8 degrees. However no cause for his illness could be detected in his lungs, but his temperature still remained high, and he had a furred-tongue, with tenderness and gurgling in the right iliac-region,¹⁰¹ and there were a few bronchitic sounds at the base of his lungs. This man's bowels were now constipated and Typhoid Fever was now diagnosed, so a notice was issued to that effect.¹⁰² This patient's temperature was 101 degrees in the morning, and 103 degrees in the evening, but it his temperature then gradually dropped and his condition was somewhat improved. At this point he was given a milk only diet. His temperature continued to fall and it was then subnormal for 3 days. Whilst he was now very feeble and debilitated, and his bowels were somewhat confined, so that he required an occasional enemata, he was still kept on a liquid diet. However, his condition now improved and he was beginning to take a little solid food. His temperature was now subnormal and he was up and about, and much improved, but he was still given appropriate medication. He recovered and was now quite well. Indeed, he looked fat and healthy, and he was soon back working in the hayfields. Mentally this patient was unaltered. He then had a carbuncle on his neck, which was treated and it then healed. Harry Pagett was

¹⁰¹ The Iliac region is just above the hipbone on the abdomen.

¹⁰² Issuing a Notice relating to outbreaks of Typhoid Fever were normal, before the infected patient was placed in isolation.

still inclined to be mischievous and troublesome, and he struck a fellow patient in the eye, and he then seemed pleased with himself for having done so. Significantly this man was now transferred to the Annexe, which meant that his Patient's Notes were transferred to an Annexe Case Book that is no longer extant. In fact these documents were lost when the original Powick Hospital buildings were demolished in the 1980s. However, we do know that Harry Pagett died on 16th August 1916, when he was about 44 years old.

FEMALE IDIOTS UNDER DR. JAMES SHERLOCK 1854-1881.

There were 48 female Idiots admitted to Powick Pauper Lunatic Asylum in the time that Dr. Sherlock was Medical Superintendent. They ranged in age from 7 to 55 years when they were committed to the Institution. James Sherlock then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 22.7 years (The Median Age was 19 years.) Forty-two per cent of these patients were between 11 and 20 years old when they arrived at Powick Lunatic Asylum. All of James Sherlock's female idiot patients were single. Sixty-one percent of these female patients came from Urban Places and 39% from Rural Places. On average these female idiots spent 17.7 years in the Asylum before they died or were transferred elsewhere. Two female

idiot spent 52 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Seventy-three per cent of female idiots died, 17% were transferred to other mental institutions, whilst another 8% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. Ninety per cent of Dr. Sherlock's female idiot patients had no occupations recorded for them before they arrived in the Asylum. Five patients had been employed; all in unskilled occupations, including 2 domestic servants.

Jane Bright was 33 years old when she was committed to Powick Pauper Lunatic Asylum on 5/12/1862. She was a single labourer, who was suffering from Idiocy. She had no religion recorded for her, and she could neither read nor write. Her condition was said to be congenital, and she was described as vicious and indolent. She has a fresh complexion, with brown hair and eyes. She was suicidal and thought dangerous to other people. This woman had attempted to cut her own throat. Whilst she was in a dirty state on admission to the Asylum, she was in a moderate bodily-condition, but in feeble health. Her Certifier said that she was deficient in the powers of perception, and that she would not pay attention when she was asked a simple questions. In this circumstance,

in most cases, she mumbled and gave irrelevant answers. However, she improved physically. By the beginning of 1864, she was getting stout, and she was in good bodily-health. Her habits were now described as industrious, and she was now cheerful. When not irritated this patient was very quiet, harmless and good tempered, but she could not bear being imposed upon by other patients. She was very deaf and unable to articulate, and she remained unchanged mentally, however her bodily-health was now less satisfactory than it had been. She had recently been dyspeptic, and her legs were oedematous.¹⁰³ She was given a stimulant. In July 1871, she was still very deaf, but she now enjoyed good health. She now worked about the ward cleaning, but at times she was still-irritable and bad tempered. However, she was still easily managed. She worked very industriously about her ward cleaning, although she was very deaf, she was in good health. In June 1874, this woman remained in moderately good health, and she was still easily managed. She had continued to make herself useful in her ward, but her mind was in a wandering, flighty and idiotic state. Her bodily-health was now very good, but mentally she was still unchanged. However, she now decked herself out in the most gorgeous colours of ribbon, although she would not hesitate to attack any of the other patients, who came near her, or anyone who in the least annoyed her. Altogether, this patient was

¹⁰³ Oedema is a condition when the ankles and feet are swollen due to an accumulation of fluid.

considered potentially most dangerous, and she required constant supervision. However, she was still able to do a great deal of household-work, under direction. She continued to be usefully employed, and recently she had not been as fightable as she had been previously, so she was now generally thought more easy to manage. Her health was still good, but mentally she was unchanged. In February 1880, she was still unchanged and this situation was to continue. Then, in January 1881 she was now said to be quiet, although at times she was quarrelsome and she also now tended to be erotic, and she was still very fond of decorating herself. She still worked usefully in her ward, and she was remained in good health. In October 1882, it was suggested that this woman could no longer talk, but she was now good tempered, unless some of the finery she dressed in was taken from her. Then, she became quarrelsome, and then she would fight. However, she now assisted in the Hospital Ward, where she was now usefully employed, and where as a rule she was quiet and well-behaved. She was mentally unchanged and she still gave no trouble. She had now been in the Asylum for over 22 years, and in March 1884 she was in the same idiotic state that she had been in when she was first committed to the Asylum. However, she still had good health and she was usefully employed. She was then said to be very mindless, but still working usefully, but she was then laid up with an

attack of facial Erysipelas,¹⁰⁴ which was treated and she eventually recovered and was in her normal bodily-health. She now did a little simple ward-work or she worked in the kitchens. In July 1886, this woman was very vain and she was still fond of decorating herself with scraps or ribbon. However, she was also mischievous and jealous, and if another patient got more attention than she did she was resentful. Her health was still good and she was still usefully employed, but at times she was mischievous, spiteful and jealous. She was now also a great mimic, and although she could speak an intelligible sentence, she could readily describe anyone who came into the kitchen, where she worked, in a way that could easily be understood by people around her. In August 1887, this patient was confined to bed, suffering from Lymphangitis¹⁰⁵ of her face. However, she was soon up and about again. In February 1888, she was back in the kitchen, where she was aware of everything that went on around her, but she could only communicate ideas to those who knew her well. She was still at times sly and spiteful, and she was still fond of personal decoration. In February 1895, it was stated that this woman could still not articulate properly, and she quit often got excited and violent. However, she still worked well, in spite of being deaf, dumb, passionate, spiteful, and requiring constant direction and supervision. She was still uncertain in her temper, but she was still employed in

¹⁰⁴ Erysipelas was an infection of the upper layer of the skin caused by bacteria.

¹⁰⁵ Lymphangitis is a bacterial infection of the lymph channels.

the Annexe-kitchen. In November 1896, this patient was suffering from Chronic Bronchitis. However, she was still fond of decorating herself with all sorts of rubbish and gaudy material. Then, in early 1897, she accidentally scalded her right-foot, when she knocked over a kettle of boiling-water. She soon recovered from this injury, but she was still mentally the same as ever, being very childish and liking being taken notice of, so, she had a very jealous temperament. She was now 69 years old and thought to be getting very feeble, having been incarcerated at the Powick Institution for over 36 years. She now apparently suffered an attack of giddiness, and she fell down and bruised her forehead, but she was soon up and back working in the kitchen, where she now found her employment difficult. However, she then got a little stronger. Then, in May 1899, it was again said that this patient was childish,-irritable and easily pleased, especially by bright things and small articles of finery, although she now got into a passion at any fancied slight. Jane Bright's health was now described as poor, and at the beginning of 1900 she was still said to be childish and simple, but very fond of personal decoration. However, she was sometime-irritable and she got into passions. In November 1900, this patient's health improved, and she returned to work in the kitchen, although it was then suggested that she was not fit for any exertion. She remained childish,-irritable, jealous but clean. Towards the end of 1901, she had another attack of Bronchitis. Then, in August 1902, this woman was still weak and childish, but still fond of finery, and she was still pleased to receive attention from others, although she was now

easily moved to display her temper, and her health was now said to be poor and indeed failing. Jane Bright was now into her seventies, and she had fallen down several times when getting out of bed, where she had been confined because of an inflamed corn on her toe. At this time she was shaky and feeble, so she was officially not now allowed to be employed, although she still did odd jobs in the kitchen. At the beginning of 1904, she was still in a childish and confused state, and she again suffered from Bronchitis; an illness that recurred, and which occasionally confined her to bed. In August 1906, she was said to be in a perfectly childish state, but she continued to be fond of finery. However, she was now very-irritable. In February 1907, this patient, who was now 78 years old, was now said to be thin, and her heart-action was feeble, and she had Chronic Bronchitis. She was now described as Imbecile.¹⁰⁶ This woman was still very fond of attention, and she continued to like finery, and she still tended to become jealous of other patients if she thought they were getting more attention than she was. In this situation she became very-irritable, sulky and occasionally vicious. She was now in a very feeble state of health. Then, in August 1908, her behaviour and conversation were simple and she now collected rubbish, including any bit of finery she could lay her hands on. Mentally she was unchanged, and she still had frequent attacks of Bronchitis, which increased her feebleness. In

¹⁰⁶ The use of the word Imbecile in relation to a patient said to be suffering from Idiocy was probably indicative of a blurring of these two terms in the early 20th Century.

early 1909, there was absolutely no change in this woman's mental or physical state, but she was now described as a happy, rambling and demented old woman. In November 1909, Jane Bright contracted Influenza, from which she recovered. In February 1910 this patient still showed no change mentally, but she was still in a weak and feeble state physically. However, she was not confined to bed, but she could certainly not look after herself. Her Bronchitis attacks were now frequent, but between them she was sometimes quite well. She was now sometimes still quarrelsome, and spiteful, and she needed attention in all things. In May 1911, it was suggested that this old woman was easily pleased, but also easily upset. In May 1912, she was specially examined and she was again said to be Imbecile, weak-minded,-irritable and abusive. She was now unable to look after herself, and she had absolutely no idea of time or place. Jane Bright's heart was now enlarged, and she was now very noisy, and in feeble because of her age. She continued to have very limited intelligence. Whilst she was feeble, it was thought that her bodily-health was good for her age. In April 1913, she had a painful swelling of her face, which appeared to be caused by Erysipelas¹⁰⁷ which got worse. She now had a temperature of 100.8 degrees and her pulse was rapid. She was also restless. The swelling on her face now diminished, and her temperature went down to 100.2 degrees, and she now

¹⁰⁷ Erysipelas was an infection of the upper layer of the skin caused by bacteria.

appeared to be somewhat stronger. After a little persuasion this patient took some nourishment, and some medication, and it was now suggested that she showed a marked improvement. Her temperature was now down to 97.4 degrees, her pulse rate was lower and her facial swelling had subsided. She was now said to have recovered from a slight attack of Erysipelas, although she was still confined to bed. On May 7th 1913, this patient began to exhibit Cardiac-Failure and her pulse was weak and irregular. She had also developed a troublesome cough, so that she was in a weak and unsatisfactory state. She was given a cardiac-stimulant, but her heart-action continued to weaken and to be more irregular. This woman was now in a critical-state. Her heart-action was weaker, but her cough had diminished. Her breathing was now becoming laboured. She died at 9.33.a.m. on 11/5/1913, aged 83 years old. There were no unusual circumstances recorded about this death, which was caused by Senile Decay. This was confirmed by a Post Mortem Examination. No mechanical restraint had been used on this patient. Her death was witnessed by Nurse Alice Carpenter and the Death Certificate was signed by George Braine-Hartnell. She had been incarcerated at the Powick Institution for over 50 years.

FEMALE IDIOTS UNDER DR. EDWARD MARRIOTT
COOKE 1881-1897.

There were 26 female Idiots admitted to Powick Pauper Lunatic Asylum in the time that Dr. Marriott

Cooke was Medical Superintendent. They ranged in age from 7 to 50 years when they were committed to the Institution. . Edward Marriott Cooke then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 21.6 years (The Median Age was 18 years.) Fifty per cent of these patients were between 11 and 20 years old when they arrived at Powick Lunatic Asylum. Twenty-three of Edward Marriott Cooke's female idiot patients were single, 1 was married and 2 patients had no marital status entered for them. Seventy-one per cent of these female patients came from Urban Places and 29% from Rural Places. On average these female idiots spent 8.0 years in the Asylum before they died or were transferred elsewhere. One female idiot spent 56 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Sixty-five per cent of female idiots died, 31% were transferred to other mental institutions. None of Dr. Marriott Cooke's female idiot patients had any occupations recorded for them before they arrived in the Asylum.

Sarah Haden was a 24 year old single woman, with no occupation recorded for her. She was a Protestant, who

could neither read nor write. She was admitted to Powick Asylum on 8th August 1882. She was from 90 Eve Hill, Dudley, and she was suffering from Idiocy, possibly with epilepsy. She was a congenital idiot, who was thought epileptic, suicidal and dangerous to other people. She had indecently exposed her person, and she had been very violent, having thrown live coal, knives and the kettle at people. She had also drunk boiling water from the same kettle. She had also heated a poker and attempted to strike some children with it. This woman had also occasionally jumped through the window. There was no history of Phthisis, insanity or intemperance in her family. Her father had died 3 weeks previously of Ascites - a form of severe liver disease. Sarah Haden ate and drank all sorts of rubbish, and she was thought helpless in every way. She had to be tied to the fire-grate, with rope to keep her out of mischief. She was a small ill-made and stunted woman, with a fair-complexion and red hair, with brown eyes. Her body was in a most filthy state, with her hair full of vermin. She also smelt repulsively, with an odour that continued even after she had been well washed. She was bruised on both knees on admission, and there were also bruises on her right shin and on her cheek. She had lost her left eye in December 1882 from traumatic inflammation said to have been caused by a nut-shell. Her heart and lungs appeared normal, but examining her to ascertain this proved difficult, because of extreme restlessness. She had lateral curvature of her spine, which affected her left-side. She was again said to be an Idiot, who was said to be, who was entirely devoid of mental powers. She

was also dumb, but not deaf. She continued to be extremely dirty and perverted¹⁰⁸ in her personal habits. She was obstinate, restless and destructive, and she was unable to do anything for herself. She required to be washed, dressed and fed like a baby. She was particularly restless at night, when she sometimes got out of bed and annoyed the other patients. She had suffered no fits since she arrived in the Asylum. After about a month in the Asylum this patient was said to continue to manifest the same dirty, perverted and destructive habits that she had exhibited for some time. However, she was now somewhat quieter and more amenable to discipline. Her health was moderate. Three weeks later she was said to be an idiot of a very low type, who could not even speak. She was also wet, dirty and mischievous. She now gathered rubbish in the airing-court and ate it. This patient had a sallow and unhealthy look, and she occasionally refused her food. In December she was said to be a miserable object, and someone who did not improve. Her habits were now very objectionable. However, it now appeared that she was not epileptic. In February 1883 she was very helpless, wet and dirty, and she was feeble and delicate looking. Then, in April she remained wet, dirty, mischievous and destructive, and requiring constant supervision. There was no change in

¹⁰⁸ The word perverted has gained a connotation that it did not have at the end of the 19th century. It then simply meant that an individual's habits had altered for the worse.

her general-health. In June she was still wet, dirty, mischievous and noisy, and her general-health was still unchanged. However, four days later she had sustained a fractured left upper-arm when she was pushed off her seat by another patient. A week later, this fracture was being treated with a straight splint, with her hand fastened across her chest, and the fracture appeared to be healing well. About three weeks later it was confirmed that the fracture was uniting well, and that there was very little deformity, with the position of her arm appearing to be excellent. However, she was then she disinclined to use her elbow. In October Sarah Haden was back to her wet, dirty and almost mindless state, and there was no change in her general-health. In January 1884 she was in the same helpless idiotic state, although she had been laid up by any illness. In January 1885 it was again emphasised that she was not epileptic, and that her mindless state was unchanged. However, she now passed her excrement under her in bed, and she needed looking after like an infant. In August. this woman had been restless for about 3 weeks, and she had been running about the ward striking or upsetting the other patients, who she clutched hold of, when she came into contact with them. She then threw herself down, if the nurses tried to do anything with her. In consequence of her restlessness this patient became much bruised. Then, as she failed to recover from these attacks, she was removed from the Annexe, and sent to Female-ward No. 8, where she now slept well at night, and where she also took her food well. However, when she was up and about she was seldom at rest. She was now on a special

diet and medicaments. In late September she was still in Female-ward No. 8, where she was quieter, fatter and altogether better, and where she continued to be on the same diet and medicaments, including a sedative. In late October she was transferred back to the Annexe, where she was now quieter and better behaved. In February 1886 this patient was still quieter and more amenable to the rules. However, she was now very fond of teasing and irritating other patients, and occasionally she gave vent to shrieks and screams. In May she was again very restless, and she still clutched at other patients and shouted. This woman's habits were now very dirty, but her bodily-health was greatly improved, and she still required a great deal of supervision to keep her out of mischief. In September she was just recovering from one of her periods of excitement; an attack that was less severe than previous attacks. For several days before the onset of excitement, this patient was very dull and she looked ill. At such times she was given a chloral sedative. In January 1887 the Head Attendant stated that he was aware that this woman had suffered a fit about 3 years ago, so she was epileptic. Then, in June this patient was passing through a prolonged period of excitement, so she was noisy, restless and destructive. At first she had refused her food, but she then began to take it fairly well. At this time he was now confined in a single room to facilitate her treatment. However, owing to the filthiness of her habits she was given a chloral sedative each night, which allowed her to sleep quite well, and she was also given an extra diet. In April She was now exceedingly dull and lost, which was probably due to a period of

prolonged excitement she had just passed through. However, she now slept without the need for a chloral draught. In July she had been a little excited for a few days, but she then settled down again, although she was still dirty in her habits and she still required a good deal of attention from the attendants. In February 1888 she was now very perverted in her habits and at times she was very restless, noisy and troublesome. It now appeared that she now did not understand what was said to her, so that she could do absolutely nothing for herself. She was now fat, but in a good physical-condition. However her state did vary greatly. In September it appeared that she was about to undergo one of her attacks of excitement, when she was restless and noisy. At this time she particularly needed watching at meal-times, to make sure that she ate her food. In January 1889 she was again very noisy, restless and troublesome, and she was still very dirty in her habits. However, her general-health and condition were now good. In July she was again passing through a period of excitement, when she refused her food and was extremely filthy at night. She was then very troublesome and destructive, so that she was sometimes kept in bed in a single-room, because she always took her food better there. She was again on a chloral draught. In October this patient was again very excited and troublesome, so that if she was not in a single-room she required almost constant supervision, to prevent her indulging in mischief and violence. She now took her food without being forced, and she seemed to sleep as well without a draught, as with one. However, she was

still exceedingly filthy in her habits. In February 1890 she was recovering from a prolonged attack of excitement, which had caused her to be noisy and restless, and she had resisted blindly any help that the nurses tried to give her, and she also refused her food. In an attempt to improve matters sedatives had been tried, but they were seemingly useless. Sarah Haden was now greatly reduced in condition, in spite of the liberal use of extra diet, but she was now gaining flesh rapidly, because instead of refusing her food she now ate everything voraciously. She had recently suffered 3 epileptic-fits of extreme severity. Then, in May she was now at her best. Her prolonged fits of excitement had passed away, and she had gained flesh enormously, and there had been no recurrence of epilepsy. In August there had been no recurrence of excitement, and the patient had become stout. In November she had suffered no more fits and she had suffered no more excitement recently. Again, she had gained flesh steadily in the last few months. In August 1891 this patient was occasionally a little wild and excited, so she threw things about. She had suffered no more fits, and her bodily-health has been fairly good during the last few months. Then in February 1892 in one morning this patient had a series of 10 fits that followed each other rapidly. These fits were treated with Chloral, which was administered via the patient's rectum, and the fits stopped almost immediately. There were then no more fits, but she was rather more noisy and excited, but otherwise she was no worse. In November 1892 there had been no recurrence of epilepsy, but for the last three months this patient had been in a very wild and excited

state. She took her food badly and had destroyed her clothes, and she had also interfered with other patients. Then, for several weeks she had required a chloral sedative both at night and in the morning. She now lost flesh considerably, but she was now somewhat quieter, and she required feeding by the nurses less often than she had done. She now got a fairly good night's sleep without a draught, and she was still on an extra diet. In February 1893 this woman was still very wild and restless by day, but she then settled down under the influence of sulphanol and she slept well, so she was now usually quiet at night. However, her habits were still very perverted. There was no recurrence of epilepsy. Then, on 5/5/1893 this woman's Patient's Notes were moved to an Annexe Case Book that is no longer extant. These Case Books were lost at the time that the Powick Hospital buildings were demolished. However, we do know that this woman died on 16th December 1902 when she was about 44 years old.

FEMALE IMBECILES UNDER DR. JAMES SHERLOCK
1854-1881.

There were 37 female Imbeciles admitted to Powick Pauper Lunatic Asylum in the time that Dr. Sherlock was Medical Superintendent. They ranged in age from 7 to 63 years when they were committed to the Institution. James Sherlock then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 29.2 years (The Median Age was 21

years.) Thirty-seven per cent of these patients were between 11 and 20 years old when they arrived at Powick Lunatic Asylum. Thirty-three of James Sherlock's female imbecile patients were single and 4 was married. Fifty-nine per cent of these female patients came from Urban Places and 41% from Rural Places. On average these female Imbeciles spent 14.1 years in the Asylum before they died or were transferred elsewhere. One female imbecile spent 64 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Fifty-seven per cent of female Imbeciles died, 16% were transferred to other mental institutions, whilst another 14% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. Seventy-eight per cent of Dr. Sherlock's female imbecile patients had no occupations recorded for them before they arrived in the Asylum. Eight female imbeciles had been employed at unskilled trades, including 3 domestic servants and 3 nail-makers.

Elizabeth Cornell was a 45 year old, single, labourer's daughter, who belonged to the Church of England, who could neither read nor write. She was from Evesham Workhouse, and she was committed to Powick Pauper

Lunatic Asylum on 13/11/1874, as an Imbecile. No particulars were known about this woman, or the reason for her insanity. It was suspected that she had always been an imbecile and weak-minded. She had been in the workhouse for 8 or 9 years, and at times she was dangerous to other people. Her Certifier stated that this woman was destructive of property, and that she used violent language. She had threatened to stab one of the other workhouse inmates. She was in a good bodily-condition, and in fair-health, with her thoracic organs acting normally. Her facial expression was vacant and imbecile. This was evidently a case of congenital mental deficiency and this woman's intellectual facilities were weak and underdeveloped. However, she was able to answer simple questions correctly, although she could not maintain a conversation for any length of time. Her memory was very bad, so that she mistook her own age. This patient also denied ever threatening anyone, or using violence while she was in the workhouse, events that were known to have happened. For some time after admission to the Asylum, this patient progressed very favourably, being quiet, useful and industrious. However, in December 1874, she had become somewhat excited,-irritable and quarrelsome. In 1875, she continued to be industrious in her habits, but she was still rather-irritable and talkative. Her general-health was still good, and she remained in this state. In December, she was quieter and better behaved, and her bodily-health was now very good. She was now employed in the kitchen, on a daily basis. However, she then had a slight attack of Dyspepsia. Elizabeth Cornell's mental state had

now slightly improved, and she was said to be brighter, more intelligent and better able to appreciate her surroundings than she had been. In December, she continued to be in a very-satisfactory state of health and she was daily being industriously employed in the kitchen, although her mind continued to be in the same weak and feeble state that it had always been in. Her conversation was now sparse and childish. In June 1877, this woman was still in a satisfactory condition bodily, and she was still industriously employed in the kitchen. However, her mind continued to be very childish, feeble and simple, and she now and again broke out in a violent and-irritable manner. At these times, she threatened violence to those about her, so she required constant care and checking in her management. In May 1878, she was still employed in the kitchen, and her mind was still in a feeble state, whilst her bodily-health continued to be fairly good. Then, in November, she was still employed in the kitchen, where she was found useful and easily managed. In November 1880, there was no change in her condition, and she was said to be very dull, heavy and demented, and she was thought taciturn, and she was not inclined to converse. However, she was still able to be useful in the kitchen, and her general-health was still good. In 1881 there was no mental improvement this woman, but her bodily-health remained good. In October 1882, she was said to be very demented and she talked in a simple, but confused, manner, if she could be induced to talk at all. She was now frequently sullen and ill-tempered, but she still worked well in the kitchen. In May 1883, she now also scrubbed the passages of the

Asylum. However, she was now very demented, sullen and morose. In September, she was in this same state, but she was still useful in the kitchen. In March 1884, she was much less dull than she had been, and she was now quite willing to converse, in spite of remaining very simple and demented. At times, this inmate was now somewhat noisy, but she still worked in the kitchen, and she still had good general-health. In 1885 and 1886, she remained the same. However, in May 1886, she was said to be foolish and simple, and on occasions she now complained of illness, for which there were no obvious causes. She was now considered an excellent worker. Then, in September, Elizabeth Cornell occasionally became a little excited and talkative, but she soon settled down, if she was not interfered with. Her conversations was now very rambling, and her memory was defective. Then, in April 1887, she was the same mentally, but her general-health remained good. However, she then became more foolish, and she wept at the slightest provocation. She still talked incoherently, although she still worked usefully, and she was never laid up with physical illness. In November 1887, on two occasions, it was necessary to keep her in the ward for several days, as she was depressed and tearful. However, she was then cheered up, although she was still very foolish in her conversations. In 1888, this patient was again pale, but she was still fairly-nourished. However, she now suffered pains in her back and legs that were of a somewhat indefinite character. She was now frequently depressed, and she now easily wept, but she could not say what ailed her. Now and then, this woman

fancied that someone was going to kill her. Then, in July, she tended to talk in a fairly wandering fashion, but otherwise she was quiet and industrious. In May 1889, at long intervals, she was subject to fits of depression, but she usually recovered from this state after a day, or two in the ward, where she was given aperient medicine.¹⁰⁹ In August she had recurring attacks of depression which only lasted for a few days. However, her general-health remained fairly good. Then, in March 1890, during an Influenza Epidemic, she went to bed for a few days, suffering from an ordinary cold. Mentally this patient was still unchanged. Then, in June, she was free from her fits of depression. In December, she remained simple and weak-minded, and she believed that she had been in the Asylum for 6 months, and that she was just 30 years old. [In fact she had been in the Asylum for 16 years and she was 61 years old.] She now suffered no more fits of depression, and she was still working in the kitchen. In September 1891, this woman remained in a childish and foolish state, but she still made herself useful in the kitchen, where she was quiet, and where she gave no unnecessary trouble. In June 1892, this patient frequently fancied that she was ill, when there was apparently nothing wrong with her. She now had little idea of time, and she quite often did not always know what day of the week it was. However, she was still in fairly good bodily-health. In March 1893, she remained

¹⁰⁹ Aperient medicines were intended to clear the bowels of constipated individuals.

simple-minded and foolish, and she was now easily made angry, and she often then became quarrelsome and spiteful towards other patients. She still worked in the kitchen, and she remained demented, and at times very quarrelsome. In February 1894 she still did not know how long she had been in the Asylum, and she now talked in a foolish way. Then, in August, she was said to be very demented, and she was now troubled by housemaid's knee. The, three months later, she was in bed with a scalded foot, which had been accidentally caused. At this time she was still simple and foolish in her conversations. In August 1895, she was still working in the kitchen, where she easily got confused if she was asked questions. Her health was now said to be fair. In February 1896, this inmate was still simple and weak-minded, and she could now only answer the simplest questions. She still worked in the kitchen. In November, she now had a goitre on her neck, and her heart was apparently very fatty, but no bruit ¹¹⁰ could be heard. She was now very lost and confused. In May 1897, she was now too demented to sustain a rational conversation, but she still worked in the kitchen, in spite of not being able to answer even the simplest of questions. Thus, in 1898, Elizabeth Cornell could only work in the kitchen if she had constant guidance and supervision there. In May 1899, she was still lost, confused and childish in her conduct and conversation, and her health was now

¹¹⁰ A bruit was a heart murmur heard when the chest was examined with a stethoscope.

feeble. Then, in February 1900, she was said to be easily upset and she cried about trifles, and she was now more apt to be quarrelsome. She now required much direction in her work in the kitchen. In August 1901, she was very simple, childish and-irritable, and she was full of complaints, about which she easily appeased. In February 1902, she was still fairly-nourished, but she was not as stout as she had been. Her heart-sounds were now somewhat feeble, but there was still no bruit. She was lost and childish, and she could no longer sustain a conversation, and she also now had little memory. At times Elizabeth Cornell was quarrelsome and-irritable. In May 1903, she kept in her demented state, and she was simple and childish in conversation. However, her health was still moderate. In February 1904, she was in the same state, although she was now usually full of complaints about the behaviour of other patients towards her. In November it was again said that, she still worked well in the kitchen, but she now needed much supervision whilst at work. She was now often-irritable, quarrelsome and still full of complaints. In May 1906 she was in a similar state, but she was now said to lack self-control. In August, this woman was entirely confined to bed, on account of her increasing feebleness. However, in November, she had recovered somewhat, but mentally she was very lost and demented. In February 1907, she again claimed she was about 30 years old. [However, she was actually 78 years old] She still had a small goitre, her heart was feeble and she now suffered an attack of bronchitis, which meant that for the first time this woman's health condition was unsatisfactory.

In November 1907, Elizabeth Cornell was in a very lost and confused state, and she could no longer converse or answer any but the simplest questions. Her memory was defective, and she was now very untidy, so that she required general supervision. Even now, she still worked in the kitchen. In August 1908, she was still in the same state. Whilst her behaviour was childish and failing, she was still at work in the kitchen, where she needed constant supervision. In May 1909, she could no longer converse, and she had no idea of time or place. She remained easily pleased and she still liked notice to be taken of her. In February 1910, she was in the same state, but she was now said to be quiet and industrious. Then, in August, she could only converse on the simplest subjects, and she was more feeble, but she still did some work in the kitchen. In February 1911, this woman was dull and demented, her memory was impaired, and he was unable to converse, or answer any but the simplest questions. However, she still worked in the kitchens, in spite of having limited intelligence. In September, she was put in bed suffering from Colitis,¹¹¹ and she was given medication to treat this medical condition, and she recovered from this attack. She was then up and about, but she was now aging rapidly. She was now weak and feeble and she showed no change. However, she was no longer able to work. Then, in January 1912, this woman was unchanged, and her patient's notes were moved to

¹¹¹ Colitis was inflammation of the large intestine causing diarrhoea.

an Annexe Case Book, that is no longer extant, because they were lost at the time of the demolition of the Powick Institutions buildings in the 1980s. However we do know that Elizabeth Cornell died on 19/9/1915, when she was 86 years old, and she had been incarcerated in the Powick Institution for over 41 years.

**FEMALE IMBECILES UNDER DR. EDWARD
MARRIOTT COOKE 1881-1897.**

There were 47 female Imbeciles admitted to Powick Pauper Lunatic Asylum in the time that Dr. Marriott Cooke was Medical Superintendent. They ranged in age from 9 to 66 years when they were committed to the Institution. Edward Marriott Cooke then determined which ward each of these patients was to be sent to. The Mean Age at which these patients arrived at the Asylum was 33.0 years (The Median Age was 32 years.) Thirty-four per cent of these patients were between 31 and 40 years old when they arrived at Powick Lunatic Asylum. All 47 of Edward Marriott Cooke's female imbecile patients were single. Fifty-seven per cent of these female patients came from Urban Places and 43% from Rural Places. On average these female imbeciles spent 8.8 years in the Asylum before they died or were transferred elsewhere. One female imbecile spent 43 years incarcerated in the Powick Institution. Patients transferred to other mental institutions were 'Discharged Not-Improved', whilst

patients sent to live with relatives and friends, or those sent back to workhouses were said to have been 'Discharged Relieved'. Fifty-seven per cent of female imbeciles died, 30% were transferred to other mental institutions, whilst another 6% were sent to relatives and friends, or they were sent to the Union Workhouse in the home Poor Law Union. Seventy-two per cent of Dr. Marriott Cooke's female imbecile patients had no occupations recorded for them before they arrived in the Asylum. Twelve other patients had been employed in unskilled occupations, including 11 domestic-servants. There was 1 skilled woman, a needle-woman.

Fanny Deeley was a 15 year old domestic-servant, who belonged to the Church of England. She could both read and write. She was admitted to the Powick Asylum on 7/2/1891. She was from Stourbridge Workhouse, and she was an Imbecile, with the supposed cause of this condition being congenital. She was suicidal and dangerous to others. Her Certifier stated that this girl was stubborn at all times, but also morose and she refused to speak. At other times she had walked about talking to herself, and had cursed everyone around her. She also refused to do anything she was asked to do, and she was often violent. She had concealed a brick with the intention of attacking the Workhouse Master. On admission to the Asylum, she was described as a well-nourished girl, whose heart and lungs were working

normally. She was suffering from Imbecility, which meant she was weak-minded and foolish. She could not converse on anything more than simple matters, and she did nothing of any value with her time. She also got into passions, when she refused to speak without any cause. Initially after she was admitted to the Asylum she went on well, and she made herself useful. However, in February 1891 she was thought very weak-minded. Indeed, she could not add two figures together (such as 5 and 4). She also laughed and cried alternately, without any cause for doing so. She now did some work with her needle, but she could still not converse beyond answering very simple questions, but she did not know the value of money. She took her food well. She sometimes laughed without any apparent cause. She was very confused and she often could not answer even simple questions. She did some work in her ward, but mentally about the same. Fanny Deeley suffered a good deal of pain at the time of her menstrual periods. She also still got easily confused, and this sometimes made her very volatile. In August 1891 she was sent to work in the laundry every day. In spite of being foolish and weak-minded and at times excited, this patient's health was good. However, she had even threatened to commit suicide. She was still in a restless and silly condition, and she still laughed without any cause. She continued working daily in the laundry, where at times she got very excited and she then often tried to bite or otherwise injure herself. At times she was violent, but then at other times she was depressed and suicidally inclined. She could now not fix her attention on anything for long, and

she was given a mixture of Chloral and Bromide to calm her down. In a Report sent to the Lunacy Commission, in 1892, which was to allow this patient's treatment at Powick Lunatic Asylum to be continued, Fanny Deeley was said to be an imbecile case, who could only converse on the simplest subjects, and even then she easily got very confused. She also said to have violent passions, without any cause, that caused her to try to bite and otherwise injure herself. She now also made false accusations of ill-treatment against the nurses. This young-woman was still very suicidally inclined, but she was well-nourished, and her heart and lungs were acting normally. Then, because she misbehaved, she was given a shower-bath,¹¹² which had a wonderful effect. She was now well-behaved and she made herself very useful, which was quite different to the way she had acted previously. However, this change did not last for long, because she again soon got excited and very troublesome. At such times she had even attempted to strangle herself, so she continued to be given the sedative drugs Chloral and Bromide at night to calm her down. In late October 1892 Fanny Deeley had a quiet interlude, when she was working with her needle, and the Chloral and Bromide sedative-mixture she had been taking was stopped. In 1893, when this patient was 18 years old, she was again described as an Imbecile, who had violent passions that were without any cause, and sometimes she still bit and injured herself in various

¹¹² Shower-baths supposedly calmed patients.

other ways. For instance she had torn out some of her hair. This patient could now only converse on simple subjects, but even then she soon got confused. She was now, at times, very suicidal. However, she was still well-nourished and her heart and lungs were still acting normally. Her Special Certificate that was often referred to as a Red-card, that warned about her suicidal tendencies was removed, because she was no longer considered suicidal. However she was then confined to bed with a feverish attack, when she had a coated tongue, and her breathe smelled foul. She was then given medicaments and put on a slop diet and she recovered quite quickly, although, she was left in quite a low state, so she was again given a Special Caution Card, probably because she was seen by Dr. Cooke, the Medical Superintendent, when she had tried to swallow a pin, having threatened to take her own life. This had left her in a very emotional state that caused her to fly into great passions, without any apparent cause. In spite of this, she now did some work in her ward, although he was still very emotional and she now flew into violent tempers without any cause. She then again threatened to kill herself. In spite of this she still worked well. Then, in late 1894 this patient's behaviour varied, so that at times she was brighter and more cheerful, but at other times she was depressed and suicidally inclined. In 1895, in the Report sent to the Lunacy Commission, Fanny Deeley was again said to be an Imbecile, who was subject to sudden outbursts of passion, without any cause. However, it was also made clear that she had made attempts on her own life, in various ways, although she

had improved a little, as she was now capable of keeping up a conversation, although she did still sometimes get confused. This young-woman was still well-nourished and her heart and lungs were still acted normally. However, she suffered from Periostitis of her left hand; a medical condition that was caused by inflammation of the periosteum, a layer of connective tissue that surrounds the bones. Lately, she had again been very suicidally inclined, and she gave a good deal of trouble in this respect. She now required a strong sedative ¹¹³ at night to ensure she slept and she needed an attendant with her all day long. She now refused her food and she was in a low and depressed state, and very suicidally inclined, and at times she was really desperate in her attempts at self-destruction. She was now sedated twice daily. Then, during February 1896 she had been secluded ¹¹⁴ on eleven occasions, for a total period of 128 hours, to prevent her injuring herself by knocking her head against the floor, the walls or the furniture in the single-room she then occupied. During seclusion this patient was visited every ten minutes, and her temperature was monitored at this time. However, Fanny Deeley had again caused concern by again being excited and very suicidally inclined. The periostitis of her hand had

¹¹³ She was again given Chloral and Bromide.

¹¹⁴ Secluding patients was a last resort, and it was carefully monitored by the Lunacy Commissioners who made Annual Inspection visits to the Lunatic Asylums in England and Wales.

recurred and it had been treated with Belladonna.¹¹⁵ This patient now also had recurrent attacks of excitement, and as she was still considered very suicidally inclined, she required constant supervision. She was now again suffering from dyspepsia, and was given Bicarbonate of Soda to resolve this problem. She was then laid up in bed, with an indefinite attack, that caused a furred and moist tongue, a sore-throat, a slight cough and a raised temperature. Whilst in bed she was kept on a slop diet. She was soon now in her normal state of physical-health, although there was no change mentally. She had again been very excited and violent, and suicidally inclined, and she again suffering from a bad sore-throat, that was diagnosed as tonsillitis. However, she could still not sustain a conversation for long, before she became irritable. She was also still subject to sudden outbursts of passion and then she sometimes made determined attempts at suicide. Thus, she required constant supervision, but she was still well-nourished. She was then confined to bed again, with a raised temperature, and with symptoms of rheumatism. When she recovered from this period of ill-health she was much steadier, brighter and well conducted for some time. Her Red-card was again taken off and she was now quiet and she gave little trouble. She was now said to be simple-minded and easily confused. However, she was now not quite as well as she had been, and at times

¹¹⁵ Belladonna is a poisonous plant material that was used in the nineteenth-century to relieve cramp in the hands.

she was now very sullen. She suffered a good deal from constipation, but when she was given medicine to treat this condition, she claimed it was poison and refused to take it. In January 1899 this patient had been brighter, but she still suffered a good deal from constipation, which led to occasional attacks of severe abdominal pain. At times this pain made Fanny Deeley-irritable, sullen and needing supervision. However, she then somewhat recovered and she was said to be doing fairly well, but her lack of self-control led her to be sullen and depressed, particularly at the time of her menstrual periods, which were accompanied by pain. In July 1900 this patient had not been well for 2 or 3 weeks, and she was very excited,-irritable and suicidally disposed. Then, she had threatened to tear her eyes out, and she then bit her hands severely. She then also refused food, and she was again given a Red-card because of her suicidal tendencies. However, this last outburst was of short duration, and her Red-card was almost immediately removed again. This patients was now doing better; she was brighter and she works well, although she was always liable to become depressed at the time of menstrual periods, which were always accompanied by abdominal pain. In mid-1901 this woman's health again regressed, and she again suffered a sore-throat, a thickly furred-tongue, and general-debility. Although she recovered physically, she was still in an-irritable sullen state of mind. She then recovered some composure, and on the whole she was brighter and more agreeable. However, she was mentally still weak and childish, and easily upset by trifles. Her menstrual periods were now

regular, and they were invariably accompanied by some excitement, irritability and sleeplessness. During the first third of 1902 Fanny Deeley was doing very well, she was active and industrious, and she was exhibiting more self-control. In the Lunacy Commission Report on her in 1903 it was reconfirmed that this patient was still an Imbecile, who was weak and childish in conversation and behaviour, who was easily upset by trifling annoyances, when she became melancholic. At this point she then refused to occupy herself in any way, and in this state she again occasionally showed suicidal tendencies. However, this woman was still fairly-nourished, and her heart and lungs appeared to be healthy, but she still suffered from constipation and dyspepsia. At the end of 1903 Fanny Deeley had improved very much, and she was brighter and showing more self-control, which led to her being less-irritable and uncertain in her temper. She continued to do well, and she was then allowed out on trial, but because she had no friends to take care of her, she was sent back to the Union Workhouse, where she originally came from. However in December 1903 a Medical Certificate stated that it would be advisable if the period of trial was prolonged, and she accordingly continued on trial. However, she was then brought back to the Asylum, when the Workhouse Medical Officer felt unable to sign her Certificate. It then appeared that ever since she left the Asylum, her conduct had been very variable. At times she was quiet and she worked well, but then she became irritable and easily put out. Thus, the Workhouse thought that they ought not to detain her, because she caused anxiety with her threats of suicide, when she was

in the mood. Recently these threats had been more frequent, and she had been moody and had fits of crying. When readmitted to the Asylum Fanny Deeley then became distressed at hearing she was to stop there. She cried and asked to be sent back to the Workhouse, and she affirmed that she had been quite happy in the workhouse, and that she had given no trouble, apart from when she cried a little having been told of her father's illness. However, she had been doing well since she returned to the Asylum from the workhouse. She had cried a little and moped for the first two days back in the Asylum and then she settled down and began to work well. However, she was still easily upset by trifles. Indeed, she was generally still childish and emotional, and she had clearly been depressed lately. She then complained of pain in her left side, but she then stated that she had stuck some needles in whilst at the workhouse, and she then suggested that there was something that she felt like a needle in her abdomen, and two needles were then extracted from her left side, just below the apex of the heart, but not deeply buried. Fanny Deeley was then depressed again, and she was given another Red-card. However, she was now did some work, and was generally better tempered than she had been. By August 1904 this patient had improved again, and she was now bright, more cheerful and she worked willingly, so her Red-card was again removed. In spite of this she was still weak, emotional, and diffident in self-control. She now suffered occasional periods of despondency and ill-temper, but for the most part she was quite active, although she still now varied a good

deal. At times she was restless, miserable and giving as much trouble as she could. However, she was always worst at the time of her menstrual periods. She now claimed the Assistant Medical Officer had murdered her relations. She also still suffered a good deal from constipation, but she made matters worse by not take her medicine regularly. At the beginning of 1906 her left hand was swollen and discoloured, and it was thought she may have been knocking her hand, about causing herself injury. She was still depressed and difficult to manage, and indeed there was no overall improvement in this patient. She remained as depressed, irritable and troublesome as ever. Fanny Deeley continued in this same very variable state; when at times she was irritable, abusive, sullen, depressed and hypochondriacally, but at other times she was bright, cheerful, rational in conversation and working well. On 26th July 1907 this woman was Discharged Not Improved and transferred to Barnsley Hall Asylum. She was then 31 years old and had been incarcerated in Powick Asylum for 16 years.

SOME CONCLUSIONS.

A major Aim in writing this book was to compare the career of Edward Marriott Cooke and James Sherlock, his predecessor as Medical Superintendent at the Worcester City and County Pauper Lunatic Asylum (more usually Powick Lunatic Asylum). In doing this it was hoped it would become clear why Dr. Cooke was eventually more highly regarded by the Committee of Visitors, at the Asylum, than was Dr. James Sherlock.

In writing the book *Dr. Sherlock's Casebook* (2016),¹¹⁶ the author of this current book, became aware of the huge success that James Sherlock had in his 27 year career as Medical Superintendent of the Powick Lunatic Asylum. Dr. Sherlock was appointed to this post in September 1854, when Dr. John Grahamsley, who had been appointed as first Medical Superintendent, in July 1852, committed suicide.¹¹⁷ However, Dr. Grahamsley

¹¹⁶ CROMPTON, Frank, *Dr Sherlock's Casebook*, George Marshall Medical Museum Publication, May, 2016.

¹¹⁷ For details of Dr. John Grahamsley's death see the *Worcester Chronicle*, *Worcester Herald* and *Worcester Journal* for 12th

had received the support of the Commissioners in Lunacy for the way that his institution was developing, when they had visited the newly opened Worcester Pauper Lunatic Asylum in 1853. Like his predecessor, James Sherlock was recommended for the vacant post, at Powick, by Professor David Skae, who ran the only training course in the 'Moral Treatment of Insanity', at Edinburgh University, Faculty of Medicine. Thus, the only way for English and Welsh Pauper Lunatic Asylums, created by the 1845 County Lunatic Asylum's Act, ¹¹⁸ which demanded strict adherence to 'Moral Treatment' in the new institution, to gain suitably qualified Medical Superintendents was from the University of Edinburgh, where David Skae was also Medical Superintendent of the Royal Edinburgh Lunatic Asylum, at Morningside. James Sherlock, who had been employed as Medical Superintendent at the James Murray Lunatic Asylum, at Perth, in 1853, where he had previously been recommended by Professor Skae, caused anger from the Committee of Visitors of that institution, when he resigned from his post in Perth. However, now Dr. Sherlock, who was also Professor Skae's Brother-in-Law, ¹¹⁹ was strongly recommended by David Skae, for the post at Worcester Pauper Lunatic Asylum, which Skae regarded as a better opportunity in Sherlock's career, than continuance at the Perth Lunatic Asylum. At

August 1854 and John Charles Bucknill's Obituary of Grahamsley in the *Asylum Journal* 1, No. 7 August 15th 1854, pp. 105-106.

¹¹⁸ 8 & 9 Vic. c 126 (County Asylum's Act) 1845.

¹¹⁹ He was married to David Skae's wife's sister.

the Worcestershire Pauper Lunatic Asylum James Sherlock strictly adhered to a 'Moral Treatment Regime'; and he continued to do this throughout his career at Worcester. It also appeared that he maintained contact with David Skae, until the Professor's death in April 1873, which probably ensured Dr. Sherlock's rigid adherence to the Principles of 'Moral Treatment'.

It was 18 years into his career as Medical Superintendent at the Worcestershire County Lunatic Asylum, when James Sherlock, who was regarded as one of the outstanding Medical Superintendent of a Pauper Lunatic Asylum in England and Wales; in an institution that was also highly regarded; which had regularly received the acclaim of Lunacy Commissioners, when they made their Annual Inspection Visits, that Edward Marriott Cooke was appointed as a Junior Assistant Medical Officer in 1872. At this stage, at the age of 20 year old, the newly qualified Dr. Cooke had little knowledge of the treatment of insanity. Thus, it was James Sherlock who initiated the training of Edward Cooke in the 'Moral Treatment of Insanity'. It was clear that Edward Marriott Cooke was anxious to learn, and the fact that within a few months he was regarded as the senior Assistant Medical Officer in the Worcester Lunatic Institution indicated that he was clearly successful. Indeed when James Sherlock became ill, in 1876, Edward Cooke was appointed as Acting Medical Superintendent; a role that he fulfilled to the satisfaction of the Committee of Visitors. During his three month period, in this role, Dr. Cooke was successful. He had also been asked to investigate how

other County Lunatic Asylums were dealing with the increased demand for treatment in other County Lunatic Asylums, which had involved him in making visits to other institutions. He had produced a Report, which was regarded as highly satisfactory by the Visitors. Thus, given the circumstances of Marriott Cooke's training, by James Sherlock, it was probably inevitable that he developed an ideology to the treatment of insanity that was very similar to those of his mentor James Sherlock. Dr. Cooke continued to apply 'Moral Treatment, approaches throughout his career.

In 1878 Edward Marriott Cooke was appointed as Medical Superintendent at the Wilshire County Asylum, at Devizes, a position he held for about 3 years. During this time he married Mary Anne Henrietta Cecil Pechell, who was from Reading. When Dr. James Sherlock died in March 1881, probably inevitably Edward Cooke was appointed as Medical Superintendent at the Worcestershire County Pauper Lunatic Asylum, in April 1881.

In taking over the Superintendent's post at the Powick Lunatic Asylum there was continuity between the approach of James Sherlock and Edward Cooke, something that was ensured by a legacy of unfinished business left by James Sherlock, who in his early years as Medical Superintendent had recommended the admixing of patients in Asylum wards, so that, for instance, a maniacal patient might be given an idiotic patient to care for; something that Dr. Sherlock regarded as providing mutual benefit to both patients. Then in the

1860s whenever the Asylum had new buildings constructed, the wards created were deliberately always overlarge; resulting in a surfeit of space for patients in the Institution.¹²⁰ This arrangement led to surplus space being created, that could then be used to house Out-of-County and Private Patients, who were housed ‘under contract’, which led to ‘handsome profits’ being made, that under Poor Law Regulations could then be used to fund maintenance and repairs to the Asylum buildings. Whilst James Sherlock treated these additional profit bearing patients, it appeared that he was oblivious to the reasons for the additional space being available. This was the situation well into the 1870’s, but then the pressure of demand from patients from within Worcestershire meant that something had to change.

It was at this stage that Dr. Sherlock determined that he would reclassify patients in his Asylum. Instead of Demented, Idiotic (Imbecilic), Maniacal and Melancholic Patients; there would now be ‘Productive’ and ‘Non-Productive’ Patients. Essentially those able to work under the ‘Moral Treatment Regime’ (Productive Patients) and those not able to work (Non-Productive Patients). Productive Patients would then be housed in the existing Lunatic Asylum Wards, whilst two new Annexes would be constructed to house Non-Productive

¹²⁰ It appeared that someone on the Visiting Committee recognised that adding additional places in a new ward was more cost-effective than building extensions to the building at a later date.

Patients. Thus, if an idiotic or demented patient was able to work, they would be regarded as productive, until such times as they were no longer able to work when they would be reclassified as Non- Productive. Importantly, the new Annexes, to be built in two phases, were to be built as cheaply as possible, and the patients housed in the Annexes would be fed a marginally cheaper diet than the Productive Patients, thus saving money. These plans had been passed by the Committee of Visitors, by the County and City Boards of Magistrates and by the Home Secretary, sometime before James Sherlock died.

This, then, was the situation that Dr. James Sherlock bequeathed to his successor as Medical Superintendent at Worcestershire County Lunatic Asylum, Dr. Marriott Cooke. Essentially, based on conjecture, thanks largely to the IRA, who burned all Irish Vital Registration material in 1921, the background from which James Sherlock, came, in County Antrim, Ireland was not clear. However, there is some indication that James Sherlock was from a family with medical men in it, and we do know that he started his medical training in Dublin, before transferring to Edinburgh University Medical Faculty in the late 1840s. In the case of Edward Marriott Cooke we are certain that he was the first medical-man in the family. His father was a businessman, and for this reason it is suggested that he had some notion of entrepreneurism. Thus, by the middle of the 1880s Edward Cooke was faced with decisions to make about how the Worcestershire Lunatic Asylum should be run.

By this time the Committee of Visitors had been proud to announce that theirs was one of the cheapest Public Lunatic Asylums in the Country, a fact that made their Asylum popular. Thus, Edward Marriott Cooke now began to voice similar claims about cheapness and, indeed, profitability of his Asylum. It now appeared that Dr. Cooke's background, with a father who was a businessman, made him aware of new possibilities for the Asylum he was Medical Superintendent at. From about 1886 he had an increased interest in accommodating Contract Patients, from other overcrowded County Lunatic Asylums; which was an increasingly profitable activity to be involved in. Gradually Dr. Marriott Cooke altered his role in the institution. Rather than implementing the policies that the Board of Visitors instigated, which was the way that James Sherlock had administered the Asylum, Dr. Cooke now instigated policy himself, which the Committee of Visitors were appeared pleased to accept. Thus, the Medical Superintendent's section of the Annual Reports altered, as Edward Cooke now created a Financial Report, which was then approved by the Committee of Visitors. In modern terms it appeared that Edward Marriott Cooke became Chief Executive of an Asylum that made a substantial profit. The Committee of Visitors clearly approved of this change of role for their Medical Superintendent and by the early 1890s they were congratulating themselves on having an outstanding Medical Superintendent, who they felt able to recommend for promotion, to the Lord Chancellor, Lord Halsbury. Thus, in 1897 Edward Marriott Cooke was

offered an appointed as a Lunacy Commissioner; a post he took up in 1898. At this juncture he resigned from his post at the Worcestershire Lunatic Asylum, something that was much regretted by the Committee of Visitors.

SELECTED BIBLIOGRAPHY.

BARTLETT, Peter, *The Poor Law of Lunacy*, Leicester University Press, Leicester, 1999.

CROMPTON, Frank, *Workhouse Children*, Sutton Publishing, Stroud, 1997

CROMPTON, Frank, 'Admissions to the Worcester County Lunatic Asylum, 1852 to 1906', in MELLING, Joseph and DALE, Pamela, (Editors) *Mental Illness and Learning Disability since 1850: Finding a Place for Mental Disorder in the United Kingdom*, Routledge, London, 2006.

CROMPTON, Frank. *Lunatics: The Mad Poor of Worcestershire in the Long Nineteenth Century*, George Marshall Medical Museum Publication, Worcester, 2013.

CROMPTON, Frank, *Dr. Sherlock's Casebook*, George Marshall Medical Museum Publication, Worcester, 2016.

CROMPTON, Frank and LEACH, Katie, *Pauper Lunatics at Powick Asylum Worcester 1852 to 1918*, George Marshall Medical Museum Publication, Worcester, 2020.

CROMPTON, Frank, *Is It A Matter of Perspective? The General Paralysis of Insanity (GPI) and Syphilis*, George Marshall Medical Museum Publication, Worcester, 2020.

DAVIS, Gayle, *The Cruel Madness of Love: Sex, Syphilis and Psychiatry in Scotland, 1880-1930*. Clio Medica, 2008.

INGRAM, Allan, (Editor), *Voices of Madness*, Sutton, Stroud, 1997.

JONES, Kathleen, *Asylums and After*, Athlone, London, 1993.

LEES, Lynn Hollen, *The solidarities of Strangers*, C.U.P, Cambridge, 1998.

PORTER, Roy, *Madness A Brief History*, OUP, New York, 2002.

PORTER, Roy, *Madmen: A Social History of Madhouses, Mad-Doctors and Lunatics*, Tempus, Stroud, 2004.

SCULL, Andrew, *Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*, Yale, New Haven, 2005

TUKE, Daniel Hack (Editor), *Dictionary of Psychological Medicine*, Blakiston, Philadelphia, 1892.

WALLIS, Jennifer, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices*, Palgrave Macmillan, 2018.

INDEX.

A.

Aged Patients. 31, 39, 98, 99, 108

Aim of this Book. 1, 233

Achieved. 233

Structure of this Book. 2-3

Annexe. 1, 2, 3, 27, 29, 32, 33, 34, 36, 38, 39, 41, 43, 47, 48, 49, 52,
53, 54, 58, 63, 66, 71, 73, 76, 77, 94, 102, 103, 106, 107, 108, 133,

134, 135, 137, 147-150, 165, 167, 170

Records of these two Departments kept separately. 134

Extension to double size of Annexe. 112

Female Patients with Dementia in Annexe. 147-148, 171

Male Patients with Dementia in the Annexe. 165

Male & female Patients with Dementia very different. 165

Non-productive (Un-productive) Patients with Dementia. 148-149

Notion of Productive & Non Productive Patients. 170

Patients thought incurable. 170

Annexe Note Book. 134

Transfer Notes. 1,2

Asylum. 20, 49, 53, 57

Annual Reports. 27, 28, 34, 39, 47, 119

Band. 80

Farm. 90

Gas-works. 27, 46

Asylum War Hospitals. Ch 8, 129, 130

Created by Edward Marriott Cooke and C Hubert Bond. 129

Certificate of Mental Nursing. 103

B.

Bathrooms and lavatories smelt 'sweet'. 76

Hot taps might burn Patients. 76

Rules for Bathing; should turn on cold taps first.

Bed wetters. 96

Nurses inattention said to cause bed wetting. 96

Birmingham took over King's Norton Poor Law Union. 66, 70-71, 74

Beauchamp, Earl (Chairman of Board of Visitors. 50, 117

Boarding Out 22-23, 29, 39, 53, 67, 71, 74, 79, 98

Braine-Hartnell, George. 78, 105, 115, 119, 120

Brick-earth on Site. 36

British Medical Association. 5

C.

Capitation Grant. 25-26, 38

Certificates given for staff who took the training course. 78

Chapel. 40, 41, 47, 50, 53, 75

Chief Male Attendent. 42

Female Attendent. 102

An Assistant appointed. 102

Children committed to asylums. 17

Closets smelt of sewer gas. 76

**Contract Patients. 22-23, 41, 50, 53, 55, 56, 57, 58, 59, 61, 63, 79,
80, 92, 93, 104, 106**

From Essex. 41, 50, 53, 55, 56, 57

Derby. 61, 63

Staffordshire. 79, 80, 92, 93, 94, 104, 106

Cottages for married Attendants families. 66, 89, 93, 96

County and City Councils. 91, 105

Boundary changes. 57

County Lunatic Asylum's Act (1845 – (8 & 9 Vict. c.126). 11, 234

Surveyor to plan new wards. 28, 43, 46, 68

Criminal Lunatics. 51, 52, 75, 128

Criticism of under-staffing. 70, 92

Curable Patients. 31, 38, 39

Curative powers improving. 35

D.

Dangerous Patients. 31

Deaths. 30, 61, 99

Death rates. 30, 56, 70, 98, 99, 107

How Deaths were dealt with. 61

Dementia. 3, 49, 125, 135

Patients in the Annexe. 171

Chronic Dementia. 135

Chronic Mania, sometimes a synonym.)

Senile. 125

Imbecility, sometimes a synonym for Senile Dementia. 125

According to Dr. Shaw Claye. 125

In Tuke, Daniel Hack, *Dictionary of Psychological Medicine*, Blakiston, Philadelphia, 1892, p. 338. 135

=====

Notes on female patients with Dementia:

Lizzie Davies. 138-140

Susannah Moule. 140-144

Elizabeth Day. 144-147

THESE NOTES ARE NOT INDEXED.

=====

Notes on male patients with Dementia:

Henry Charles Rowley. 150-154

John Pritchard. 154-161

Frederick Collett. 161-165

THESE NOTES ARE NOT INDEXED.

=====

Dr. Cooke demolished walls to improve visibility. 95

Dudley Poor Law Union. 26, 48

E.

Edinburgh University Medical Faculty. 11, 233, 234

Royal Lunatic Asylum, at Morningside. 11, 234

Electricity installed in the Asylum. 39

Entrepreneurial attitude. 103

Epilepsy. 70, 95, 107, 113, 114

Epileptic patient's supervision. 114

Excessive accommodation created at Powick Asylum. 22

F.

Faulty habits 101, 102, 108

Feeble and helpless people. 108

Finance Act of 1894 (57 & 58 Vict. c. 30). 92

Fire Precautions. 68, 71, 84, 91, 106, 117

Fisherton House Asylum, used for Criminal Lunatics pre-1863. 51

G.

Grahamsley, Dr. John. 11, 12, 233

Recommended by Proessor David Skae. 11, 12

First Medical Superintendent. 11, 12, 233

Initially successful according to Lunacy Commissioners. 11, 12, 233

The suicide of John Grahamsley. 11, 12, 233

H.

Harmless lunatics. 28, 32, 48.

Health of Patients. 109, 116

Health of Staff. 99, 116

Heating. 49, 55, 56, 57

Hospital Wards. 99

I.

Idiocy. 3, 17, 19, 31, 49, 101, 104, 127, 170, 173, 174, 175, 180

Defined by J. Langdon Down. 173

In Tuke's *Dictionary of Psychological Medicine*, p.643. 174

Idiot children must be separated from adult patients. 104, 114

Commissioners said this had not been done. 114

Idiot's Asylums. 17

Starcross Children's Asylum, Devon. 17

Earlswood Children's Asylum, Surrey. 17

Patient's Notes on Male Idiocy Patients in the Annexe.

Henry Burston – a Patient of James Sherlock. 176-180.

Joseph Collett – a Patient of Edward Marriott Cooke. 181-184

THESE NOTES ARE NOT INDEXED.

=====

Imbecility. 3, 16, 19, 32, 49, 101, 104, 127, 134, 170

Considered incurable. 170

Could be treated adequately in Workhouses. 32

Patients moved into the Annexe. 49

=====

Patient's Notes on Male Imbecility Patients in the Annexe.

Joseph Hartland -A Patient of James Sherlock. 187-190

Harry Willie John Thomas Pagett – a Patient of Edward Marriott
Cooke. 191-196

THESE NOTES ARE NOT INDEXED.

Patient's Notes on Female Idiocy Patients in the Annexe.

Jane Bright – a Patient of James Sherlock. 198-205

Sarah Haden – a Patient of Edward Marriott Cooke. 206-21

THESE NOTES ARE NOT INDEXED.

=====

Intellectual and moral Imbecility. 174
Senile Imbecility a synonym for Senile Dementia. 174
Imbecile children must be separated from adult patients. 104
Commissioners said this had not been done. 114

=====
Patient's Notes on Female Imbecility Patients in the Annexe.

Elizabeth Cornell – a Patient of James Sherlock. 214-221

Fanny Deeley – a Patient of Edward Marriott Cooke. 206-21

THESE NOTES ARE NOT INDEXED.

=====
Incurable Patients – Longevity a problem. 39

Industrial Training as part of Moral Treatment. 21, 55-56

Infectious Diseases:

Hospital. 24, 39, 57, 64, 88, 89, 94, 95, 96, 116

Influenza. 62, 64, 65, 86, 88, 99, 109, 142, 203, 218

Scarlet Fever. 86, 94, 110, 116

German Measles. 86

Erysipelas. 94

General Paralysis of Insanity. 95, 107, 151, 165

Colitis. 114, 212

Dysentery. 116

J.

Joint Asylums with adjacent Counties. 20, 21, 22, 104, 108

Warwickshire tried this at Hatton. 21

K.

Kitchens to be improved. 44, 45, 49, 117

L.

Laundry. 27, 40, 47

Lunacy Commission satisfied with new work here. 47

Washing temporarily transferred to Rubery Hill Asylum. 40

A costly process. 40

Lightening Conductors. 117

Longevity of Incurable Patients a problem. 39

Lord Chancellor (Lord Herschell). 107, 119

Lunacy Commission. 27, 28, 34, 37, 39, 47, 61, 69, 70, 71, 72, 75, 76,

79, 80, 84, 86-87, 89,92, 94, 95, 104, 106, 107, 110
Lunacy Act of 1890 (53 Vict. c. 5). 57, 58, 63, 64, 65, 68, 71, 72, 78,
79, 116
Lunacy Amendment Act of 1862 (25 & 26 Vict. c. 111). 25

M.

Maintenance Fees. 18, 19, 20, 39, 42, 48, 50, 58, 59, 65, 89, 90,91
103, 110, 11, 112, 116

Male staff with access to female wards. 84, 86-87

Keys to the female wards.84

Access only allowed with a nurse present. 87

Maltreatment reported to the Commissioners. 113-114

Maniacal Patients. 21

Martens, E B (Water Engineer). 60, 67

Matron. 41, 42

Housekeeper. 41

Marriott Cooke, Edward. 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 17, 27, 33, 35, 38,
40, 42, 48, 49, 53-54, 55, 59, 63, 71, 72, 77, 78, 87-88, 89, 90, 91, 95; 98, ,
100, 101, 103. 107, 109, 112, 119, 121, 122

Obituary. 4, 5

His education. 4, 10

Henry Edward Cooke – His Father. 4

A Businessman. 12

Who was Entrepreneurial 12, 33

Marriage to Mary Cecil of Reading. 7

Pechel is added to her name. 23

Different from Dr. Sherlock. 13, 72

Suggested costs at Powick Asylum the lowest anywhere. 33

Hoped that reclassification would save money. 35

Claimed the Asylum was cheaper than the Workhouse. 38, 42, 54

Suggested Insanity proportionate to population growth. 40

Salary Increase. 40, 72

Pleased that Dudley Workhouse still took lunatics. 48

Was entirely satisfied with the Annexes. 48

Powick Asylum was confirmed as the cheapest institution. 49

Believed the Asylum could attract more Private Patients. 53-54

Took responsibility for Financial Matters. 54

- Conducted research that showed staff were strengthened. 55
- Wrote an exhaustive Report on water-supply. 59
- Claimed Asylum with over 1,200 patients subversive to discipline. 63, 112
 - Also, a threat to effective supervision and treatment. 63
- As Assistant Medical Superintendent. 63, 121
- Claimed Lunacy Commission were wrong about fire escapes. 71
- Criticised some aspect of the 1890 Lunacy Act as a waste of time. 71
- Was Concern about the water-supply. 71
- Dr. Cooke thought the wards now being built were badly needed. 77
 - Was giving systematic instruction to attendants and nurses. 77
 - Hoped his Training Course could be extended. 77
 - Examinations were then to be held. 78
 - He was given 3 month's leave of absence to recover. 78
- Dr. Braine-Hartnell stood in for him when he was on leave. 78
- Dr. Cooke found difficulty in observing patients in the old building. 95
 - Only 17 empty beds in the whole Asylum. 109
 - Pressure of numbers. 109
 - Greatest increase in numbers since 1852. 109
 - Had an entrepreneurial attitude. 103, 124, 125
 - Intended to reclassify Patients; this would be cheaper. 122
 - Separated curable patients from the incurable. 124
 - Responded to issues raised by the Commissioners. 120
 - Was Quickly promoted at Powick Asylum. 120
 - Recruitment Arrangement ensuring continuity. 121
 - Had the same ideology as James Sherlock. 121
 - Used the same approaches as James Sherlock. 121
 - Was appointed at Wiltshire County Lunatic Asylum. 121, 235
 - Approach to Promotion at Powick Asylum ensured Continuity. 121
 - Intended to reclassify Patients; this would be cheaper. 122
 - Separated curable patients from the incurable. 124
 - Attempted to maximise profits. 126
 - Became Chief Executive of Powick Asylum. 127, 135, 239
 - C Hubert Bonds father was Chaplain at Powick Asylum. 129
- James Sherlock's Notions of Productive & Non-productive Patients 170
- Comparison of Edward Marriott Cooke and James Sherlock. 233
- Edward Marriott Cooke appointed as Junio AMO in 1872. 235
 - Was soon Promoted to Assistant to Dr. Sherlock. 235

=====

Medico-Psychological Association. 5, 54
 Changed the approach to Statistics in Annual Reports. 54
Melancholia Patients considered improvable. 170
Metropolitan Specialist Institutions. 20
Mindless people. 107
Moral Treatment used at Powick Asylum since its inception. 170, 234

N.

New wards and dormitories in a comfortable state. 47
Night staff – More needed. 70, 107, 110, 114

O.

Offices created for various members of staff. 42, 49
 New Offices were very effective. 49
Out-of-County Patients. 18, 22, 50, 73
 Profitable. 22
 Accepted into excessive accommodation. 22
 Added to the Profits of the Asylum. 50
 Not now to occupy more space in the Annexe. 73
Overcrowding. 33, 42, 65, 69, 74, 75, 113
 Acute. 33, 42,
 Was still a problem. 113

P.

Patient's dress. 95
 Were sometimes discharged into the care of friends. 88, 98
 (The term friends often included family).
 Who were unable to work were kept in their wards. 21
 Poor plastering of wall was said to cause infection. 114
Private Patients. 17, 18, 50, 53-54, 55, 62, 93, 99
 There were profits to be made here. 18
 Profits paid into Asylum Maintenance Account. 18
 Most Profitable. 50
 Dr. Cooke attempt to attract more such Patients. 55
 The number of Private Patients increased. 11
Productive Patients. 20, 24, 25
 Were likely to improve. 24
 Thought likely more expensive to care for. 25

Profits to be sought. 41, 63, 74, 75

- Loss of Profits a reason for increasing the size of the Asylum. 63
- Making profits allowed the County Poor Rate to be lowered. . 64
- Were increased by more Private Patients. 115
- Public Health Act of 1875 (38 & 39 Vict. c. 55). 105

Q.

- Quabb's Lane. 27, 36
 - Now closed. 36
- Queen Victoria's Diamond Jubilee celebrated by a sports event 117

R.

- Reduced pressure on the Asylum. 35
- Repairs to the old Asylum buildings necessary, 60
 - Paid for from Maintenance Account. 60
 - Some repairs undertaken by Patients on Industrial Training. 60
- Rooms provided for Patients to meet their relatives.in. 49
- Rowe, Henry – County Surveyor. 28, 34, 36, 42-47, 53, 71, 97
 - Made coistly errors. 44-47, 53

S.

- Secretary of State at Home Department- Herbert Asquith. 36, 113
- Separate room for children from adults. 114
- Sewage. 27, 47
 - Was much better dealt with. 47
- Sherlock, James. 1 ,5, 9, 10-25, 42, 50
 - (BOOK by Frank Crompton – *Dr Sherlock's Casebook.*)
 - From Antrim, Ireland. 10
 - Little is known of his background,11
 - Perth Lunatic Asylum, Scotland – Dr. Sherlock's first post. 11, 234
 - James Sherlock's Illness. 14
 - Was opposed to enlarging Powick Asylum. 16
 - Favoured putting Patients in Workhouses. 16
 - Stated Insanity proportionate to population growth. 23
 - Investigated renting additional property. 23
 - Considered Droitwich Asylum that was now closed. 23-24
 - Rejected it as it was only suitable for one gender.24
 - Never commented about the cheapness of Powick. 42
- Recommended to be Medical Superintendent by David Skae. 233
 - Was hugely successful. 233

- Comparison of James Sherlock and Edward Marriott Cooke. 233**
Adhered to the Moral Treatment of Insanity through his career. 234
James Sherlock was an outstanding Medical Superintendent. 235
He received the acclaim of the Lunacy Commissioners. 235
James Sherlock taught Marriott Cooke about Moral Treatment. 235
When James Sherlock died in 1881 it was inevitable that Marriott
Cooke replaced him as Medical Superintendent at Powick. 235.
Any new buildings at Powick were larger than necessary 235.
Before 1860 James Sherlock had wards containing and admixture of
Patients, but this was to change. 235
Surplus space was now used to house profitable Out-of County
Patients – including Contract Patients. 236
These profits were paid into a Maintenance that paid for repairs to
the Asylum Buildings. 236
- Skae, Professor David. 11-12, 21, 233, 234**
James Sherlock's Brother-in-Law. 11, 234
Specialised in teaching the Moral Treatment of Insanity. 10, 11
Including Industrial Training. 21
Ran the only training in the Moral Treatment of Insanity. 233
Recommended James Sherlock for the post at Powick Asylum. 234
James Sherlock kept contact with David Skae. 234
- Small Dormitories. 75, 106, 113**
- Smallpox in area led to relatives being unable to visit Patients. 88**
However, Patients from these areas still admitted. 88
- Staff facilities to be improved. 43-44, 70, 89**
Messes created where Staff ate and spent off-duty time. 102
- Steam-coils for heating. 49, 55, 56, 57**
- Suicidal Patients. 69, 95, 99, 107, 124**
- I.**
Treatment was thought important, but so was making a Profit. 73
Evident from the way that the Finances were reported. 73
- Typhoid Fever. 39, 61, 62, 88, 94, 99, 115, 117**
(NOTE. Typhoid was sometimes called Enteric Fever.)
Was much better dealt with. 47
Caused by drinking polluted water. 99
And by deficiencies in Sanitation. 115
- Water supply still problematical. 34, 40, 49, 59-60, 62, 64, 67, 68-69,**

- 74, 90, 105, 111
- Carey's Brook was more polluted. 34, 99
- Caused Typhoid Fever. 40, 99,
- Water-supply said to be much improved. 49
- Drinking water from Carey's Brook was still polluted. 59
- Exhaustive Report on water-supply written by Dr. Cooke. 59
- Filtration of brook water. 59-60
- E B Martens (Water engineer) consulted about water-supply. 60
- Well water was polluted by sewage. 62
- There was no alternative water-supply to this brook. 64
- Alternative water-supplies would be very costly. 67
- The Rural Sanitation Authority became involved. 67
- They dealt with Pollution problems upstream of the Asylum. 67
- Water-supply was to be improved by Mr E B Martens. 67, 113
- The Lunacy Commission said nothing done about water-supply. 68
- However, the Committee of Visitors disagreed. 68-69
- Visitor's Committee actively discussed water supply with Councils. 74
- They claimed Carey's Brook water was now plentiful. 76
- And it caused no ill effects. 76
- There was no epidemic disease from this water. 76
- Weak-beer given to patients –a safer drink than water. 90
- Dr. Cooke reduced the amount of beer given. 90
- This saved money, which he then spent on improved diet. 90
- The Visitors were convinced they could rely on Carey's Brook water. 90
- Unless it became polluted again. 90
- There was an attempt to supplement drinking water. 91
- This still concerned the Committee of Visitors. 105
- Dr. Braine-Hartnell appointed Inspector of Nuisances. 105
- He attempted to prevent pollution of Carey's Brook. 105
- Upton on Severn Council agreed to this arrangement. 105
- However, Martley Council resisted this arrangement. 105
- This matter was sent to the County Council Sanitary Committee. 105
- The Visitors again tried to resolve water-supply problem. 105
- They claimed they had resolved problems with water-supply. 111
- The County and City Councils were to improve water-supply. 112-113
- Braine-Hartnell Checked on Carey's Brook regularly. 117
- He now claimed the water-supply problem was almost resolved. 117
- He had found many cases of pollution . 118

Then suggested building a reservoir. 118

A large reservoir created. 118

Cost £1,200. 118

New filters were used that further improved the water-supply. 118

Patient labour was used to clear site of reservoir. 118

U.

Union of Settlement where Patients were sent back to. 88, 99

(The New Poor Law specified this was a person's Place of Birth,
Unless they had paid Rates in another Parish/Poor Law Union.)

Unproductive (or Non-Productive) Patients . 20, 21, 24, 38

Less costly to maintain. 21, 38

These Patients were likely to improve. 24

Females might be housed in the Female Infirmary. 24

Treating these Patients stopped others being treated. 38

Unproductive Patients thought incurable. 170

W.

Warwickshire Asylum at Hatton. 21-22.

Wiltshire County Lunatic Asylum. 6, 14

Worcester City and County Pauper Lunatic Asylum.

After 1890 Worcester County Mental Hospital.

Boards of Guardians. 16, 38, 58, 91-92, 112

Delegations of Guardians satisfied with treatment. 58, 91-92, 112

Refuted claims made in a newspaper article. 103

Encouraged to take Patients into Workhouses. 38

Board of Magistrates. 15, 17, 91

Too ready to commit Patients. 17

Congratulated for employing Dr. Cooke. 91

Board of Visitors. 12, 16-17, 18, 22, 26, 35, 36, 37, 38, 42, 43, 44,
45, 51, 52, 56, 57, 58, 60, 66, 68, 72, 73, 74, 88,
89, 92, 93, 98, 101, 104, 105, 108, 109, 111, 112,
114, 116, 120

Believed Workhouses to contain some harmless Patients. 16-17, 26,
35, 37, 38

Authorised an extension to the Asylum. 66

Allowed water-supply issues to stand over for the present. 68

Stated that they had one of the best Medical Superintendents. 72

They tabled a Resolution stating this. 72.

They stated his duties were increased by the 1890 Lunacy Act. 72
At this time there was a large increase in Patient Numbers. 72
New Annexe places were to be occupied by local Patients. 73
They actively discussed water supply with the Local Authorities. 74
Pleased with new cottages for attendant's families. 74, 89, 93
Were now eager to build a new extension on their Asylum. 92
Sent their Clerk to Hanwell Asylum regarding changes to admin. 92
Had wards that specialised in Patients with similar behaviour. 101
Demanded Dr. Cooke write a report on children in adult wards. 104
Admitted that their Asylum must be extended. 108
Indicated a new form of Admission existed after 1890. 116
When the Lunacy Act of 1890 altered things. 116.
Why was Edward Marriott Cooke eventually regarded by the Board
of Visitors as superior to James Sherlock? 233
Dr. Cooke produced a Report as Assistant that was outstanding. 234
It was probably inevitable that Dr. Cooke developed well given he
was tutored by James Sherlock. 235
Worcestershire Local Patients. 18, 60