

LUNATICS – The Mad Poor of Worcestershire in the Long Nineteenth
Century.

Writing 'History From Below' of Patients in a Pauper Lunatics Asylum.

By
Frank Crompton.

July 2011.

Published by George Marshall Medical Museum, Worcester.

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INTRODUCTION.

Historians of madness and its treatment like Roy Porter¹ and Andrew Scull² have altered the standpoint from which the history of the insane is written. Previously historians like Kathleen Jones³ had written what could best be characterised as 'administrative history' about the incarceration of the insane. Instead, what now developed was history written from the perspectives of participants in the treatment of the insane for instance Lunatic Asylum Superintendents and Asylum Medical Officers.⁴ In the 1990s the perspective altered again with studies such as those of Leonard Smith⁵ which focused on nurses, attendants and other staff of lunatic asylums particularly at their interface with lunatic inmates. Then Peter Bartlett's⁶ work was particularly focused on the nature of the 'Poor Law of Lunacy' whilst Journal articles, published in the 1980s and 1990s opened up some more detailed aspects of the care of pauper lunatics. Thus, D.J. Mellett⁷ investigated the work of the Commissioners in Lunacy in the period 1845 to 1890 and importantly he assessed the under estimation of pauper lunacy numbers. Another article by Bill Forsyth, Joseph Melling and Richard Adair⁸ investigated the important influence of the New Poor Law over new Pauper Lunatic Asylums created after the 1845 Lunatic Asylums' Act.⁹ Other authors have concentrated on previously relatively neglected areas relating to mental health such as the collection of papers edited by Peter Bartlett and David Wright¹⁰ that concentrated on the after care of patients released 'on trial' from lunatic institutions in the later nineteenth and early twentieth centuries which certainly broke new ground. Thus, it appears logical that the next perspective for a historian of lunacy to take is that of the insane individuals themselves. In his book *Workhouse Children*¹¹ the author of this book attempted to write a 'History From Below' of individuals under sixteen years old in Union Workhouses in Worcestershire in the period from 1834 to 1871. Whilst, this approach was only relatively successful in investigating pauper children in workhouses this was essentially because the main primary source used - Boards of Guardian's Minutes contained only a limited amount of detailed and personalised evidence on such individuals. In spite of this the result was sufficiently encouraging to make an investigation of pauper lunatics using a similar approach worth considering particularly because of the rich sources available of pauper insanity.

The Patient's Notes kept by Worcester City and County Pauper Lunatic Asylum at Powick¹² hereafter called Powick Asylum for the sake of brevity were very detailed and individualised. They were compiled on a regular basis by the asylum's Medical Officers who had overall responsibility for the care of inmates with these records being based on information regularly provided by the nurses, attendants, instructors and domestic staff of Powick Asylum who were in daily contact with its pauper lunatic inmates. On reading these Patient's Notes it was immediately apparent that these records often contained a great deal of detail about the inmate's condition, treatment and behaviour. It thus appeared likely that attempts to write 'History From Below' based on these Patient's Notes would be successful. The purpose of this book is to provide a background to the nature of the new Powick Asylum in the two decades after the institution opened in August 1852 so as to give detail of the ideological context in which this institution was developed, its planning,

¹ For instance PORTER, Roy, *Mind Forged Manacles*, Penguin, 1987.

² For instance SCULL, Andrew, *The Most Solitary of Affliction*, Yale University Press, 1993.

³ For instance JONES, Kathleen, *Mental Health and Social Policy 1845 to 1955*, R.K.P., 1960.

⁴ For example SCULL, Andrew, *Masters of Bedlam*, Princeton University Press, 1996.

⁵ SMITH, Leonard, *Care, Comfort and Safe Custody*, Leicester University Press, 1999.

⁶ BARTLETT, Peter, *The Poor Law of Lunacy*, Leicester University Press, 1999.

⁷ MELLETT, D.J., 'Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845 1890', *Medical History*, 25, 1981, pp. 223-234.

⁸ FORSYTH, Bill, MELLING Joseph and ADAIR, Richard. 'The New Poor Law and the County Pauper Lunatic Asylum', *Social History of Medicine*, Vol. IX, no. 3, December 1996. pp. 223-232.

⁹ 8 and 9 Vic. c. 126 (Lunatic Asylums Act) 1845.

¹⁰ BARTLETT, Peter and WRIGHT, David (eds.), *Outside the Asylum Walls*, Athlone, 1999.

¹¹ CROMPTON, Frank, *Workhouse Children*, Sutton, Stroud, Gloucestershire, 1997.

¹² The Worcester County and County Pauper Lunatic Asylum will now be referred to as Powick Asylum.

financing and creation. Powick Asylum was carefully planned to provide a number of environments, in a 'total institution'¹³ and planned to ameliorate the condition of pauper lunatics so that they might be released back into the Worcestershire Community when a patient's condition had improved sufficiently from an institution that effectively functioned as a 'Community within a Community. Thus, readers of this book will be able to evaluate the context in which the 'Patient's Notes' available on the computer archive were created.

'History From Below' is a difficult genre of writing because the 'lower orders' of society seldom left any testimony of their lives. The advent of 'oral sources' and sound recording to some extent improved matters for historians using this approach in dealing with the period after the early twentieth century. However, dealing with the nineteenth century is still fraught so that attempting to write a 'History From Below' of a Pauper Lunatic Asylum from 1852 can be problematical. These difficulties are further accentuated by the lowly status of the inmates of pauper lunatic institutions with a hierarchical structure that created a hegemony that suppressed the ability of pauperised individuals to leave testimony of their lives. Apart from occasional letters to their 'friends'¹⁴ at home often originating from highly disturbed people which led some such epistles to be incomprehensible, there is little personal testimony from pauper lunatics still extant. However, thanks to developments in modern computer technology and to the very special abilities of Chris Withers of the Birmingham University School of Medicine Education Technology Centre the author of this book has been able to make over 35,000 extant patients' notes from Powick Asylum between 1852 and 1911 available on the Internet. Thus, it is now possible for anyone to use the Worldwide Web to interrogate these Patient's Notes from Powick Asylum to write their own 'History From Below' of any individual, group of individuals or category of patients in the asylum in its first 59 years of operation. This makes empathising with lunatic patients in the past more possible. It also provides a background history of the mad poor of Worcestershire in the 'long nineteenth century'. Thus the book deals with the treatment of pauper lunatics in Worcestershire under the New Poor Law after 1834 and the passing of the Poor Law Amendment Act¹⁵ and the passing of the 1845 Lunatic Asylums' Act.¹⁶ It then examines the period from the enactment of this latter legislation and the opening of Powick Asylum in August 1852. The book then considers the creation and opening of the new County Pauper Lunatic Asylum and its development over the next twenty years. Finally the book introduces the Patient's Note from Powick Asylum that are available in 'machine readable' form on the George Marshall Medical Museum website - URL: WWW.medicalmuseum.org.uk. This book therefore examines insanity and its treatment in late nineteenth century Worcestershire; to discuss how Powick Pauper Lunatic Asylum was planned, developed and operated, in the period from 1852 to 1872; to prepare readers to write a 'History From Below' of patients in Powick Asylum in the period covered by the 'medical archive' presented on the website.

A rhetoric of 'cure'¹⁷ was contemporaneously used as a justification for the 1845 Lunatic Asylums' Act¹⁸ although in discussions about the new Pauper Lunatic Asylums it appeared probable that such a notion of 'cure' was not believed by the 'lower orders'. This belief was soon confirmed when the majority of insane paupers committed to lunatic asylums worsened in their mental and physical condition rather than improved. Around two thirds of individuals committed to a Pauper Lunatic Asylum did not recover from their mental affliction and many such individuals died in the asylum. Thus, to the 'lower orders' the Pauper Lunatic Asylum became the latest manifestation of the New Poor Law¹⁹ a measure that poor individuals likely to be pauperised hated as a harsh 'social control measure'. This was in spite of the fact that it was the poor who had

¹³ A Total Institution was defined in the 'Introduction' to Erving Goffman's book, *Asylums*, Penguin, 1984, p. 11 as 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.

¹⁴ In the second half of the nineteenth century 'friends' was used by the lunatic asylum authorities to include inmate's relatives.

¹⁵ 4 and 5 Will. IV c. 76. (Poor Law Amendment Act) 1834.

¹⁶ 8 and 9 Vic. c. 126 (Lunatic Asylums Act) 1845.

¹⁷ 'Cure' implied a return to 'normality', leading to 'Discharge Recovered' from the lunatic asylum.

¹⁸ 8 and 9 Vic. c. 126 (The Lunatic Asylums Act) 1845.

¹⁹ 4 and 5 Will. IV c. 76. (The Poor Law Amendment Act) 1834.

most to fear from the threat of pauper lunatics in their communities as they lived in the closest proximity to such mentally disturbed people. Indeed, arguably they knew more about the threat posed than did their middle and upper class contemporaries. However, it was socially superior groups who sponsored the 1845 lunacy legislation. Myths soon developed about Pauper Lunatic Asylums so that, for instance the author's grandmother; a working class woman born in 1873 was petrified by the mere existence of Powick Asylum and hers was a fear based on almost total ignorance of the institution. However, because of such myths the experiences of pauper lunatics tended to remain hidden because no one who was incarcerated in a Pauper Lunatic Asylum talked about their experiences in the institution and neither did people with insane relatives which further impeded the writing of a 'History From Below' of Powick Asylum.

Whilst the annotated bibliography of working class autobiographies edited by John Burnett, David Vincent and David Mayall²⁰ provided a comprehensive listing of extant working class autobiographies dating from the later nineteenth and early twentieth centuries there were few sources listed there that are useful in writing a 'History From Below' of pauper lunatics and even when locally available material on pauper insanity was added to the sparse material available there was still too little to sustain such a 'History From Below'. However, this did not mean that a history written from the pauper inmate's perspective was impossible to write because of the many extant Patients' Notes from Powick Asylum that are available in the County Records' Office which are useful for this purpose. About a third of these Patient's Notes were insubstantial but some such Notes were extensive, covering around three thousand words each. About half of the other Notes available containing a thousand words or more whilst other Patient's Notes available are shorter yet even these sources contained useful material for writing a 'History From Below'.

From mediaeval times onwards insane poor individuals had been a problem in English and Welsh Society and local measures had been used to deal with them. However, some individuals who were suffering from religious delusions particularly those who believed themselves a deity were sometimes revered. Indeed such people were often left in strict isolation as hermits. However, individuals troubled by beliefs thought to have offended God, in some way were often treated less sympathetically with some such people, thought to be suffering from 'demonic possession' being subjected to attempts by priests to exorcise their demons. In other cases such people afflicted with insanity of this type were tried as witches or warlocks and if such trials led to a guilty verdict the proven 'agent of the Devil' was put to death. However, occasionally such people were 'outcasted' and pushed out of their home community to live on the margins of Society where they eeked out an existence usually without the aid of the Community, they had so ignominiously left. However, some other classes of the mad including; maniacs, demented, idiots and imbeciles were accommodated within their own communities unless their violence made this impossible. However, undoubtedly even some of these people were pushed out of their communities whilst less violent individuals or those who only occasionally had uncertain behaviour and who it was thought could be contained at home even when they were violent were cared for by 'friends' including relatives. This was certainly the case for the 'congenitally simple' or those suffering from some 'degenerative conditions' such as dementia, idiocy and imbecility. Such unfortunates were sometimes maintained in their home communities and looked after by relatives or even by the community as a whole. Idiots, imbeciles and demented²¹ who were occasionally obstreperous were also present in local communities where they were tolerated as were maniacs who were only occasionally violent. However, according to William Ll. Parry Jones, the *Statute de Prerogativa Regis* passed in the fourteenth century had made a distinction between lunatics and idiots with regard to 'legislative provision for the protection of their estates'²² and such lunatics were restrained when necessary either by being locked up or

²⁰ BURNETT, John, VINCENT, David and MAYALL, David (eds.), *The Autobiography of the Working Class*, Harvester, Brighton, 1989.

²¹ 'Dement' was the term used for an individual suffering from dementia.

²² PARRY Jones, William Ll., *The Trade in Lunacy*, RKP, 1972, p. 6, where it is said to be '...of uncertain date, but usually printed as a Statute of 17 Edw. II, c. 9 and 10 (1324).

by being chained and sometimes even gagged. Whilst the mental condition of such individuals was clearly apparent their physical condition could only be guessed at although the condition of many such people on committal to Pauper Lunatic Asylums in the second half of the nineteenth century suggested that the physical condition of some of these 'unfortunates' must have been appalling. In the medieval and the early modern periods mental infirmity was often ascribed to some 'Act of God' and in this circumstance some afflicted individuals were cared for in religious communities. Bethlem Hospital based on the Foundation of St. Mary's of Bethlehem was created in the thirteenth century in the outskirts of London and from the fifteenth century onwards Bethlem was an institution that treated the mad although Jonathan Andrews et al. in an exhaustive history of Bethlem Hospital produced to celebrate the 750th anniversary of this institution claimed that this Hospital had 'been involved in the care of the mentally ill since at least the 1400s so that it had a strong claim to being the oldest foundation treating the insane in Europe with 'an unbroken history of sheltering and treating the mentally disturbed'²³ over a period of over six hundred years.

Until the beginning of the eighteenth century the situation of insane individuals was apparently largely ignored in legislation. The Henrician and Elizabethan Poor Laws eventually codified by 43 Elizabeth of 1601 made little mention of the insane²⁴ and according to William Ll. Parry Jones there was 'no separate provision for the insane...and harmless lunatics and idiots continued to be left at liberty as long as they were not considered to be dangerous and caused no social disturbance.'²⁵ However, this situation was altered by new thinking promoted after the English Civil War in the mid seventeenth century after which houses of correction and workhouses sometimes styled 'Houses of Industry' where these institutions existed were sometimes used to confine lunatics although the effect of this such incarceration was not documented and nor was this situation common. A Statute of 1714²⁶ distinguished 'impoverished lunatics' from other types of the 'dangerous poor'²⁷ and in dealing with such people Bethlem Hospital remained unique for over 300 years. However, at the beginning of the eighteenth century 'furiously mad individuals' could now be confined in a 'secure place' where they could be locked up and if necessary chained. Thus Andrew Scull has suggested that the City of Norwich created a 'small receptacle...(for the insane) in 1713'²⁸ whilst a ward for the insane was provided at Guy's Hospital London in 1728 and a special lunatic facility was created at St. Luke's Hospital London in 1751. Then, a few other 'charitable' asylums for the insane developed outside London. The Vagrant's Act of 1744²⁹ reaffirmed the 1714 legislation, and appeared to apply additional pressure for the provision of places where the insane could be incarcerated. However, the demand for such accommodation appeared to outstrip the limited supply of such places with accommodation for 'impotent poor lunatics'. At this juncture a person's Parish of Settlement³⁰ paid for the care of insane people³¹ although there were continuing problems in finding suitable accommodation for such afflicted individuals to be held.

One solution to this problem was for parishes to pay 'Outdoor Poor Relief',³² to a patient's relatives to care for such mentally infirm individuals although this often did not change the lunatic's situation or indeed that of the relative carers who were being paid to cope with their insane relatives. Where there were no relatives to cope with an insane individual private dwelling houses whose owner, or tenants were willing to house lunatics,

²³ According to ANDREWS, Roy, BRIGGS, Asa, Jonathan, PORTER, Tucker, Penny and WADDINGTON, Keir, *The History of Bethlem*, Routledge, 1997, p. 1.

²⁴ 43 Eliz. I, c. 2. (An Act for the Relief of the Poor) 1601.

²⁵ PARRY Jones, William Ll, *The Trade in Lunacy*, RKP, 1972, pp. 6-7.

²⁶ 12 Ann. c. 23 (Vagrancy Act) 1714.

²⁷ The 'dangerous poor', at this time, included rogues, vagabonds, sturdy beggars and vagrants.

²⁸ SCULL, Andrew, *The Most Solitary of Afflictions*, University of Yale Press, 1993, pp. 18. This was the so called 'Bethel Hospital'.

²⁹ 17 Geo II c. 5 (Vagrancy and Houses of Correction Act) 1744. .

³⁰ Place of Settlement was the Parish where an individual was born, or if they moved and paid Poor Rates; their Place of Settlement was altered to where that individual had owned or rented property liable to par rates.

³¹ 'Pauper lunatic' implied a lunatic who was declared pauperised in order to gain relief of their 'furious madness'.

³² 'Outdoor Poor Relief' was a regular sum of money, paid by a Paris, under both the Old and New Poor Law, in support of an 'Outdoor Pauper'; that was an individual not incarcerated in a Poorhouse or Workhouse.

including pauper lunatics were used and these arrangements soon became a 'trade'³³ that was both lucrative and popular and it was abodes for the insane of this type that came to be referred to as 'mad houses'. In the eighteenth century the number and size of mad houses increased dramatically and at this time Worcestershire parishes usually sent pauper lunatics to 'private lunatic asylums' at Droitwich or Duddeston situated to the north of Birmingham or to Llangarren in Herefordshire. However, occasionally Staffordshire County Lunatic Asylum, Hunningham House Asylum at Leamington Spa in Warwickshire and Mr. Iles's asylum at Fairford, Gloucestershire later referred to as the 'Fairford Retreat' were mentioned by county parishes as places where pauper lunatics were sent. These facts provided an affirmation of William Ll. Parry Jones's notion of *The Trade in Lunacy*³⁴ as Worcestershire Guardians of the Poor after 1834 sought out the cheapest way of incarcerating their pauper lunatics. Thus, there was every indication that this situation existed under the Old Poor Law and that some 'unfortunate insane individuals' were sometimes moved from one mad house to another simply to save the Parish Poor Rates a few pence a week with the fact that the cost of such transfers sometimes amounted to several pounds apparently ignored. However, inevitably, the 'mad house keepers' were quite willing to compete in the iniquitous bargaining that was the 'Trade in Lunacy'.

In the eighteenth century the situation of pauper lunatics in private mad houses was a regular cause for concern such that in 1763 a Select Committee of Parliament was set up to investigate the situation of these insane individuals with the major outcome of this being that, opinions were expressed and publicised about individuals who were wrongly confined in such mad houses. The Madhouses Act of 1774³⁵ strictly related only to the Metropolis although it did also focus attention on other parts of England and Wales and this helped to establish the 'Principle of the Inspection' of all places where the insane were housed nationally. Another Act in 1779³⁶ extended the initial five year jurisdiction of the 1774 legislation and finally these provisions were made permanent by another Act of Parliament in 1786.³⁷ However, the Regulation of mad houses in the Metropolis was both imperfect and faulted although it was apparently considered 'efficacious' and this led to the adoption of similar Regulations and Inspections in other parts of the Country albeit without a legislative imperative applied to ensure this. The increased numbers of lunatics in and around the Metropolis led to an increase in the number of private mad houses there which now caused anxiety as did reports about the physical conditions under which some of the lunatics in these institutions were kept. A Select Committee set up in 1807, resulted in a County Lunatic Asylums' Act³⁸ of 1808 that allowed County and County Boroughs to raise funds to build lunatic asylums if they deemed this necessary. However, only places with a pressing need for a solution of their pauper lunatic problems including places in the London Area built such public institutions. The majority of Counties and Boroughs including the City and County of Worcester continued to rely on private mad houses to cope with their 'seriously mad' poor inhabitants. However, the reticence of local authorities to provide purpose built accommodation for poor lunatics was also accentuated by the medical profession's pecuniary interest in this very lucrative 'trade' in which they held a monopoly. The 'Moral Treatment' of insanity which had been successfully promoted by the Tuke Family at the 'York Retreat' which opened in 1796 used what was essentially a 'non medical treatment' of insanity which inevitably threatened the financial interests of medical men who ran private madhouses. These medical men then tried to gain a foothold in the use of the 'Moral Treatment' in an attempt to safeguard their livelihood although this was initially resisted by the proponents of 'Moral Treatment'. However, this did not prevent 'Moral Treatment' becoming the orthodox treatment régime, when the new County Pauper Lunatic Asylums were created after 1845.³⁹

³³ 'Trade in Lunacy' was a concept, developed by PARRY Jones, William Ll., in his book; *The Trade in Lunacy*, RKP, 1972.

³⁴ PARRY Jones, William Ll, *The Trade in Lunacy*, RKP, 1972.

³⁵ This was 14 Geo. III c. 49 (Madhouses Act) 1774.

³⁶ 19 Geo. III c.15 (1779).

³⁷ 26 Geo. III c. 91 (1786).

³⁸ 48 Geo. III c. 96 (County Asylums Act) 1808.

³⁹ With the passing of 8 and 9 Vic. c. 126 (Lunatic Asylums Act) 1845.

In spite of advances signalled by new lunacy legislation the iniquitous treatment of poor lunatics continued causing occasional 'moral panics'. Thus, some insane paupers incarcerated in workhouses, houses of correction, and others in mad houses including large charitable lunatic asylums were undoubtedly still ill treated. Amongst the best known cases of such iniquitous treatment was that at York Asylum which was highlighted by the West Riding Magistrate Godfrey Higgins who had become suspicious of the maltreatment of inmates in York Lunatic Asylum where as Chairman of a local Magistrate's Bench he had personally committed insane individuals. However, his suspicions were confirmed by evidence collected by Samuel Tuke the founder of 'The Retreat' a house just outside York where initially Quaker individuals with a mental affliction were treated in the institution where 'Moral Treatment' of the insane was developed. Godfrey Higgins and Samuel Tuke now worked together to draw attention to what they saw as the scandalous and illegal ill treatment of patients in the York Lunatic Asylum. Cases in lunatic institutions elsewhere also caused concerns and led a Select Committee of Parliament, under the Chairmanship of Sir George Rose, to be established in 1815. This Inquiry lasted for two years and investigated the situation of lunatics at York Asylum, St. Luke's Hospital in London and the newly created Nottingham County Lunatic Asylums together with several private mad houses and some pauper lunatics maintained in Union Workhouses. As the numbers of pauper lunatics increased, inevitably so too did the number of private mad houses but in spite of this the development of new Public Pauper Lunatic Asylums continued but at a slower pace than was necessary to satisfy the increased demand for places in the few new Public Pauper Lunatic Institutions that had opened by this time,

'Moral Treatment' became the orthodox approach to dealing with the insane poor and scrutiny by other Parliamentary Select Committees now proved essential and further to this it was revealed that the contamination of 'ordinary' pauper lunatics by criminals declared insane either at their trials or whilst in prison were occurring. Thus, the Lunatic Asylums' and Pauper or Criminal Lunatics', Maintenance Act of 1828⁴⁰ attempted to alter the mode of detention of such Criminal Lunatics. This legislation also promoted the building of new County Pauper Lunatic Asylums to deal with the increasing number of cases of insanity amongst paupers although this Act also proved relatively ineffective. The 'Madhouses' Act' of the same year⁴¹ which repealed the 1774 Madhouses' Act⁴² had more effect although its influence was short lived, as it only operated for about three years before it too was amended in 1829⁴³ and repealed by the Care and Treatment of Insane Persons' Act passed in 1832.⁴⁴ By then the medical profession had come to terms with notions of 'Moral Treatment' and there was a growing medical literature on this topic together with lectures on this approach being included in doctor's training.⁴⁵

The Poor Law Report of 1834⁴⁶ made no specific mention of lunatics or idiots and neither did the Poor Law Amendment Act of 1834⁴⁷ except in suggesting that dangerous lunatics and idiots should not be detained in workhouses for longer than fourteen days. This stipulation continued in force and led Workhouse Medical Officers to make very nice decisions about the dangers of mentally afflicted inmates who were newly arrived in workhouses where these officers oversaw medical matters. Inevitably, the parsimony of most Boards of Guardians including many of those in Worcestershire favoured the maintenance of mentally afflicted poor individuals in workhouses which was thought a cheaper option than sending them to private mad houses.

⁴⁰ 9 Geo. IV c. 40 (County Asylums Act) 1828. Sometimes referred to as the County Lunatic Asylums' Act.

⁴¹ 9 Geo. IV c. 41 (Care and Treatment of Lunatics Act) 1828.

⁴² 14 Geo. III c. 49 (Madhouses Act) 1774.

⁴³ 10 Geo. IV c. 18 (1829-30).

⁴⁴ 2 and 3 Will. IV c. 107 (Care and Treatment of Insane Persons Act) 1832.

⁴⁵ In part the early interest in including the treatment of mental afflictions in Scottish Universities, explained the pre eminence of Scottish Universities in the medical training of men, who became Medical Superintendents of the new English and Welsh Public Lunatic Asylums, after the passing of the 1845 Lunatic Asylum's Act (8 and 9 Vic. c. 126).

⁴⁶ The annotated version by CHECKLAND, S.G. and E.O.A. (eds.), *The Poor Law Report of 1834*, Penguin, 1974 is probably the most accessible form of this Report.

⁴⁷ 4 and 5 Will. IV c. 76 (Poor Law Amendment Act) 1834.

However, as suggested earlier other mentally infirm individuals were kept at home, by 'friends'⁴⁸ with Outdoor Poor Relief sometimes paid which inhibited the use of the expensive option of placing these people in lunatic asylums. Mentally afflicted 'aged poor' individuals in many cases with no relatives to support them who were often demented were placed in workhouses which caused some disturbances there. However, inevitably as local Poor Law Guardians were often elected specifically to ensure that paupers of all types were kept in the most cost effective way possible these Guardians sought to find the cheapest approach to dealing with pauper lunatics. The Criminal Lunatics Act, of 1838⁴⁹ extended Poor Law provision for the most threatening of all pauper classes the Criminal Lunatics by compelling the detention of dangerous and Criminal Lunatics in Pauper Lunatic Asylums where these existed at a cost to the Poor Rates which was a situation only partially alleviated by the opening of Broadmoor Criminal Lunatic Asylum in 1862.

The Lunatic Asylums' Act, of 1842⁵⁰ led to the principle of inspection used in Metropolitan mad houses being applied nationally.⁵¹ Then, a survey of pauper lunatics conducted as a response to this legislation revealed a pressing need for the compulsory provision of institutions for the insane poor. Where previous lunacy legislation had been permissive allowing, but not compelling funds for Pauper Lunatic Asylums to be raised this approach had failed to encourage an adequate provision of such facilities for the incarceration of pauper lunatics. Thus, it was now recognised that, an element of compulsion was necessary, to ensure such institutional provision. This timely development was coincidentally introduced at the same time that the medical profession secured a continuing monopoly over the financially lucrative 'market for treatment of pauper lunatics'. Two Acts passed in 1845 the Lunatics' Act⁵² and the Lunatic Asylums' Act⁵³ respectively formally made the Commissioners in Lunacy responsible for inspecting all lunatic asylums in England and Wales and made the provision of Pauper Lunatic Asylums in Counties and larger County Boroughs compulsory. It was the 1845 Lunatic Asylums' Act⁵⁴ that led to the building of Powick Asylum which opened near Worcester on August 11 1852 having been delayed by administrative and planning problems. It was this institution that provided the context for the discussions in this book.

Committal to a Pauper Lunatic Asylum now meant that the poor mad were automatically pauperised and hence disenfranchised by dint of entering these lunatic institutions. However, most of these people did not have the vote anyway so the deterrent effect of these institutions was minimised. Such pauper lunatics were now seen as 'proper objects' to be dealt with by the Poor Law; applying what Lyn Hollen Lees has appropriately called 'treatment by classification'.⁵⁵ However, whilst this 'principle' was applied in selecting individuals sent to Pauper Lunatic Asylums it was also expected that it would then be applied within Pauper Lunatic Asylums apparently because the various classes of mentally afflicted paupers – demented, idiots, imbeciles, maniacs and melancholics would be placed in wards specifically designed for their treatment within the asylum and a tight application of this principle of classification would indeed have found favour with adherents to Jeremy Bentham's notion of Utilitarianism. After 1845 insane paupers were certainly subjected to the hegemony of the 'ruling elite' who were made responsible, under the 1845 Lunatic Asylums' Act⁵⁶ for organising, designing, financing, building and managing the new Pauper Lunatic Asylums. An Act of Parliament, relating to lunacy was then enacted in 1853⁵⁷ which made the Lunacy Commission responsible for all lunatic asylums both public and private whilst other aspects of this legislation were tidied and

⁴⁸ In the nineteenth century 'the term Friends' was sometimes used to include.

⁴⁹ 1 and 2 Vic. c. 14 s. 2 (Criminal Lunatics Act) 1838.

⁵⁰ 5 and 6 Vic. c. 87 (Care and Treatment of Lunatics and Lunatic Asylums Inspection Act) 1842.

⁵¹ This Principle of Inspection' had been implicit in 14 Geo. III c. 49 (1774).

⁵² 8 and 9 Vic. c. 100 (Lunatics Act) 1845.

⁵³ 8 and 9 Vic. c. 126 (Lunatic Asylums Act) 1845.

⁵⁴ Ibid.

⁵⁵ In LEES, Lynn H., *The Solidarities of Strangers*, C.U.P., 1998, particularly Parts 2 and 3.

⁵⁶ 8 and 9 Vic. c. 126 (Lunatic Asylums Act) 1845.

⁵⁷ The Lunacy Regulation Act, 16 and 17 Vic. c. 70 (1853), the Lunatic Care and Treatment Amendment Act 16 and 17 Vic. c. 96 (1853) and the Lunatic Asylums' Amendment Act, 16 and 17 Vic. c. 97 (1853).

rationalised by Laws about lunacy that were already on the statute book. The 'Social Control' of potentially threatening pauper lunatics was thus ensured as was the process of their 'institutionalisation' which was deliberately used to reduce the threat to the middle and upper classes of pauper lunatics although the threat to the labouring classes would also have been reduced by this process. Local Magistrates; representing the local 'ruling elite' now enforced all Committals of insane individuals to the new Pauper Lunatic Asylums which was a situation that pertained until 1888.⁵⁸ However, after this date when Local Government was reformed the County or County Borough Council were made responsible for caring for lunatic paupers.⁵⁹ Whilst the 1888 Local Government Act was a very substantial and complex piece of legislation which with its amendments made the revision of approaches to 'social problems' inevitable, but local Councils continued to administer institutions that were still part of the Poor Law System and which after 1871 were overseen by the Local Government Board.

Lunacy legislation passed between 1800 and 1860 appeared to satisfy the immediate needs of the upper and middle classes for protection from the threat of pauper lunatics but inevitably the focus now moved to cases of wrongful committal to Pauper Lunatic Asylums; cases which gained easy publicity and which were clearly felt important by the public at large. The Irremovable Poor Act of 1861⁶⁰ took the logical step of allowing costs for paupers with no Place of Settlement in both workhouses and Pauper Lunatic Asylums to be charged to a 'County Common Fund' which was financed by proportionate contributions from all Poor Law Unions in the County according to their population size,⁶¹. Apart from slight administrative amendments allowed by the 1862 Lunacy Laws Amendment Act⁶² a comprehensive 'Poor Law of Lunacy'⁶³ was by now in place which only occasionally attracted criticism. These Laws remained formally unaltered until 1890⁶⁴ when agitation by various 'pressure groups' some of them representing the new 'psychiatric profession's' interests exerted pressure for change. The 1890 Lunacy Act⁶⁵ sought to end competition between public and private lunatic asylums by limiting the creation of new private asylums and it also replaced the ancient concept of 'lunacy' with one of 'mental illness' which was thought the best way of representing the nature of the mental afflictions that the 'psychiatric profession' believed they now treated. The 1890 Lunacy Act⁶⁶ was the result of much Parliamentary and professional argument and it was described by Kathleen Jones as 'an extremely long and intricate document expressing few general principles and providing in detail a solution to almost every known contingency' relating to insanity.⁶⁷ After 1890 the Lunacy Commission continued with Commissioners in Lunacy still visiting, inspecting and reporting on mentally afflicted individuals in institutions of all types.⁶⁸ However, local responsibility for the administration of Pauper Lunatic Asylums had now passed from the Board of Magistrates to the County, or Borough Council although the 1890 legislation⁶⁹ also ensured that Admissions Procedures for the new 'Mental Hospitals'; the replacement name for erstwhile lunatic asylums were revised, in order to prevent disputes about the incarceration of individual patients in public Mental Hospitals. The procedure to commit individuals to Mental Hospitals⁷⁰ was now altered to make it more difficult to wrongly incarcerate a sane individual a situation that had been highlighted by some high profile cases. In the 1870s and 1880s that had caught the attention of popular newspapers. The number of private

⁵⁸ When 51 and 52 Vic. c. 41 (Local Government Act) 1888 was enacted.

⁵⁹ Ibid.

⁶⁰ 24 and 25 Vic. c. 55 (Irremovable Poor Act) 1861.

⁶¹ Typically, the 'Common Fund' was used to pay the expenses of paupers, including pauper lunatics, where a pauper's Place of Settlement was unknown, and where their Parish of Settlement was said to be 'irresolvably disputed'.

⁶² 25 and 26 Vic, c. 111 (Lunacy Laws Amendment Act) 1862.

⁶³ To borrow the title of BARTLETT, Peter, *The Poor Law of Lunacy*, Leicester University Press, 1999.

⁶⁴ This earlier legislation was in force, until 53 Vic. c. 5 (Lunacy Act) 1890 was enacted.

⁶⁵ 53 Vic. c. 5 (Lunacy Act) 1890.

⁶⁶ Ibid.

⁶⁷ JONES, Kathleen, *Asylums and After*, Athlone.1993, p. 107.

⁶⁸ Technically, Chancery Lunatics, who were under the protection of the Court of Chancery, were not dealt with by the Commissioners in Lunacy. A 'Committee of the Person', protected the interests of Chancery Lunatics

⁶⁹ 53 Vic. c. 5 (Lunacy Act) 1890.

⁷⁰ After the enactment of the 1890 Lunacy Act (53 Vic. c. 5), the term 'mental case' replaced the term 'lunatic'. Thus, 'Lunatic Asylums' were now termed 'Mental Hospitals'.

mad houses was now reduced by providing places for private patients in public Mental Hospitals which was a situation considered desirable at this time and a trend that was to continue although some charitable Mental Hospitals remained. Under the 1890 Lunacy Act ⁷¹ private patients were admitted to Mental Hospitals in two ways: by a 'Reception Order' or an 'Urgency Order'. A 'Reception Order' was where a relative or a 'trusted associate' of the patient declared their relationship with the patient and then made a Statement to the Justices outlining the individual patient's circumstances. This led to two Medical Certificates being provided; Certifying that the patient was 'insane'. Then, these Certificates together with a Magistrates Order allowing the patient to be admitted to a Mental Hospital and a 'Reception Order' that remained in force for twelve months was issued and the 'friend' ⁷² who made the original Statement to the Magistrate about the patient's circumstances was required to visit the patient every six months during their hospitalisation to ascertain the state of their 'friend'. At the end of twelve months the Reception Order could be renewed for two, three or five years if the Medical Officer of the Mental Hospital found this necessary. Alternatively where insanity was sudden an 'Urgency Order' allowed a private patient to be admitted to the Mental Hospital for seven days if a 'friend or relative petitioned the Magistrates for this to happen. However, their petition had to be supported by a Medical Certificate from a doctor and a 'Reception Order' had then to be completed after an initial seven day incarceration in the Mental Hospital or when the patient was discharged if this happened within those seven days. In the case of pauper patients requiring admittance to a Mental Hospital a Poor Law Union Relieving Officer or the police were notified of a case of insanity and they then contacted a doctor who issued a Medical Certificate which enabled a Magistrate to make a 'Committal Order' allowing a patient to be detained in the Mental Hospital for fourteen days. Then, the Mental Hospital's Medical Officer made an assessment of the patient's condition and only then did this medical man issue a 'warrant continuing incarceration' in the Mental Hospital for that patient.

Private cases in Public Mental Hospitals continued to be fewer than the number of pauper cases. However, the New Poor Law, of 1834 that was still in force in 1890 meant that vulnerable poor individuals who now required medical help for physical or mental ailments who were unable to afford the costs of such treatment still had to accept Poor Law Union assistance and if they accepted such 'Poor Relief' they then gained the epithet 'pauper'. Indeed, even after 1890 this situation was presumed to be considered a disincentive to seeking medical assistance. Thus, even at the end of the nineteenth century Medical Poor Relief was still stigmatised and it was something that the poor still 'avoided if at all possible'; an avoidance that was further enhanced because where a sick individual had a family accepting Poor Relief still resulted in the whole family being 'pauperised'. However, aged poor individuals with no family did often accept Medical Poor Relief presumably because there was less stigma involved given these individual's parlous state although there must still have been a resistance to 'ending one's days' in a Poor Law institution,. However, in most of these cases the individuals seeking medical assistance had no alternative although many physically and mentally infirm poor people still continued to delay seeking medical help for far too long which meant that their physical and mental condition continued to deteriorate. The 'aged paupers wards' of workhouses were now places where destitute aged poor went to die., although the Poor Law undoubtedly remained a disincentive to accepting Medical Poor Relief so that dying in a Poor Law Institution was still a last resort for most poor people. However, this situation did not often apply to cases of insanity where the problems caused, for instance by violent mania, 'confused dementia' or by someone with regular recurrent epilepsy that could not easily be dealt with at home. Thus, such insane individuals were often sent to a Mental Hospital by relatives and in many cases this must have been done with a sense of 'resigned relief'.

'Chancery Lunatics' were a special group of individuals who for some reason were in need of the protection of a Chancery Court a Division of the High Court although such cases were rare. These were cases where an

⁷¹ 53 Vic. c. 5 (Lunacy Act) 1890.

⁷² A 'trusted individua' named on a 'Reception Order', was often a relative or a 'trusted associate' of the patient..

individual was considered 'vulnerable and threatened in some way' which led the Chancery Court to become their Legal Guardian. Then, if such individuals became insane the Chancery Court as their Legal Guardians inevitably became involved. Such patients were only admitted to Mental Hospitals by an 'Inquisition Order' but inevitably some Chancery Lunatic cases were contested by relatives which sometimes led to High Court proceedings that were sometimes very protracted and bitterly fought. In uncontested cases the 'Judge in Lunacy' could order the 'Master in Lunacy' to take evidence although another safeguard was invoked at this time to ensure that a person in the care of the Chancery Court who was considered of 'unsound mind' had their interest protected by a 'Committee of the Person'⁷³ who oversaw their estate.

The system of dealing with the various classes of pauper lunatic in different ways had evolved over a prolonged period of time, but the procedures and processes involved were refined by the 1890 Lunacy Act⁷⁴ and such procedures were now considered 'incontrovertible'. The 1890 Lunacy Act⁷⁵ enhanced the powers of inspection of the two Commissioners in Lunacy⁷⁶ who visited all Public Mental Institutions regularly. Worcester County Mental Hospital which was also called Powick Mental Hospital continued to be inspected by the Commissioners in Lunacy, but a formal need for an inspection by two members of the institution's Visiting Committee⁷⁷ every two months was also instituted with the outcome that these inspections were then summarised in the institution's Annual Report; a public document. Thus, all aspects of Powick Mental Hospital were reported by the Asylum Visiting Committee to the Local Authority responsible for that institution and these findings were widely circulated and publicised including in the local newspapers. The 1890 Act⁷⁸ also reasserted that a 'Moral Treatment Régime' would continue to be used with the use of physical restraints limited to cases of surgical and medical treatment or where patients were likely to injure themselves. Indeed, each case where physical restraint was used was now Certified by the asylum's Medical Superintendent in a special Register.

Discharges from a Mental Hospital were now also tightly regulated under the 1890 Act⁷⁹ as were Admissions to and treatment at the hospital. Release on a month's 'trial' had evolved since 1845⁸⁰ and this practice continued to be sanctioned by two members of the hospital's Visiting Committee with an allowance of no more than the cost of maintaining the patient in the hospital paid to cover the costs of such a 'trial'. In other cases inmates were 'boarded out' with relatives or friends with an allowance paid to them cover the costs set in the same way as for a 'trial'. 'Private Patients' were now released 'recovered' at the direction of the person who signed the original 'petition for their admission' to a Mental Hospital whereas it was the Poor Law Authorities who directed that pauper patients could be 'discharged recovered' although if the Mental Hospital's Medical Officer disagreed with such decisions he could 'veto the patient's Discharge'; thus preventing the release of that patient. Thus all releases were transacted in cooperation with the Mental Hospital Authorities. The Discharge of patients as 'not improved' or 'relieved' continued as in the lunatic asylum era and a few other inmates still escaped from the Mental Hospital. In this circumstance if not captured within seven days an escapee had to be readmitted using the procedure outlined above. If they were apprehended. The 1890 Act⁸¹ was a lengthy and comprehensive piece of legislation which according to Kathleen Jones was 'From a legal point of view...very nearly perfect.' However, arguably 'From a medical and

⁷³ A 'Judge in Lunacy' and a 'Master in Lunacy' were Offices created, in the 'Law of Lunacy', to adjudicate in cases. Where there were disputes about how lunatics should be dealt with, and treated. A 'Committee of the Person' was another Office created to, protect the interests of a Chancery Lunatic

⁷⁴ 53 Vic. c. 5 (Lunacy Act) 1890.

⁷⁵ Ibid.

⁷⁶ Legally, one Commissioner had to be a barrister, the other a medical practitioner.

⁷⁷ The Asylum Visiting Committee was appointed, by the local Committee of Justices, as a Management Committee for the Pauper Lunatic Asylum.

⁷⁸ 53 Vic. c. 5 (Lunacy Act) 1890.

⁷⁹ Ibid.

⁸⁰ A useful commentary on such trials (and Boarding out), is provided in some of the Chapters of BARTLETT, Peter and WRIGHT, David (eds.), *Outside the Asylum Walls*, Athlone, 1999.

⁸¹ 53 Vic. c. 5 (Lunacy Act) 1890.

social viewpoint it was to hamper the progress of the Mental Health Movement for nearly seventy years.’⁸² The body that regulated Powick Mental Hospital the institution that replaced Powick Lunatic Asylum in treating pauper patients used a changed nosology⁸³ of mental illness which led to different treatment practices based on a different ideological perspective, from its predecessor institution. After 1890 a substantial numbers of inmates admitted to Powick Asylum between 1852 and 1890 had ‘Asylum Careers’ that extended well into this new era of Powick Mental Hospital.⁸⁴

The intention in this introduction was to provide details of the changing circumstances that led pauper lunatics to be committed to the Powick Pauper Lunatic Asylums which after 1890 became Powick Mental Hospital. The numbers of patients committed to the Powick Institution in this time approached 10,000 a majority of whom had Patient’s Notes recording their lives whilst they were patients at the Powick institution recording what might be called their ‘Asylum Careers’. Unfortunately some such ‘careers’ were extremely short because some patients died very soon after they arrived at the asylum whilst other people were incarcerated at the institution for very long periods of time without improving sufficiently mentally to be discharged ‘recovered’. Others were transferred to other lunatic institutions or were removed by relatives in an unrecovered state to be cared for at home whilst about a third of patients were released from the institution ‘recovered’ which meant that they were considered suitable to be released back into the Worcestershire Community to whom they were no longer considered a threat. However, some patients released from Powick Asylum as ‘recovered’ were inevitably later to return to the institution so that a minority of Powick’s patients had ‘Asylum Careers’ in several parts. Indeed one man was recommitted to Powick Asylum on eight occasions.

What is revealed by the Patient’s Notes from Powick Asylum is a vast body of information that is suitable for writing ‘History From Below’ of patients incarcerated at Powick Asylum between August 1852 and August 1906⁸⁵ which, in this book are described as ‘Asylum Careers’. These records probably covered over 60,000 pages of foolscap bound folios but thanks to losses and theft from the institution when it closed in about 1980, there are about 35,000 pages of these Notes extant. Thus the prospect of producing a representative ‘History From Below’ of the Powick Institution was a daunting prospect. For this reason, the author of this book abandoned his original intentions for this book. He spent over three years producing an Index of the extant pages of all 35,000 pages that have been digitised using a generous grant from the Heritage Lottery Fund and then collaborated with Christopher Withers of the University of Birmingham School of Medicine and Dentistry, Educational Computing Service who created a brilliant ‘search engine’ to interrogate the digitised images so that the ‘Asylum Career’ of patients named on the Index of Patient’s Names can be displayed on the computer screen. This facility is available on the George Marshall Medical Museum, Worcester, Website, (URL: www.medicalmuseum.org.uk). What has been created by this approach is the possibility of anyone, with access to a computer that can use the World Wide Web to examine any of the extant records of patients at Powick Asylum between 1852 and 1906.

The result of this book; rather than being a ‘History From Below’ of a selection of Powick Asylum Patients is a description of how Powick Asylum was initiated, planned, financed, built, governed, managed and how it operated in the first two decades after it opened. Thus the context in which the Patient’s Notes from the institution were created becomes apparent so that the Patient’s Notes can be read with more understanding of the context in which they were created and the ‘Asylum Careers’ of Powick patients for whom records are extant can be turned into the ‘Histories From Below’ of individuals and groups of patients chosen by readers

⁸² JONES, Kathleen, *Asylums and After*, Athlone.1993, p. 111.

⁸³ A ‘nosology’ is defined as; ‘a classification, or arrangement, of diseases’.

⁸⁴ One such patient was still in Powick Mental Hospital in 1939.

⁸⁵ The year 1906 was the last year when the Admissions and Discharge Registers for the Powick institution are extant, but the Patient’s Notes then continue for many more years, The One Hundred Year Rule limits the records that can be made available by public scrutiny to those created up to 1911.

of this book. An Appendix at the end of this book explains how to use the Computer Search Facility available on the George Marshall Medical Museum Website. Early in 2012 there will be a second Medical Museum in Worcester which will be housed in the old Worcester Royal Infirmary Building a Subscription Hospital built in 1774 which is the new City Campus of the University of Worcester. This free museum will contain facilities to use the Powick Asylum 'Patient's Notes Archive', a computerised version of the Admission's and Discharge's Register and a machine readable index of the names of patients admitted to the Powick institution between 1852 and 1906 together with displays about Powick Asylum, Powick Mental Hospital and Powick Hospital between 1852 and around 1980.

CHAPTER 1.

Creating the Worcester City and County Pauper Lunatic Asylum.

Powick Asylum, the Pauper Lunatic Asylum, created to provide accommodation for pauper lunatics from Worcestershire, opened in August 1852, as a delayed response to the Lunatic Asylums' Act of 1845.⁸⁶ Whilst there were a few Counties, and County Boroughs, that provided Pauper Lunatic Asylums under the Acts of Parliament of 1808 and 1828, which allowed, but did not compel, such institutions to be built, it was only places that had a need for a public asylum for insane paupers that chose to provide one.⁸⁷ For instance, Middlesex created what Leonard Smith has referred to as a 'massive showpiece' asylum, at Hanwell, in 1830⁸⁸ Staffordshire opened its County Pauper Lunatic Asylum in 1838, whilst Devonshire opened theirs in 1845. However, Worcestershire, like many other places saw no need to provide such an institution before they were compelled to do so by Law. In the interim, Worcestershire Poor Law Unions continued to use Droitwich Lunatic Asylum, and institutions like it to house pauper lunatics for whom the County Poor Law Unions had

⁸⁶ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

⁸⁷ 48 Geo III. c. 96 (1808) County Asylums' Act a 9 Geo. IV. C. 40 (1828) Lunatic Asylums' & Pauper a Criminals Maintenance Act. This Act is often styled, the County Lunatic Asylums' Act of 1828.

⁸⁸ SMITH, Leonard, *Cure, Comfort a Safe Custody*, Leicester University Press, 1999, p. 7.

responsibility. In December 1845, the Worcestershire Justices asked Mr. Eginton, a local architect, to estimate the cost of building a joint lunatic asylum, for 450 pauper inmates, in comparison with the cost of constructing a separate institution, just to serve Worcestershire, for 300 such patients. Thus, at this stage the intention appeared to be to find a partner authority to share a joint asylum with, although there appeared to be some ambivalence about this issue, because some of the Worcestershire Justices were adamant that they did not wish to join with another County to create a Pauper Lunatic Asylum.⁸⁹ Then, having taken note of 300, or so, pauper lunatics in Worcestershire, who were kept in private lunatic asylums, at the expense of their Home Parishes; at Droitwich, in Gloucestershire, Staffordshire and Shropshire, it was obvious that of the adjacent Counties to Worcestershire, only Warwickshire and Herefordshire were available as partner Counties, in the possible creation of a joint Pauper Lunatic Asylum. However, Warwickshire had 406 pauper lunatics within its borders, which made a joint asylum with that County impracticable, as the asylum created would be far too big. Thus, it was thought that a joint asylum with Herefordshire was the only practical option, particularly as the combined numbers of pauper lunatics in these two Counties were handleable in a single institution.⁹⁰ However, Herefordshire was already in the process of negotiating with some of the Welsh Counties adjacent to it, who were also covered by the 1845 Lunatic Asylums' Act,⁹¹ to establish a joint asylum with them. For this reason, not surprisingly, many of Worcestershire's Justices believed that a separate Pauper Lunatic Asylum was their most desirable option, which was a decision that was confirmed, when Mr. Eginton found no cost advantage in building a joint asylum. The architect consulted by the Worcestershire Authorities now suggested that an institution for, say, 450 patients would cost no less per head than a smaller asylum for 300 patients, and he also suggested that there would not even be a savings on offices and other types of accommodation in a joint asylum, with any savings being 'trifling', so that in the consultant architect's opinion 'in no way' would the County Authorities compensate for the problems of a large joint asylum.⁹² Furthermore, Mr. Eginton thought that 'Unions of Counties would be inconvenient...(and should be) avoided...if possible',⁹³ which was an opinion that led the Worcester Justice's to decide to build an asylum just for Worcestershire. However, at this stage the Worcestershire Justices appeared to ignore the needs of the City of Worcester, the County Borough within the County's Boundaries, that under the Lunatic Asylums' Act of 1845⁹⁴ also had to provide a lunatic asylum for its citizens, although some of the Committee of Visitors must have been aware that the City of Worcester had responsibility for the provision of accommodation for pauper lunatics from what was a County Borough, un the 1845 Lunatic Asylums' Act.⁹⁵

In 1846, the Worcestershire Committee of Justices created a Sub Committee, called the Worcester County Pauper Lunatic Asylum Committee of Visitors, to plan a new County Pauper Lunatic Asylum. However, it was then decided to create a joint institution with the City of Worcester, the County Borough that was an enclave within Worcestershire, a decision that led to the planned asylum's Committee of Visitors being enlarged from fourteen to eighteen members, by adding representatives of the City of Worcester, and the word 'City' was added to the name of what was now the Worcester City and County Pauper Lunatic Asylum. It was this enlarged Visiting Committee who planned the new asylum, negotiated the purchase of a suitable site, and the building of the new asylum. Once the City and County Asylum opened, in August 1852, the Visiting Committee was responsible for the oversight of all aspects of the administration of this institution. Indeed, this Committee would continue to report back to the Worcestershire County Committee of Justices, and to the Worcester City Council, who had continuing joint responsibility for the new asylum. The Committee of Visitors consisted of fourteen members of the County's social elite, including local landed gentry and magnates, the County MP and sundry army generals and naval admirals, some of whom were JPs, plus the City

⁸⁹ Powick Asylum Visitor's Committee Minutes (VM) 20 December 1845, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁹⁰ VM 5 January 1846, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁹¹ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

⁹² VM 5 January 1846, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁹³ Ibid.

⁹⁴ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

⁹⁵ Ibid.

representatives, including the Mayor and senior council members, some of whom were Magistrates. What was certain about these Visiting Committee members was that it would be impossible to envisage individuals with a greater 'social distance' between themselves and the pauper clientele of the new asylum. For this reason, it was difficult to understand the motivation of these 'socially elite individuals', in becoming involved in organising and running a Pauper Lunatic Asylum. Notions of 'Duty', that were later explored by Samuel Smiles, in books on; *Self Help* (1859), such as *Character* (1871), *Thrift* (1871), *Duty* (1880) and *Life and Labour* (1887);⁹⁶ all aspects impinging on Smiles's ideas about 'Self Help', may have gone some way to explain the elite's inducement to become involved in this work. These elite individuals assiduously attended Visiting Committee Meetings and dealt with the trivial aspects of running the asylum, but it may have been their 'self-interest' in ensuring that their Community, and Society in general, were safe, from what were contemporaneously regarded as a small, but dangerous group, of pauper lunatic individuals. The other interesting aspect of the interaction between this 'social elite', and the pauper clientele of the lunatic asylum, must have related to a hegemonic relationship that existed between them. Surely the understanding that the 'ruling elite' had of paupers in general, and pauper lunatics in particular, made it unlikely that they could share a common perception of a Pauper Lunatic Asylum, because the 'ruling elite' had an essentially controlling relationship, They intended to dominate the pauper clientele of the institution they were creating, because in the last analysis, it was the Asylum Visitors, advised by the asylum's Medical Superintendent, who determined the fate of individual pauper patients in the asylum – a form of hegemony.

After some postponements and delays,⁹⁷ possibly caused by a prevarication by some of the County Justices, who were opposed to the creation of any Pauper Lunatic Institution, funded from the Poor Rates, under any circumstances, the Visiting Committee was created. By this time, in June 1846, the Rev. A. B. Lechmere, one of the locally influential Coventry Family, had moved a Motion to confirm the decision not to unite with another County to build a Pauper Lunatic Asylum,⁹⁸ although for some unexplained reason this Motion was then withdrawn.⁹⁹ Then, at the Quarter Session Meeting, in 1846, an augmented 'permanent Visiting Committee' was created, and amongst the first duties of this Committee was the assessment of the impact of the 1845 Lunacy Act¹⁰⁰ on the number of lunatics in Worcestershire, which was presumably in case there was a need to rescind the decision to build a separate Pauper Lunatic Asylum for the County.¹⁰¹ The quantitative information about the numbers of pauper lunatics in Worcestershire was compiled, using a circular letter, from the Asylum Visiting Committee to all of the County's Poor Law Unions; requiring them to report the numbers of pauper lunatics in their Unions,¹⁰² but also to reveal, in detail, the names, ages, and gender of all pauper lunatics in the County. The Boards of Guardians were also asked to ascertain, from the Medical Officers of their Unions, whether the individuals named should be categorised as lunatics, or as idiots, and whether these individuals ought to be confined in a lunatic asylum. This survey also included pauper lunatics, who were, kept by friends;¹⁰³ including relatives, who were sometimes given Outdoor Poor Relief to care for these people. In spite of the precise instructions give on how these Returns were to be made, the results recorded were patchy, with some Unions providing results that were not considered satisfactory, probably because some Union Medical Officers were uncertain about which persons of unsound mind could still be kept in the Union Workhouse. However, this problem was probably also exacerbated by suggestions, in the 1845 legislation,¹⁰⁴ that Pauper Lunatic Asylums were only intended for 'acute cases', with 'Special Institutions', for the 'chronically insane', to be created later, under separate legislation. However, this second phase of Pauper

⁹⁶ SMILES, Samuel, 1812-1904, originated the concept of 'Self Help' in a speech in 1845, which was later published as an article, entitled; *the Education of the Working Class* (March 1845).

⁹⁷ VM 29 June 1846, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁹⁸ Ibid.

⁹⁹ Ibid reporting the Michaelmas Quarter Session in 1846

¹⁰⁰ 9 & 10 Vic. c. 84 (1846) Lunacy Act.

¹⁰¹ VM 29 June 1846, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) reporting on the Michaelmas Quarter Sessions of 1846.

¹⁰² VM 10 November 1846, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁰³ Ibid.

¹⁰⁴ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

Lunatic legislation was never enacted, except in London, where two institutions, for the 'incurable insane', were created, by the Metropolitan Asylums' Board, at Caterham and Leavesden, after the Metropolitan Poor Act of 1867.¹⁰⁵ Thus, outside the Metropolis there were no institutions for poor incurably insane individuals.

In 1846, some Worcestershire Boards of Guardians undoubtedly believed that a proportion of the lunatic paupers in their Union Workhouses were 'harmless', and safe to be left in what the Guardians saw as an appropriate institution for the care of insane pauperised individuals, although the fact that this option was thought a much cheaper alternative to sending these lunatic paupers to what they perceived as costly Pauper Lunatic Asylums, must also have been an influence. In turn, this meant that some insane paupers were undoubtedly intentionally hidden from the scrutiny of the Visiting Committee, of the planned new asylum, which was a 'sleight of hand', that was probably consciously undertaken by some Boards of Guardians, when they made their Lunacy Returns, in the mistaken belief that this would potentially save them money.. However, it was also likely that inaccuracies also occurred in estimating the numbers of pauper lunatics living with friends, particularly where no Outdoor Poor Relief was paid to maintain such insane individuals. Indeed, some such cases would have been deliberately hidden from the local Poor Law Authorities, in an effort to ensure that some of these mentally infirm people were never removed to a mad house, which arguably illustrated well the stigma associated with insanity in the 1840s. There were then, already, 105 patients in private mad houses, at Union expense, in Worcestershire, with twenty more afflicted individuals, who were not confined in such asylums, when they should have been. Then, there were a further 50 lunatics, living with friends and relatives, so that it was clear that a lunatic asylum for 175 inmates would be sufficiently large for Worcestershire's needs. However, Osman Ricardo,¹⁰⁶ who was one of the Committee of Visitors, elected to oversee the new asylum, did later propose that the new institution should cater for 200 patients, to 'allow for the admission of new 'curable cases'.¹⁰⁷ Whilst this proposal was accepted, because it was in accordance with the County Justices declared intention, to create a separate Pauper Lunatic Asylum, at least one member of the intended asylum's Visiting Committee still wanted the Committee to communicate with the Herefordshire Justices, about building a joint asylum with them. However, in December 1846, the Worcestershire Committee of Visitor's Minutes revealed that 'No communication...(had been) received from Herefordshire'.¹⁰⁸ However, in spite of this, two members of the County's Asylum Committee of Visitors now proposed that the decision not to unite with another County for the purposes of providing a Pauper Lunatic Asylum should be rescinded,¹⁰⁹ but this notion was not supported by a majority of the Visiting Committee, although the majority of this Committee did now support building a joint asylum, with the City of Worcester. The County Justices now formally asked the City of Worcester Council, to collaborate with the County, in building a joint lunatic asylum;¹¹⁰ a decision that was confirmed in January 1847.¹¹¹ This arrangement was also strongly favoured by the City Council, who immediately resolved that the problem they had in providing a separate Pauper Lunatic Asylum for the City of Worcester, under the 1845 Lunatic Asylums' Act,¹¹² would be resolved by this arrangement.

The structure of the proposed Asylum's Visiting Committee was now inevitably altered, with the City's Members of the Asylum Committee of Visitors representing the 25,401 citizens of the City of Worcester, in an area with a combined County population of 233,266. Thus, there was a 8/9th to 1/9th proportion used to

¹⁰⁵ 30 Vic. C. 6 (1867) Metropolitan Poor Act.

¹⁰⁶ Osman Ricardo was born in 1785, the son of David Ricardo, the economist a Member of Parliament, for Gloucestershire. Osman Ricardo lived at Bromsberrow Court a he was High Sheriff of Worcestershire, at the time he was appointed to the asylum Visiting Committee. He was a man of great political influence who was elected as Member of Parliament in July 1847. He represented Worcester until 6 July 1865, a he died in 1881.

¹⁰⁷ VM 14 December 1846, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ VM 4 January 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹¹² 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

calculate the division of costs, in providing the intended new joint Pauper Lunatic Asylum.¹¹³ The notion of a joint asylum now immediately led to a decision to look for a suitable site for the planned institution, ‘within 5 miles of Worcester Shire Hall’,¹¹⁴ so that the site for the new asylum would certainly not be in the centre of the County the institution was being built to serve, although apparently there was no adverse comment about this, at this time. The unfairness of this proposal, in terms of the institution’s accessibility to much of the County was apparently ignored. The site sought, had to be between twenty and twenty five acres in area, and it had to be freehold, or copyhold, land. Tenders offering suitable land were now advertised for in the local Worcester newspapers in early February 1847, stating that the asylum Committee of Visitors sought, ‘a sufficient quantity of ground for the asylum to allow employment and exercise of the patients’, who were incarcerated in the new institution.¹¹⁵ It was expected that tenders would be submitted on, or before, 27 February 1847.¹¹⁶ However, the Lunacy Commission’s Rules, about the location of Pauper Lunatic Asylums, required that any new asylum site must have access to a good road, to have a gravel, or rocky, subsoil, and a constant supply of good water, with the facilities for obtaining a complete system of drainage also available.¹¹⁷ A Sub Committee of Visitors were now deputed to visit the sites on offer, and report back to the Visiting Committee, but two additional sites were then added to the sites to be considered.¹¹⁸ Table 1.1 lists the tenders that were received by the Visiting Committee by the closing date for tenders.¹¹⁹

In April 1847, the new Asylum’s Joint Visiting Committee, now consisting of fifteen members; eleven County and four City representatives met,¹²⁰ and they immediately elected Sir John Pakington, Member of Parliament for Worcestershire, as Chairman of the Committee of Visitors.¹²¹ The first task of this Committee was to recommend that the County of Worcester join with the City of Worcester, to build a joint Pauper Lunatic Asylum,¹²² and when this Resolution was passed, it was immediately announced that Mr. Stallard, of Worcester,

TABLE 1.1 The Land Offered as a Site for the new Worcestershire County Asylum in the Tenders submitted to the Asylum’s Visiting Committee in February 1847.

OWNER.	AREA.	OTHER DETAILS.
Mr Laslett	40 acres	Freehold at Hallow Heath 3½ miles from Worcester @ £120 per acre.
Mr Stokes (W/D)	34 acres	Copyhold at Kempsey 4 miles from Worcester @ £57 per acre.
Mr Jones	29 acres	Copyhold at Norton 4 miles from Worcester @ £68 per acre.
Mr Stallard No. 1.	26 acres	Part Freehold and Part Copyhold At Pappenhall in Claines Parish 2½ miles from Worcester @ £3,150.
Mr Stallard No. 2.	40 acres	Freehold called Porter’s Mill in Claines Parish 4 miles from Worcester “ £3,180.

had offered the White Chimnies Estate, at Powick, as a site for the new asylum, and it was now clear that this was one of the two properties that had been ‘mentioned’ to the Visitors, in addition to the five properties contained in Table 1.1. The asking price for this, ‘favoured property’, was £2,800. exclusive of the Common Rights, which if they could be severed from the rest of the estate, and if they were purchased, would mean that the price of this site would be £3,150, which was an offer that the Visiting Committee immediately

¹¹³ VM 23 January 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ VM 1 February 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹¹⁷ VM 23 January 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹¹⁸ Ibid.

¹¹⁹ VM 27 February 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹²⁰ VM 3 April 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹²¹ VM 10 April 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). 8 & 9 Vic. c. 126 (1845) Lunatic Asylums’ Act.

¹²² VM 3 April 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

accepted. The Visitors then decided to sever the property from the Common, Land, which they considered would further enhance the Powick site's suitability for a Pauper Lunatic Asylum. The White Chimnies Estate was thought 'ideally suited' to the Visitor's purpose of constructing a new public lunatic asylum and in April 1847 the Asylum Visiting Committee adopted all provisions of the 1845 Lunatic Asylum's Act¹²³ and resolved that:

1. Mr Stallards estate at White Chimnies in the Parish of Powick was desirable as a site for the asylum.
2. The price presented by Mr Stallard in a sealed envelope was more than the Committee felt justified in giving.
3. Mr Onslow resolved that the tenders be readvertised.
4. If agreement could be reached with Mr Stallard then the Earl of Coventry and Sir John Pakington (would) be approached to sell extra fields adjacent to the site.¹²⁴

The Visitors now stipulated that their offer for this site was only acceptable to them, if twelve acres of land was available from Lord Coventry, and if a meadow belonging to Sir John Pakington was also available. The Visitors then offered £100 an acre for the extra land they required,¹²⁵ but Lord Coventry refused to sanction the sale of his land, whereas Sir John Pakington, who was the Chairman of the Asylum's Committee of Visitors, immediately agreed to sell his land. However, without Lord Coventry's land, the area of the new Powick Asylum site would only be 29 acres and 19 poles,¹²⁶ which whilst the Visitors regretted Lord Coventry's decision to refuse to sell his land, they felt that the remainder of land available was 'so suitable', as a site for the new asylum, that it should be immediately purchased. Then, an additional 3 roods 29 poles of meadow was added to the cost of Mr. Stallard's land, and understandably the Asylum Visiting Committee now determined that they would follow the steps laid out in a Lunacy Commission Circular, about setting up a new Pauper Lunatic Asylum. The Visitors now asked for the Commission's specific advice on drawing up the agreement to purchase the land for the site of the new Powick Asylum, and they then adjourned their Meeting, until the Commission's advice was available.¹²⁷ In June 1847, a contract was signed for the purchase of the land necessary to build the new Powick Asylum, although this step could only be undertaken after agreement had been reached, for the County of Worcester to co operate with Worcester City Council, to create a new joint asylum.¹²⁸ The Minutes of the Visiting Committee's Planning Meetings, held in June 1847,¹²⁹ revealed that several Contracts were then drawn up with; Mr. William Stallard, Mr. Thomas Stallard and Sir John Somerset Pakington, for the purchase of the site of the new asylum.¹³⁰

The Powick Asylum Visitors now decided to advertise in the Worcester newspapers, the *Midland Counties Herald*, the *Times* and in the *Morning Chronicle*, for designs for the new asylum,¹³¹ with architects invited to submit plans and estimates for an institution to house 200 patients. These advertisements also stated that the asylum 'building...(was) to be of brick and simple in style.' Prizes of £50, £30 and £20, were offered to the three architects, whose designs were short listed, and the closing date for entries to this competition was set as 31st October 1847.¹³² At this time, Mr. Helm, who had been Clerk to the Visitors at Droitwich Lunatic

¹²³ VM 10 April 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

¹²⁴ Ibid.

¹²⁵ VM 15 May 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

¹²⁶ Lord Coventry's la, which he sold to the asylum, covered 23 acres 39 poles, a the la being purchased from Mr. Stallard covered 3 roods 29 poles of meadow, Sir John Pakington's land covered 4 acres 3 rood 31 poles, making a total of 29 acres 19 poles, that was purchased to be added to the asylum estate..

¹²⁷ VM 15 May 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

¹²⁸ VM 12 June 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

¹²⁹ VM 26 June 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act which reported the Mid-Summer 1847 Quarter Sessions.

¹³⁰ Ibid.

¹³¹ VM 24 July 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). These advertisements were placed on three separate occasions in each of these newspapers.

¹³² Ibid.

Asylum, was appointed Acting Clerk to the new Asylum Visitors, but at the inaugural Meeting of the Visitor's Committee he was then formally appointed Permanent Clerk to the Asylum Committee of Visitors. This was a very logical decision, given that he had gained unique experience, regarding the treatment of pauper insanity, whilst he worked at Droitwich Asylum.¹³³ Thus, he had experience of dealing with both the Poor Law Commission, and the Metropolitan Commissioners in Lunacy, the body that later became the Lunacy Commission. Entries in the competition for a design for the new Powick Asylum were opened, by Mr. Helm, in early November 1847, and the designs received were then displayed in the 'Turnpike Commissioner's Room', which was a venue used to ensure that the plans of the new institution were only seen by Members of the Visiting Committee. To ensure that the construction of the new asylum was not delayed, Mr. Helm negotiated three provisional contracts, for the construction of the new institution, with the Secretary of State, and then all the Members of the Visiting Committee were sent copies of the Act of Parliament¹³⁴ under which the new asylum would be built, together with the Rules of the Lunacy Commission, and a copy of the draft contracts, that the Clerk had prepared.¹³⁵ Thus, the men adjudicating on the suitability of the Asylum Plans, submitted by the architects, were thoroughly briefed for their task. However, it now transpired that the competition to design the new Lunatic Asylum was keen, as there were twenty seven designs submitted by the closing date. These plans were then displayed, so that the Visitors could examine them, and vote on their preferred design,¹³⁶ but to ensure complete fairness in this selection process, the plans were each given a name, such as *Non Quo, Veritas, Humanitas* and *Justitia, etc.*, so that the architect's personal details were removed from their design; ensuring anonymity in the voting procedure. The three designs selected for further 'serious consideration' were: *Fides*, submitted by Mr. Samuel Stinton Markham, of 10 Buckingham St, Adelphi, London, *Industry and Perseverance*, submitted by Messrs. Hamilton & Medland, of Clarence Street, Gloucester, and *Vincit qui patitur*, submitted by Mr. Frederick John Francis, of 2 Cork St, Burlington Gardens, London.

The Powick Asylum Visiting Committee was now cautious, and they deferred their final decision on the choice of a plan for the new asylum, until all three architects had been approached for estimates of the cost of constructing their design of an asylum, although even at this stage it was clear that Messrs. Hamilton and Medland's design was favourite, followed by Mr. Francis's design, and then that of Mr. Markham. At the end of November 1847, it was reported that whilst both Mr. Francis and Mr. Markham, had submitted the requested estimates of the building costs, Messrs. Hamilton and Medland had not submitted their costing, because they had 'remonstrated' that they would require more time to produce an accurate estimate.¹³⁷ Coincidentally, it was at this time that the Visiting Committee recognised their own inability to assess the various designs submitted, because whilst they felt able to judge architectural designs in terms of their own personal aesthetic likes and dislikes, they lacked understanding of the technicalities of costing the buildings. Thus, they decided to employ a surveyor, to judge the estimates for the building, and to provide 'technical assistance' to a Sub Committee of the Committee of Visitors. Mr. Stewart, of Liverpool, was appointed to deal with this matter.¹³⁸ In the time taken to resolve the matter of how much it would cost to build their design of building, Messrs. Hamilton and Medland were able to submit their costings for the new building. In January 1848, the Visitors sent a copy of their 'planning brief', which was a lengthy and detailed document, to the Lunacy Commission,¹³⁹ suggesting that the site for Powick Asylum was 'healthful and commodious, and (they) would take advantage...(of its site by building) wings...(with) open aspects to the south'. The entrance gate, where a porter's lodge would be built, was on a branch lane off the main Malvern to Worcester road, in 'prettily wooded land'. They then suggested that the asylum buildings were being planned to accommodate 200 patients, 100 of each gender, and within the asylum buildings, it was expected that about 10% of the

¹³³ VM 16 October 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1 (i).

¹³⁴ 8 & 9 Vic, c. 126 (1845) Lunatic Asylums' Act is bound into the front of the volume of Visitor's' Minutes.

¹³⁵ VM 30 October 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹³⁶ VM 8 November 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹³⁷ VM 29 November 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹³⁸ *Ibid.*

¹³⁹ The National Archive, Kew, (NA) Ref: MH83/300, 3 January 1848.

patients would be 'convalescent', and be able to be employed in farm work, and in various domestic offices, under moderate supervision. Thus, the intention for the pauper lunatics incarcerated in the new Powick Asylum was to create an environment that was, 'tranquil', in which 'cure' would be possible, which was exactly what the Lunacy Commission demanded. This planning brief also suggested that ten of the convalescent patients, would sleep in the day room of their ward, two in the associated sleeping rooms, and five in each ward, with supervision provided by one attendant, which was an arrangement intended to place the sleeping rooms under closer inspection, than the wards; an approach already successfully adopted at 'Dumfries and Gloucester...(Asylums, and this system had) long...(been) used as an instrument of cure in some (other) large foreign asylums'¹⁴⁰ Men of the 'highest authority', such as Drs. Hitch, Conolly, Fonville and Esquirol, were said to have sanctioned the use of such plans, which was a 'recommendation indeed!¹⁴¹ The advantage of this 'management scheme', for the oversight of patients, was to minimise staffing, but it also provided security, by placing the 'least trusted inmates' in the closest proximity to the ward attendants, thus tacitly recognising a 'hierarchy of trust', so that the most reliable patients were placed furthest from their attendants. Thus, the notion of a 'gradation of trust' amongst patients, within the institution, was an implicit organising principle in the new Powick Asylum from the outset.

In line with the 'contemporary orthodoxy', the treatment régime to be adopted at the new Powick Asylum, was 'Moral Treatment', but in large institutions, like the one planned in at Powick, an attempt was made to create the most suitable separate environments for the treatment of a particular type of mental affliction. Thus, the detailed arrangements for housing inmates, at the planned asylum, included, eighteen incurable patients being housed in 'tranquil surroundings'; in galleries that would be located near to the central buildings, with five of these inmates housed in single rooms, so that they could be more easily managed. However, this also meant that less staff per patient were necessary, which probably made these arrangements very attractive to the asylum's administrators.¹⁴² Sixteen imbecile and epileptic patients, who were expected 'to be somewhat more troublesome' than other patients, were to be placed in a gallery, although half of these patients would sleep in single rooms.¹⁴³ Violent and dirty patients, who were thought likely to be of a 'dangerous character', were to be placed in a specially constructed gallery, under the charge of two attendants, who were responsible for twenty two such patients, fourteen of whom were to sleep in single rooms, which was a proportion larger than the one third recommended by the Lunacy Commissioners, but less than that recommended by Dr. John Conolly, an influential authority on psychological medicine, who had been Medical Superintendent at Hanwell Asylum, in Middlesex. He believed that two thirds of patients of this type, in an institution, should sleep in single rooms. The Powick Asylum Visitors would then certainly have expected that most of the patients transferred to their new institution, would have come from private mad houses, where it was likely that they had been 'under restraint'. Thus, when they arrived at the new asylum, these patients would 'give much trouble, if they (were placed) in associated dormitories'. For this reason, initially, these inmates were to be placed in a separate area of a ward, intended for patients likely to be troublesome. Whilst the Asylum Visitors decided to deviate from the Lunacy Commission's recommendations, about housing such patients, they did regard this as a temporary measure, undertaken to gain 'practical advantage'.¹⁴⁴

The Powick Asylum Visitors now stated that the advantage of the new asylum site, which was on the edge of Malvern Old Hills, a large area of common land, would be best exploited by building a 'ha-ha fence...(to) give patients an uninterrupted view of the surrounding countryside with no appearance of restraint', which was an effect that had successfully been achieved at the North Wales Asylum, at Denbigh.¹⁴⁵ This approach would

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

then give the asylum inmates, an 'impression of freedom'. The apartments and offices, for the Medical Superintendent, and Matron, were to be placed centrally, although they would be 'entirely private', but they would then have immediate access to the galleries, and wards, of the main asylum buildings, which was thought 'essential'.¹⁴⁶ Elsewhere, in the main building, a 'corridor of communication' was planned, by the architects, who claimed that this was an 'innovation', although a not dissimilar arrangement had already been used, at Derby Lunatic Asylum. The intention of this approach was to attempt to attain an object hitherto considered unattainable; the 'corridor of communication', planned at Powick Asylum, was intended to be as 'light as day', and would connect every ward to the Chapel, the visiting rooms, the kitchen and to all other parts of the asylum, providing 'sight of all day rooms, airing courts and galleries'; allowing the Medical Superintendent to inspect both inmates and staff, without leaving the asylum main building, and without being detected in doing so. This was clearly in line with Jeremy Bentham's plans¹⁴⁷ for a 'Panopticon, or Viewing house', which Bentham had described in an article first published in 1782.¹⁴⁸ In connection with these plans, Bentham had suggested that 'intermittent observation', where a person being watched, was aware that it was possible for them to be observed, whilst they were unaware of exactly when they were under observation, was a potent agent of 'behavioural change'. In the case of lunatics, it was believed that such intermittent observation would aid 'cure'. Thus, the architects at Powick Asylum claimed:

by our plan, the most extraordinary power is vested in the (Medical) Superintendent; he can be unseen watching the workings of the whole establishment, and when this power is known, and felt, we cannot help think that it would provide a salutary check, not only upon the patients themselves, but on those attendants, who might otherwise be inclined to slight their duties...(and if the) corridor is continued on the second story (sic)...(it will be) possible for patients here to get to Chapel, without passing other wards, or having to go down and up stairs.¹⁴⁹

Mr. Medland, the architect, also claimed that he had learned from the problems encountered with the similar 'corridor' at Derby Asylum, so that he had made amendments to the 'corridor of communication' to be provided at the new Powick Asylum.¹⁵⁰

All of the galleries in the new Powick Asylum were, designed to be twelve feet wide, with eight out of ten of them, having a direct southern aspect, so that a promenade, some 686 feet long, was available for patients to exercise in, during inclement weather.¹⁵¹ In the sleeping rooms, it was thought that 'small associations', amongst patients would be created, which the Visitors, significantly, claimed was an idea developed and used by Mr. Tuke, of York Retreat, where the 'Moral Treatment' of insanity had originated, and two of Samuel Tuke's acolytes, Drs. Jacobi and Contillis, had recommended this approach, which had proved highly successful.¹⁵² The day rooms, at the new Powick Asylum, were intended to be spacious,¹⁵³ and it was thought that they 'might be constructed to form portions of the galleries', so that patients needing constant supervision could pass their time there. It was also, unequivocally, stated that the day rooms were not 'a simple compartment' for meals;¹⁵⁴ rather they were intended to be the centre of the 'Community of Patients', in that part of the asylum. Each day room was, to overlook its own airing ground, to which it had direct access, via a door giving inmates some freedom of movement, within the confines of the area of the asylum, where they were incarcerated. Attendants at Powick Asylum would be resident, which meant they

¹⁴⁶ Ibid.

¹⁴⁷ NA Ref: MH83/300, 3 January 1848.

¹⁴⁸ Bentham, Jeremy, 'The Panopticon or Inspection house', in *The Works of Jeremy Bentham*, (ed. Bowring, Sir John), 1857, Vol. IV p. 39.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ The day rooms at the asylum were to be twenty five feet by fifteen feet.

¹⁵⁴ NA Ref: MH83/300, 3 January 1848.

would seldom leave the institution, and they would live in rooms placed to, command a complete view; to allow supervision of the galleries, day rooms and airing grounds they were responsible for, without interfering with the light, or ventilation, of the patients' accommodation. This was an idea believed to be 'approved of by Mr. Tuke of York', ¹⁵⁵ which facilitated the creation of a 'Community of the Patients', and the asylum staff, who cared for them. In accepting this idea, the Visitors were apparently attempting to invoke the name and ideas of the man who had introduced 'Moral Treatment' of the insane, into Britain, in support of their plans for Powick Asylum. Another development, at the new institution, was based on the premise that mentally disturbed people were very vulnerable when bathing, and washing, so the bathrooms and lavatories, in the wards, at the new institution, were directly attached to the galleries, to ensure that inmates at their ablutions, would be closely supervised, in using these facilities. However, where a gallery contained a larger number of patients than usual with 'dirty habits', a larger bathroom was provided, ¹⁵⁶ whilst particularly violent, and maniacal patients, were to be accommodated, by placing them in 'strong rooms', that were to be placed adjacent to the galleries, with some of these small chambers, to be 'padded rooms', to house patients liable to injure themselves, by falling about. Thus, it would be possible to place patients in 'seclusion', without moving them to another gallery. Two, or three, rooms for this purpose were planned in each of the galleries, so that patients with symptoms, that required such treatment, could be retained in the area of the asylum, where they had been allocated, on their committal to the institution. ¹⁵⁷ Infirmary wards; one for each gender, were also to be provided, to house physically sick pauper lunatics, and it was envisaged that these wards would be well ventilated and commodious. This accommodation was also, to have galleries, which could then function in a similar way to the other parts of the asylum. The patients in the hospital wards were to be isolated from the rest of the patients, in the main asylum building, and these rooms were to be close enough to the Medical Officer's room, in case his attention was needed there, in an emergency. One female nurse was to be employed in each of the infirmary wards, although it was intended that 'ordinary sickness'; not regarded as serious, should be treated in the patient's own gallery, thus reducing the disturbance caused by moving such patients elsewhere. ¹⁵⁸

The original main buildings, planned for Powick Asylum, had just two storeys, which meant that the staircases, that were intended to keep the individual galleries as distinct as possible, would also allow the ward attendants to communicate with each other, in case of emergencies, such as when accidents, assaults or other incidents occurred. However, the Committee of Visitors now expressed their disapproval of a recent trend in some Pauper Lunatic Asylums, for groups of more than thirty patients to be cared for by just two attendants, because they believed that this number of patients was too numerous to be managed in this way, particularly if the patients became too noisy. Thus, at the new Powick Asylum, it was hoped that more individual attention would be given to patients, to create a 'Family of Patients', which was thought to be most 'desirable in a well-regulated Pauper Lunatic Asylum'. Immediately outside the main asylum buildings were the airing grounds, and beyond them the gardens, The Visitors expressed themselves:

...convinced that in an asylum...(like Powick Asylum) the stronger features of insanity cannot fail to be much subdued...(so they) had not hesitated to allot the airing ground of a gallery, as a space co-existent with the others, though, of course, it would not be desirable to introduce here the ornamental character of the first two airing grounds, which had been laid out in walks, pleasure gardens, with everything calculated to administer to the comfort and enjoyment of patients'. The airing grounds were about ½ acre each in area. ¹⁵⁹

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

An Asylum Chapel, was also planned, where Anglican Church Services,¹⁶⁰ would be held; a facility that was intended to be centrally situated, and not over the kitchens, because Chapels in some other Pauper Lunatic Asylums had, the 'odours of cooking' pervading them. The Chapel at the new Powick Asylum was to be thirty feet square, so that it would accommodate over half the patients in the asylum, at any one time. The central location of this building would also, make it easily accessible from both the male and female sides of the asylum, without the need to go through the central asylum buildings.¹⁶¹ From the outset, it was intended that Chapel Services at the new asylum, should be attended by a mixture of male and female patients.

Within the new Powick Asylum grounds, the large central kitchens were to be built,¹⁶² where most meals for both patients and staff would be prepared, so that it was thought essential that this facility should be easily accessible from all parts of the asylum, to allow food to be distributed to all of the wards of the asylum, without being cold when they were consumed. The laundry was also in the centre of the asylum grounds, and this was to have a washhouse, drying closets, and a drying ground. Thus, it was envisaged that the asylum's central kitchen, and laundry, would employ many of the female inmates of the asylum. Elsewhere, in the asylum grounds, a brew house was to be provided, equipped with ale and beer cellars, where the beer made in the brewery was to be stored. Beer was to be consumed by the patients, and staff, because this drink was considered a safer option than drinking the water available in the institution. A bake house, was also to be provided, to make the institution as self-sufficient, in bread and pastries, as possible, and there were to be coal stores, workshops for carpenters, and tailors, with extensive farm buildings, and other buildings that would provide employment for many male patients in the asylum. All of these facilities were to be located in the most convenient positions possible, to provide for easy access from the wards, where the patients lived, when they were not at work, which would minimise the likelihood of escapes by patients, whilst they were at work, or on their way to their place of employment. It was also deemed essential that all parts of the asylum be designed to ensure that male and female pauper lunatics were entirely segregated by gender, and initially by the diagnosed class of their mental affliction, Thus, the intention was that inmates should permanently be kept in the place allotted to treat their specific 'needs', when they were originally committed to the asylum. Thus, they would be kept in accommodation that had been specifically designed to facilitate their individual treatment. Perhaps inevitably, attendance at Services in the Asylum Chapel was the only time when inmates were to be in mixed gender groups.¹⁶³ Thus, it was now clear that the new Powick Asylum was to be a large institution, where the environment provided was to be as conducive as possible, so that warming and ventilating the building effectively was thought essential. However, the heating and ventilation system, to be adopted, had to be as economical as possible. For this reason, Haden's Patent Heating System Apparatus, which had been used in several other asylums, and government buildings, was chosen to be fitted at the new Powick Asylum, with each side of the asylum buildings provided with, heat from a single, shared, furnace, located in the basement of the main buildings, at the junction of two asylum wings, where a shaft from the heating system vented at roof level.¹⁶⁴

The initial intention of the Asylum Visitors was that the overall design for Powick Asylum, should be Gothic or Elizabethan, but the design eventually chosen was Italianate; principally because this design had proved cheaper to construct, and it was 'calculated to give an abundance of light and air...(that was considered an) essential requisite in lunatic asylums'.¹⁶⁵ It was also claimed that in Gothic Architecture, 'picturesque, but narrow and confined windows' were normally used, which would have restricted the amount of light entering

¹⁶⁰ As in workhouses and in other Poor Law institutions, created under the New Poor Law, after 1834, Pauper Lunatics Asylums were to be dominated by the Anglican Church as was the case in many workhouses it was sometimes a problem. At Powick Asylum, both the Roman Catholics, a Non Conformists were apparently concerned about proselytism occurring among the pauper patients at these asylum.

¹⁶¹ NA Ref: MH83/300, 3 January 1848.

¹⁶² The central kitchen, at the asylum, was a room measuring thirty feet by twenty eight feet.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

the asylum buildings. The Italianate design, chosen, for the new asylum, did not have any ‘unnecessary ornaments...(or a) bold effect of a range of buildings’.¹⁶⁶ Indeed, the buildings were quite plain, and built of brick, which it was said would ‘add to the economy of the construction, and provide the most durable construction’ possible,¹⁶⁷ and the building was to be fireproof, which was a necessity in any public building, that required insurance. Finally, the Architect’s Report discussed, the possibility of future additions to the buildings, because future extensions to the building were regarded as inevitable, given the expected increase in pauper lunatic numbers nationally. The possibility of an additional storey, on top of the two storey buildings, already planned, was contemplated, although this development would then, inevitably, reduce the number of single rooms that would be available in the asylum buildings, as a proportion of the accommodation available, if the institution were enlarged. However, if this limitation was acceptable, additional accommodation could easily be provided, for an extra 80 patients, by constructing another storey on top of the existing two storey buildings. It was also thought that large separate associated sleeping rooms could also be built to enlarge the asylum, and to provide accommodation for more Officers and servants. Such a development would then, allow considerable expansion, and might even allow Powick Asylum to double the number of patients it could accommodate.¹⁶⁸ Whilst the Architect’s Report was comprehensive, it made no attempt to fix a cost on the construction of the asylum, because the Visitors objected to ‘the gross advantage frequently taken in competitions’, by announcing the likely cost of a building, before it was designed. However, what the Visitors did give was an assurance about the need for rigid economy in the asylum building’s construction, so that ‘no superfluities, in ornament, or accommodation’, was contemplated.¹⁶⁹ In fact, what were to be created, within the new Powick Asylum, were at least ten, different ‘environments’, in which individual inmates could be treated, in accordance with a ‘Moral Treatment Régime’, specific to the needs of the diagnosed mental afflictions of the individuals being treated at the asylum. Thus, initially, the new asylum conformed exactly to Lynn Hollen Lees’s ideas of ‘treatment by classification’, as discussed in her book *The Solidarity of Strangers* (1998).¹⁷⁰

The results of the competition for the design of the new Powick Asylum were known by November 1847. The second prize of £30 was then paid to Mr. Francis, and the third prize of £20 to Mr. Markham. However, then, as expected, Messrs. Hamilton and Medland’s design was the winner, although payment of their premium of £50 was postponed until the building work was underway.¹⁷¹ Inevitably, the winner’s initial design, for the new asylum needed much work, before it could be built, and at this time the Committee of Visitors sought the advice of Mr. Stewart, the architect and surveyor, who had initially advised them on costing the building project. He was now asked to meet the Visitors, in early February 1848, to discuss implementing the architect’s plans, for the new Powick Asylum, which was immediately after Sir John Somerset Pakington, had asked not to be reappointed Chairman of the Asylum Visitors, ‘on account of his engagements in Parliament’.¹⁷² At this juncture, Mr. Curtler,¹⁷³ one of the City of Worcester’s representatives, on the Committee, was appointed in Sir John Pakington’s stead, and Mr. Curtler occupied the position of Chairman of the Asylum Visitor’s Committee for over twenty years, and in some senses he became almost a ‘perpetual Chairman’.¹⁷⁴ In preparation for his meeting with the Visitors, Mr. Stewart, the Consultant appointed to advise the Visitors on the new asylum building, met Mr. Medland, the architect, which inevitably led to several amendments being made to the asylum building plans. However, another outcome of this meeting was that Mr. Stewart sent the Visitors a Memorandum, suggesting that 5% of the estimated cost of the new building, should be

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Lees, Lynn Hollen, *the Solidarity of rangers*, CUP, 1998.

¹⁷¹ VM 29 November 1847, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁷² Sir John Pakington was increasing his influence in the House of Commons, where he was eventually appointed a Minister at the War a Colonies Ministry, in February 1852.

¹⁷³ Mr. Curtler was Mayor of Worcester on several occasions.

¹⁷⁴ VM 2 February 1848, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

paid before the building work commenced, This amount was not to exceed £2,000, which included the cost of employing a resident clerk of works, for the new construction, until the building was complete,¹⁷⁵ which was an arrangement that Mr. Stewart regarded as essential. Another £1,000 would be necessary, to have 'block plans, and drawings' of the intended new asylum buildings, and estate, made, and then, another sum would be needed to cover the architect's travelling expenses.¹⁷⁶ The specifications of the new Powick Asylum buildings were, by now, already quite detailed, so for instance, the sizes of timber, glass and ironwork were included on the plans, as were details of the 'corridor of communication'.¹⁷⁷ Indeed, this structure had already been altered, so that the supports and open iron work, in this passageway, were now to be 4 feet 6 inches wide, instead of the 7 feet width that was originally intended. Details were also now given of other corridors, keeper's rooms and cellars in the asylum buildings. The cellars were now specifically placed under the front part of the building, with the intention of not being under the kitchen, because of the possibility of ingress of water from the kitchens. At this time, it was also decided that the asylum attendant's rooms should be larger than were originally planned.¹⁷⁸ Then, in April 1848, there was an important consultation, when the architect presented his plans, which were now almost complete, to the Committee of Visitors.¹⁷⁹ This led the Visitors to be anxious, as they wanted to send the completed plans of the intended new Powick Asylum to the Lunacy Commission, as soon as possible. This Consultation Meeting was also important because it enabled the Visitors to rehearse the many questions, and answers, that were likely to arise in presenting the Asylum Plans to the Lunacy Commission. Eventually it was decided to send the architect to, attend at, the Lunacy Commission, to answer any questions that arose regarding the asylum plans.¹⁸⁰

In April 1848, it was suggested that the new Powick Asylum buildings should be realigned, to face due south, by varying the axis of the building by about 30 degrees, and it was now also stated that the new buildings would cover 4,816 (square) yards, when completed, and that the central administration block was now to have five storeys,¹⁸¹ which was in contrast to most of the other accommodation blocks, that had two storeys. The planned infirmary wards, were now to be placed on top of the two storey blocks, one on each side of the asylum's central tower, thus ensuring separation by gender for the physically sick inmates was complete. There were also to be six airing yards, each of half an acre, on each side of the asylum and the institution's main buildings were now to be on the highest part of the asylum site, to allow perfect drainage. This was in spite of the suggestion that 'great power...(would) be needed to raise water from Carey's Brook, to about 100 feet', to storage tanks on the roof of the main buildings¹⁸² The tabular presentation (Table 1.2 reproduced below) gives useful evidence of the way that inmates would be distributed within the asylum buildings.¹⁸³ However, by this stage of Powick Asylum's development, it was apparent that the intended asylum buildings were not to be on the 'radiating principle', adopted at some other Pauper Lunatic Asylums, such as the Devon County Asylums, at Exminster, because Powick Asylum had been planned to accommodate patients in their 'proper classes', which at this juncture meant that inmates were to be separated into the classes, determined by the nature of the mental affliction diagnosed when they were committed to the institution. Thus, there

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

¹⁷⁷ These 'corridors of communication' featured in Messrs. Hamilton a Medland's plans and was referred to in their brochure for the new asylum building. This structure provided an opportunity for the Medical Superintendent to observe all parts of the asylum building, without being visible to those he observed, including both patients as the staff of the institution.

¹⁷⁸ VM 2 February 1848, WCRO Ref: b. 125, Acc. No. 710, Par 1(i). In talking to Richard Tainton, who began work as an attendant at Powick Mental Hospital, as it was then called, in 1929, he remembered at the attendant's rooms were 'lean to structures' attached to the inside walls of the wards, that were bare and unheated, so that they were bitterly cold in the winter months.

¹⁷⁹ VM 1 April 1848, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁸⁰ Ibid.

¹⁸¹ This three storey central administration block is the only part of the main Powick Asylum building to survive, into the twenty first century. It has been converted in to flats, a forms part of a late twentieth century housing estate, at occupies the old asylum site. Ironically, is block is of exactly the same design as the reception block of Pentonville prison, which was completed in 1842, excepting that treadwheels; that were powered by prisoners, to raise water into the prison, at were located in the basement of the Pentonville Prison block, were omitted in the Powick Asylum design.

¹⁸² NA Ref: MH83/300, 11 April 1848

¹⁸³ Ibid.

were wards on both the male and female sides of the asylum for; dements, idiots (and imbeciles), maniacs and melancholics, together with separate wards intended for dirty patients. Other points about the new Asylum buildings that still required attention, included: ¹⁸⁴ the darkness inside the Asylum building, where no direct light could enter, because of the central staircases, at the end of the passages through the wards, which blocked light entering the wards. However, more importantly, than this, was the lack of a sufficient view of the galleries from the attendant's rooms, which would certainly hamper the management of patients in the wards; a serious fault that needed remedying, if this was possible. This problem was rectified by moving the attendant's rooms to the end of each of the galleries, although it was still important to note that nearly half of the galleries in the new main building, of the new asylum, were in the shade, either because there no windows, or because they were obscured by other parts of the asylum buildings. This meant that many of the galleries were dark, which was a problem that also affected the entry of light into the attendant's rooms, the day rooms, dormitories and staircases in the central asylum buildings, which would cause severe problems for the patients and the staff attending them in these rooms. However, in a building as large as the new Powick Asylum, such problems were probably inevitable

TABLE 1.2. A Table showing where patients were to be located on both sides of the asylum. ¹⁸⁵

<u>Ground floor.</u>	Single beds	Dormitories	Females	Males	Total
Ward A for tranquil curable and convalescent patients	5	16	21	21	42
Ward B for idiot, imbecile and epileptic patients	8	8	16	16	32
Violent and dirty patients	14	8	22	22	44
<u>First floor</u>					
Tranquil curable and adolescent patients	5	16	21	21	42
Imbecile, idiot and epileptic patients	8	8	16	16	32
<u>Second floor</u>					
Infirmary	2	4	6	6	12
TOTAL.			102	102	204

The Lunacy Commission made several comments about aspects of the buildings plans, of the new asylum that needed attention. The drying closets, laundry, and other workshops, were thought likely to be too wet, for the health and comfort of the staff, and patients, who worked there, and this problem required some resolution. These work areas also needed, making 'more cheerful', which could be achieved by ensuring that all of the windows, in these rooms, faced south, instead of north. There were also problems, in other parts of the asylum buildings, with the relative positions of the dormitories, bathrooms, water closets and lavatories, in the north wing of the building, needing changing. It was also felt that the washhouses, and other offices, and workshops, in the asylum, should be moved further away, from the main building, to give more space for the asylum's offices, courts, storerooms, and workrooms, so there could be a separation between the inmates' living accommodation, and their places of work, which seemed a sensible, and 'attractive suggestion'. It was

¹⁸⁴ Ibid.

¹⁸⁵ NA Ref: MH83/300, 11 April 1848

also recommended that the passages within the new asylum should have double walls, to improve the sound insulation of the building, and to prevent heat loss. Another criticism was of the accommodation provided for the Asylum Officers, which was said to be 'very inadequate'. It was planned that the Matron would have only one room with a bedroom measuring twelve feet by ten feet, the Asylum Steward also only had one room, with a bedroom measuring twenty two feet by eight feet six inches, whilst the Dispenser had similar accommodation to this, with a bedroom measuring sixteen feet by fourteen feet. However, the Lunacy Commission's recommendation for each of these Officers accommodation was that they should have a sitting room, and a visitor's room for their use. The basement, or 'underground floor', of the main building, was also criticised, because there were no dimensions indicated on the plans, supplied to the Lunacy Commission. However, in spite of this, the Commission was 'relatively complimentary' about the elevation of the intended Powick Asylum buildings, which they described as 'pleasing', although they still felt that the windows, in the main buildings were 'too large', because the glass surfaces, in the windows, would chill the rooms inside the building. Whilst it was felt that these large apertures would provide ample light, the Commission did think that smaller windows would be sufficient to allow light to enter the building.¹⁸⁶

In April 1848, after a letter was received by the Asylum Visitors, stating that the plans of the new asylum had been sent to a 'consulting architect', who had suggested some other additional alteration that he felt necessary, including the purchasing of an engine, or some other means of raising water, the 100 feet from Carey's Brook, to two tanks, one on each side of the asylum main building roof, from where water would be distributed to the rest of the institution. This expert had also agreed that the buildings should face south, a change that had already been implemented, but he also believed that the porches, on the outside entrances to the asylum's rooms, were superfluous, and indeed 'objectionable', as they occupied spaces where windows ought to have been located, to allow more light to enter the galleries, at the front of the buildings. He also objected to the arrangement of rooms, in the front galleries of the main building, where he thought the accommodation was 'deficient of comfort', and not suitable for the reception of the friends of patients. The expert also thought that the Matron's and the Steward's sitting rooms would be better placed where the Dispensary, and its associated offices, were located, on the asylum plan. Further to this, the consultant suggested that only one shared 'dead room' was necessary for both sides of the asylum, and that more workshops were necessary, so as to provide employment for extra male patients, so that tailoring and shoemaking workshops, should also be provided. Finally, the consultant reported that the current asylum plans did not show the equipment for warming and ventilating the asylum, which he thought a serious omission.¹⁸⁷ However, in spite of these comments, by late June 1848, the Visitors had signed an agreement with the architect, which specified that the plans previously submitted, must comply with the Lunacy Commission's recommendations, of 18 May 1848.¹⁸⁸ However, the Visitors completely ignored the advice of the Consultant Architect they had paid to give them advice. The Lunacy Commission additional requirements for the new asylum building, were well known to the asylum's architect, because he had discussed these plans with the Lunacy Commission, at the time of his visit to the Commission's Headquarters, in London, so the Visitors were now insistent that as construction of the new asylum, including changes to the detailed plans, demanded by the Lunacy Commission, should be commenced, Changes that the architect inevitably made, as the building work progressed, was then to be reported to Visitors.

By June 1848, the Visitors were clearly impatient at the delay to the construction of the new asylum, which they saw as being caused by the Lunacy Commission's deliberations about the plans of the new institution, so they wrote, 'urging dispatch' in dealing with the asylum plans,¹⁸⁹ which led to a swift response from the Lunacy Commission, who returned the amended plans of the new asylum buildings to the Visitors, who then

¹⁸⁶ Ibid.

¹⁸⁷ Ibid.

¹⁸⁸ VM 24 June 1848, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁸⁹ Ibid.

took over three months to respond to the comments made by the Commission. However, in October 1848, the Visitors agreed to the demands made by the Commissioners in Lunacy, about the removal of the porches from the outside doors on the main building, and about the use of lighter upper panels in the internal doors of the building, which were now to be filled with thick rough glass, to illuminate the corridors inside the building more effectively. However, the Commissioner's suggestion that the corridor to the Steward's, Matron's and Dispenser's bedrooms be provided with an additional window, to give more light there, was rejected. However, the Visitors did agree with the Lunacy Commissioners that there should be only one 'dead room', to serve both male and female deceased patients, which the Visitors believed should be placed amongst the outhouses, in the asylum grounds, so that it was not too apparent, or obtrusive. They also agreed that no special kitchen should be provided for the Medical Superintendent, and his family', because the Visitors presumed that the Medical Superintendent, and the other Asylum Officers, would share a general kitchen.

In spite of making these changes, the Visitor's Committee refused to accede to all of the Lunacy Commission's demands, so they resisted changing the attendant's rooms attached to the wards, because they felt that such an alteration would fundamentally alter the building, without improving the view of the wards, and other parts of the patients' accommodation, from these rooms. They also rejected the advice proffered, about the sitting and sleeping rooms for the Matron, the Steward and the Dispenser, which had been criticised by the Commissioners, as 'inadequate', because the Visitors believed that the accommodation provided was already 'abundant'. The Visitors also felt unable to agree to the removal of the 'projecting masses on the building', which the Lunacy Commissioners thought 'shaded the main building', and they refused to alter the size of window apertures in the wards, because they felt that 'the glare of light produced within the wards, by removing these architectural features of the building would in some unspecified way be 'prejudicial to the patients'. These responses, to the advice given by the Lunacy Commissioners, now led the Visitors to make other observations about alterations to the architect's plans that were required before these plans would be acceptable to the Lunacy Commission.¹⁹⁰ The basement plans, of the main asylum buildings, were now amended, at the behest of the Visitors, to show the exact position of the warm air, and hot water apparatus, to be used to power the heating and ventilating systems of the institution. These details had been omitted from the original plans of the asylum, which had been sent to the Lunacy Commission although where this equipment was to be located in the basement of the main buildings had been discussed earlier, but was not included on the plans submitted to the Commission. These plans were now agreed by the Visitors, and were sent to the Lunacy Commission, at the end of December 1848.¹⁹¹

The delay in building Powick Asylum was partly caused by the Committee of Visitor's deliberations, that lasted about eighteen months, but after this time, they were confident enough to consider how they might pay for the new institution. Thus, in December 1848, the Visitors wrote to ask the Home Department, whether the Government would advance the 'necessary money for the erection of the new lunatic asylum, and for the purchase of the necessary land',¹⁹² but they also asked on what terms an advance would be made, and the rate of interest that would be charged. Then, in March 1849, the Committee of Visitors wrote again to the same Department, suggesting that as their plans for the new Powick Asylum were so advanced, they were soon likely to be approved, and the Visitors would then hope to go ahead with the planned institution. However, the Visitors were now told that the state of funds at the disposal of the Government Finance Board meant that loans like the one sought by the Visitors, could no longer be advanced.¹⁹³ Indeed, Government Funds for building public institutions had been nearly completely depleted by this time, but in spite of this the Visiting Committee's plans and estimates for the new Powick Asylum were still sent to the Lunacy

¹⁹⁰ VM 28 October 1848, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁹¹ VM 30 December 1848, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁹² *Ibid.*

¹⁹³ VM Minutes of meeting at the commencement of the Easter Session of the Committee of Magistrates 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

Commission, with the expectation of gaining the Secretary of State's approval for the new institution. Then, at the Worcestershire Easter Quarter Sessions, in 1849, the Visitors stated: 'We have to state to the Court that the plans (for the asylum) are in such a state of forwardness, and so far approved by the Commissioners in Lunacy, that they are likely soon to receive the approbation of the Secretary of State'.¹⁹⁴ In spite of the negative comments about the state of Government Funds, an application to the Government Public Loans Office, to borrow the money to create the new Powick Asylum, was still made, by the Worcestershire Justices. However, given the circumstances outlined earlier, this application was inevitably rejected.¹⁹⁵ The Justices now sought an alternative approach to financing, and an arrangement not dissimilar to what today might be termed a 'Private Finance Initiative' (a P.F.I.) was sought. Thus, the County Justices were confident that they could raise the necessary funds to build the new institution, and they encouraged the Visitors to advertise for a loan of £4,000, from 'the City', in £500 tranches, using the County Rates as surety.¹⁹⁶ Then, by mid-August 1849, an exploratory advertisement for 'loan capital', from 'the City', was placed by the Visiting Committee of the intended Powick Asylum, which resulted in two loan offers being received, each for £5,000; one at 4½% per annum, the other at 5% per annum. However, having determined that such loans were available, the Visitors declined both offers,¹⁹⁷ and instead they determined to procure finance for the new institution from a 'Public Company'. Thus, the Clerk to the Visitors was authorised to write to various insurance companies, asking about loans of £4,000, with the intention that the residue of the funds needed, would be borrowed later. Clearly, the Visitor's intention was to pay back these loans over a thirty years period, by equal half yearly payments. In early September 1849, the Visitors received one offer of a loan, from the London Life Association, of King William Street, London, and another from the Alliance Assurance Company, both at 4½% per annum interest. These offers led the Visitors to resolve to complete the purchase of the site for the new Powick Asylum, with a loan of £4,000, and to start building the asylum, in the spring of 1850, using a further loan of £5,000.¹⁹⁸ In early October 1849, the London Life Association agreed to advance the necessary loan, so that the building of the new asylum at Powick could be commenced.¹⁹⁹

In October 1849, Messrs. Hamilton and Medland, the architect partnership, who had designed the new asylum, informed the Visitors that they had dissolved their partnership, but that Mr. Medland would continue with the contract for the new asylum buildings. However, the Visitors, who were not pleased by this news, responded that they felt that the architects would both 'still be liable under their Agreement', and that Mr. Medland's continuance, as the sole architect, was a matter between him and his erstwhile partner. Then, Mr. Medland explained that considerable costs had been added to the estimates for building the asylum, by the Lunacy Commissioners, when they insisted that the whole asylum buildings be made 'fireproof', which was surely a sensible requirement, but also one that led costs to rise. However, the fact that many of the asylum's offices were now to be considerably enlarged compared with the original plans also drove costs upward.²⁰⁰ However, the architect did suggest that these increased costs would to some extent be counterbalanced by the adoption of Messrs. Fox and Barrett's 'iron and composition flooring', and by the use of 'moulded brick arches', which would save £2,000, over the original estimates.²⁰¹ Mr. Medland also revealed that some items had not been included in the original builder's estimates; sums that totaled over £3,044, with the most expensive of these omissions being the warming and ventilating system, which would cost an additional £1,914.²⁰² Other items that were desirable, rather than essential additions to the new buildings, included an entrance lodge, and gates, a gas works and alterations to the existing farm buildings, to make them usable for the employment of as many pauper lunatic patients as possible, who were to be supervised there by

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ Ibid.

¹⁹⁷ VM 18 August 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁹⁸ VM 8 September 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

¹⁹⁹ VM 3 October 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁰⁰ Ibid.

²⁰¹ Ibid.

²⁰² Ibid.

'instructors in farming'. The architect suggested that additional land would also aid the institution's efforts to be 'self-sufficient', at an additional cost of £1,130.²⁰³ However, Mr. Medland recommended another development that would save building costs. He had discovered what he described as 'good brick earth', on the site of the asylum,²⁰⁴ which he suggested should, with 'some urgency', be turned to let this clay 'weather', so that it could be made into bricks, as soon as it was required for building the asylum,²⁰⁵ which was work that could be undertaken by male patients. The Worcestershire Justices now suggested that the total sum required, to construct the new Powick Asylum, was likely to be £30,000, and they asked the London Life Association to advance that sum of money, on the surety of the County and City Rates. However, this amount was later revised downwards, to £26,666 13 -4d, to be borrowed at an interest rate of £4 10 -0 per cent per annum. Details of this loan were then placed in local newspapers, for fourteen days, for any objections to be lodged,²⁰⁶ and a Mortgage Agreement was then completed in December 1849, and this money was borrowed.²⁰⁷

At about this time, the Lunacy Commission asked the Visitors whether, the alignment and specification of the carriage road, through the asylum site, had been altered by changing the workshop and office plans, as they believed this might prevent the Visitors from proceeding with building the new asylum, until the plans were approved by Secretary of State. However, the Lunacy Commission was then, careful to emphasise the importance of the asylum building being 'swiftly expedited'.²⁰⁸ Thus, Mr. Medland, the architect, soon agreed to provide amended plans for the outbuildings,²⁰⁹ and the Lunacy Commission were informed that the outbuilding designs had been remodelled, to be similar in design to the other buildings, elsewhere on the asylum site. This meant that the design of these structures, did not affect the carriage roads,²¹⁰ so that by January 1850, the asylum architect had ensured that the plans conformed with the Lunacy Commission's wishes, but Mr. Medland was still clearly frustrated with the Lunacy Commissioners, and he asked, in a letter to them, 'will you have the goodness to make your remarks upon the (plans) and let me have them at your earliest convenience...so that they can be forwarded, for signature, without further delay'.²¹¹

In 1850, a tabular presentation, of information from other Pauper Lunatic Asylums, was sent to the Asylum Visitors, which itemised the number of patients in each asylum surveyed, and the salaries paid to the various Asylums' Officers, in those institutions.²¹² This Table included, partial details, of fifteen Pauper Lunatic Asylums, but only six of these institutions revealed the number of inmates they contained, and of these six asylums; four were larger than the intended Powick Asylum. Lancaster had 785 inmates, Surrey 782, Somerset 319 and Suffolk 250, whilst of the smaller asylums; the joint Shropshire and Montgomery institution, and the Yorkshire East Riding Asylum, each had 195 patients. However, in all of these cases, there was almost the same number of male and female patients incarcerated, and in five other institutions, it was the accommodation available that was declared, rather than the number of patients currently resident in the institution. These statistics showed that some asylums had between 100 and 420 places for patients, and the salaries paid to Medical Superintendents varied between £300 and £500, with board and lodgings included. However, the salary paid was not always dependent on the size of the inmate population of the institution. The salary paid for Medical Officers, sometimes called Assistant Medical Officers, varied from £80 to £300, with board and lodgings included.²¹³

²⁰³ Ibid.

²⁰⁴ Ibid.

²⁰⁵ NA Ref: MH83/300, 14 November 1849.

²⁰⁶ VM 1 December 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁰⁷ VM 31 January 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁰⁸ NA Ref: MH83/300, 6 December 1849.

²⁰⁹ NA Ref: MH83/300, 8 December 1849.

²¹⁰ NA Ref: MH83/300, 13 December 1849.

²¹¹ NA Ref: MH83/300, 5 January 1850.

²¹² Ibid.

²¹³ Ibid.

The completed plans for the new Powick Asylum, which contained very fine detail of the new buildings, were approved by the Secretary of State, in January 1850, which enabled the Visitors to complete contracts with the architect and the builders, although, at this time, the architect suggested that the appointment of a Medical Superintendent for the new asylum was essential, so that 'the buildings could be completed to his liking'.²¹⁴ At the Worcestershire Committee of Justices Meeting, held on 30 January 1850, it was announced that the contract to build the new Powick Asylum had been awarded to Thomas Haines, which was a decision immediately endorsed by the Secretary of State.²¹⁵ However, at this time, the Commissioners in Lunacy demanded more changes to the asylum plans, including the removal of the coal store from the cellar, so that coal was no longer to be 'shot' directly into the cellars, causing dust in a place, where the central passage was already thought 'too dark', because it was only lit through glazed panels in the doors, which would easily become obscured, if coal deliveries were tipped there.²¹⁶ The Lunacy Commission also suggested that lighting in the cellar, generally, should be improved in other ways, if this was possible.

In January 1850, progress on the new Powick Asylum building was already apparent, and it was reported that the whole of the ward buildings would be roofed, and the Superintendent's house 'carried up one storey', which was progress that was regarded as 'satisfactory'.²¹⁷ There was also some other progress evident, such as an improvement in the quality of the bricks available on the asylum site,²¹⁸ but then, in line with contemporary philosophies and practices, resulting from the 1845 Lunatic Asylum s' Act²¹⁹ it was decided that inmates at the new institution would work, if at all possible. Thus, for male patients, employment was to include work on the farm, in the gardens, and in various industrial 'departments', to be established at the asylum. Then, for female patients, the biggest number of inmates would be employed in the asylum laundry, although many other women would be involved in 'domestic work'; cleaning the asylum buildings and working in the central kitchens. Such employment was seen as desirable, because it occupied the inmates' time, but also, importantly, because it trained them in skills that were appropriate to their 'station in life', and this it was believed would aid their recovery of 'normality'; the only outcome that justified an individual's release from the asylum as 'cured'. However, withdrawing patients during 'work hours', also had the advantage of removing many patients from the asylum wards, thus reducing the numbers of attendants required to supervise the inmates there during the day. Thus, in the long term, this was a means of reducing the overall costs of treating and caring for insane paupers to a minimum. Facilities, to allow such employment, were thus considered essential, and were included in the plans for the new asylum. In March 1850, the Lunacy Commission approved details of the workshops that were by then being constructed²²⁰ and the Visitors agreed to release £2,000, of the architect's fees; part of the £5,000 advanced by the London Life Association, to allow interim payments for some of the minor building work, being undertaken. The same insurance company was then asked for a further loan of £5,000, by the Asylum Visitors, in mid-April 1850, this was agreed.²²¹

Interestingly, the Lunacy Commission was now unwilling to advise the Visiting Committee about heating and ventilating devices that might be used in the new Powick Asylum, because they claimed there were too many different types of this equipment in use, in various institutions, to make a realistic comparative evaluation possible. However, they did suggest that the use of open fireplaces, in the day rooms, and in some dormitories was essential, because such fires would provide both heat and ventilation. This advice led to a

²¹⁴ VM 30 January 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²¹⁵ *Ibid.*

²¹⁶ VM 15 December 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²¹⁷ VM 30 January 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²¹⁸ NA Ref: MH83/300, 5 January 1850.

²¹⁹ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

²²⁰ VM 30 March 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²²¹ VM 12 June 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

further suggestion that any system of ventilation requiring open windows was questionable, as it was likely to be wasteful of heat.²²² This lack of advice, from the Lunacy Commissioners, led the Visitors to write, to them to ask whether the Visitors would be best advised to dispense with everything but open fires and closed windows, in the new asylum buildings. They also asked the architect's advice, about this matter, and in the interim, the architect was sent a copy of Lunacy Commissioner's letter, and was asked to attend a Visitor's Meeting, to provide examples of heating systems. At this meeting, Mr. Medland clearly favoured 'Haden's Patent System', and when the question of whether day rooms and dormitories, in the new asylum, could be heated and ventilated by open fires, was raised, he commented that the 'cost of fuel for Haden's Patent System would be cheaper, than any of the alternative forms of heating available'.²²³ In his advocacy of Haden's System, the architect reported that this system had been in use for 'upwards of twenty years', in several other lunatic asylums, but that open fires and open windows, would be provided alongside this patent system of heating, but not for use in the winter months. Mr. Medland now insisted that a 'supply of congenial air...(was) essential for the patients',²²⁴ for health reasons, and a regular change of air in the buildings was also essential. However, Haden's System would ensure that this happened, both cheaply and more efficiently, than would open fires.²²⁵ Testimonials were then provided by Messrs Haden, the manufacturers of the warming and ventilation system, providing evidence of the success of this apparatus in other lunatic asylums. Now, typically, the cost conscious Powick Asylum Visitors, insisted that any contract, drawn up by the builder, must specify that the equipment installed, would, 'answer the purposes proposed, and must be kept in perfect repair for three years', after it was installed.²²⁶ In October 1850, the Visitors were told that a decision was urgently required about the choice of heating and ventilating system. Then, after the architect had reconfirmed that Haden's System was 'preferable to all the others' available,²²⁷ the Visitors agreed to adopt this system at the new asylum. The cost of this heating equipment was now estimated to be £1,914, that included the ventilating and warming apparatus, steam pipes, to warm the Chapel, corridors, and other rooms, together with steam culinary apparatus, boilers, pipes, cisterns, drying closets, ironing places, for the washhouse and laundry, and a 'power machine', for the washhouse. Other baths and boilers were also included, to provide hot water for the patient's ablutions.²²⁸

The aspect of the construction work at Powick Asylum that most concerned to the Asylum Visitors, at this stage, was the poor quality of bricks made on the asylum site, which were reported deficient, by the consultant architect, Mr. Stewart, who had been appointed at the outset of the planning phase of the asylum to advise the Visitors on the construction of the new asylum. He regularly inspected the ongoing building work, and his disquiet forced Mr. Medland, the architect, to give an assurance to the Visitors that some bricks that had already been made would be scrapped, so that only 'good and sound bricks' would be used.²²⁹ However, rumours about the quality of bricks made on the asylum site persisted, and in July 1850, when work on the asylum buildings was well advanced, it was suggested that the bricks made there were 'still bad', and that these 'bad bricks' were being used in spite of being rejected by the architect.²³⁰ It now appeared that such a problem caused some of the Asylum Visitors to begin to lose faith in the architect's expertise, and when Mr. Medland recommended Fox and Barrell's Patent Fire Proof Construction, for floors and ceilings in the main asylum building, as a cheaper alternative to the original materials that were to be used there, to provide durable floors, which was a measure that had been suggested previously, the Visitors doubted the architect's advice. This, then exacerbated Mr. Medland's situation, particularly as he was now thought, 'rather

²²² Ibid.

²²³ Ibid.

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Ibid.

²²⁷ Ibid.

²²⁸ Ibid.

²²⁹ Ibid.

²³⁰ VM 6 July 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

forcing in (his advocacy of) this plan'.²³¹ Clearly, the Visitor's relationship with the architect had deteriorated, and their suspicions led them to send the proposals to use Fox and Barrell's Patent Flooring Material to the Lunacy Commission, for their opinions. However, although the architect now exhibited an 'open attitude', in dealing with the Visitors, by openly telling them that there would be 'sundry additional expenditure' incurred, in building the asylum; Mr. Curtler, the Chairman of the Visiting Committee, now demanded that the architect's statements, about the progress of the construction work, be presented 'in writing'.²³² In spite of this apparent lack of trust between the Visitors and the architect, constructing the new Powick Asylum, the Secretary of State now approved the whole plan for the new buildings, and by this time some of the draft contracts, drawn up by the architect, had already been approved. Time now appeared to heal this rift between Mr. Medland and the Committee employing him.

In October 1850, 'stage money' was still being borrowed, by instalments, from the London Life Association to make regular payments, to both the architect, and the building contractor²³³ Mr. Medland's Reports now recorded that the site had been completely levelled, with the approach roads built, and that the male wards and refractory ward, were being roofed. The epileptic and convalescent wards, were also said to be in a 'forward state', and would, within a few days, be ready to receive iron joists, to support the floors. The female wards had brickwork five feet above ground level, and the offices, and cellars, of the main buildings, were now complete. Elsewhere, the stone plinth, on which the Medical Superintendent's house would be built, was set,²³⁴ and the builder appeared confident that by Christmas 1850, 'the whole of the ward buildings would be roofed, and the Superintendent's house would have been 'carried up one storey', so that providing the weather remained satisfactory, progress would be maintained. The quality of the bricks, made from 'brick earth' on the asylum site, had now also improved.²³⁵ Then, in mid-January 1851, the clerk of works reported that two refractory wards were now completely roofed, and slated, with the epileptic and convalescent buildings, for females, half roofed, boarded and slated, such that these rooms would be complete in about ten days. However, some of the other asylum buildings were now only about half a storey high, but other parts of the building had roofs already framed, and they were ready to be boarded and slated. The central building, and Superintendent's house, were now up to one floor, with most stonework for the stairs and floors in the buildings, almost ready. Doors and sashes were also fitted, in some places in the buildings, and the doors for the wards were already made, and were ready to be fitted. Outside the asylum buildings, the site was completely levelled, with the airing grounds already created.²³⁶ At this time, so advanced were the new buildings that the architect suggested that appointing a Medical Superintendent, to express his opinion on the new asylum, was now essential.²³⁷ However, this was still not an action that the Visitors wished to pursue immediately.

Understandably, the Asylum Visitors continually monitored progress on the new asylum buildings, and they sought a second opinion on the progress being made, from their consultant architect, Mr. Stewart, whenever this was thought necessary.²³⁸ In March 1851, as the new asylum took shape, the gardens and grounds were laid out, as areas where 'trusted patients' would be sent for recreation. Then, inevitably, the demand for additional land for the asylum increased, as decisions were made to ensure that the asylum was even more 'self-sufficient for food', than had originally been intended. A larger asylum farm was now planned, which was a development that meant that larger numbers of male patients would be employed on the land than had originally been planned. Thus, in March 1851, the Visitors decided to add 16 acres 2 roods and 24 poles of

²³¹ *Ibid.*

²³² *Ibid.*

²³³ VM 12 October 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²³⁴ *Ibid.*

²³⁵ *Ibid.*

²³⁶ *Ibid.*

²³⁷ *Ibid.*

²³⁸ VM 22 March 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

land, to the asylum grounds, by purchasing land from the Earl Coventry's Trustees, Ironically, on this occasion this sale was agreed, in spite of his Lordship's previous refusal to sell land to the asylum authorities. The Visitors now also purchased land from General H.B. Lygons, another member of the Coventry Family, to extend the Asylum Farm still further.²³⁹ In April 1851, the architect reported that the ward buildings were roofed, and slated, with their staircases, and doors, almost fixed, and the ceilings of the rooms nearly finished. The ventilating and warming apparatus, for the main asylum buildings, was now also being fixed, by Messrs. Haden, the heating contractors, using flues and brickwork already installed in the main asylum building, which was now complete. At this time, the Superintendent's house, and the central administration buildings were completely roofed, and the plastering and joinery in these buildings was proceeding well. Then, the central kitchens, with their adjoining offices, were expected to be completed within a few days, and the washhouse and laundry, were ready to be roofed.²⁴⁰ Away from the main buildings, work on the male workshops, to be used in conjunction with the existing farm buildings, had been left in abeyance; deferred until a Medical Superintendent was appointed, who would have a valid opinion about how these facilities should be arranged, and used. However, at this time, the appointment of a Medical Superintendent was still being delayed by the Visitors; it was suggested until the asylum was virtually complete, although the reasons for delaying this appointment were apparently only known by the Committee of Visitors, who did not reveal them, which led the architect to wonder how he should proceed with completing the asylum buildings without the advice of the man who would manage the asylum; the Medical Superintendent.. Such uncertainty was also evident regarding a gas works, which led Mr. Medland to ask whether the Visitors intended to light the asylum buildings with gas, because if they did want this option, a larger gas works than was planned would be necessary. It was then decided that the gas works, farm buildings, and workshops, should be grouped together, although even this decision needed the Visitor's permission, and they were apparently unable to decide on these matters until a Medical Superintendent was appointed to give an opinion on these matters – a real 'catch twenty two situation'.²⁴¹

Another important aspect of any large institution was its water-supply, so that a large Pauper Lunatic Asylum could only exist where 'potable water' was available, and assurances that such a water supply was present at the White Chimneys Estate, at Powick, were made from the outset, which led the chosen site for the new asylum to be described as, 'very suitable' for the new Worcestershire County Asylum, and in January 1848, it was claimed that the chosen asylum site had 'a copious supply of water, from a brook...(which would) be conducted by hydraulic means to tanks, and cisterns, in convenient positions' on the roof of the Asylum's main residential buildings.²⁴² However, in October 1849, it became clear from the items omitted from the planning documents, for the new Powick Asylum, that a hydraulic water ram, to convey brook water 100 feet up to the roof of the Asylum buildings, was not included.²⁴³ Then, in January 1850, the building contractor decided not to build a hydraulic water ram on Carey's Brook, to raise water to the top of the asylum buildings, under any circumstances, because the water supply in Carey's Brook had been found 'measurably insufficient for that purpose'. However, this decision was probably fortuitous, at this time, as the part of the brook, from which water would have been abstracted, was on the Earl of Coventry's land, and no permission had been negotiated, with his Lordship, to take water from this source.

The Visitors now suggested that water should be taken from a well, that had already been sunk, on the asylum site,²⁴⁴ although this arrangement, in itself, clearly caused concern to some of the Visitors, who were sceptical about whether this well would provide sufficient water. Then, in July 1850, the architect reported that the solution to the problem of supplying sufficient water to the new Powick Asylum would again be to take water

²³⁹ Ibid.

²⁴⁰ VM, 6 April 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) including Mr. Medland's Report.

²⁴¹ Ibid.

²⁴² NA Ref: MH83/300, 3 January 1848.

²⁴³ VM 3 October 1849, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁴⁴ NA Ref: MH83/300, 5 January 1850.

from Carey's Brook, with a hydraulic ram, to be located on the perimeter of the asylum site in Blackwell's Meadow, on land the Asylum Visitors had purchased from Sir John Pakington. The intention was now to create a five foot high weir there; increasing the depth of the brook, to feed a hydraulic ram.²⁴⁵ Thus, it appeared possible that the notion of using water from a well, on the asylum site, had been a convenient prevarication, until a solution involving a hydraulic ram on Carey's Brook; could be organised, and it appeared that using a hydraulic ram had always been the preferred option to provide sufficient water for the new institution. However, unfortunately, in October 1850, the contractor, who had been employed to build the hydraulic ram, decided to abandon the project, because he believed that the water supply from Carey's Brook was indeed insufficient. This decision led the architect to again suggest taking water from the well, although to do this required additional plans, and estimates, to be drawn up.²⁴⁶ By December 1850, the existing well was deepened, to a depth of 130 feet, and a four horse power steam engine was suggested as a means of raising water into two cast iron tanks on the roofs of the two wings of the main asylum buildings, with each tank holding one day's supply of water for the side of the asylum. It was also decided to put a rainwater pump, near the washhouses, to collect rain water in a specially constructed reservoir, for 'surface water' on the asylum site. Thus, the Asylum Visiting Committee had reverted to a 'cistern scheme', that had originally been envisaged and then rejected.²⁴⁷ However, whether even this additional source of water would be sufficient for the needs of an institution that was inevitably going to grow in size was questionable.

Table 1.3 Analytical results of Carey Brook water (W^m Herepath, Bristol 18/1/1851).

<u>Agent.</u>	<u>Quantity.</u>
Chloride of magnesium (bittern)	3.04g+3 grains.
Chloride of calcium (muriate of lime)	Trace only.
Nitrate of magnesia (cubic nitrate)	0.02 g + 0.02 grains.
Organic matter.	6.38 g + 6.33 grains.
Sulphate of magnesia (Epsom salts).	16.80g + 16.75 grains.
Sulphate of soda (glauber's salts).	4.80 g + 4.75 grains.
Carbonate of lime.	17.92 g + 17.75 grains.
Sulphate of lime (gypsum).	13.76 g + 13.75 grains.
Silica.	0,32 g + 0.33 grains.
<u>Muriate of soda (co on salt).</u>	<u>8.00 g + 8 grains.</u>
TOTAL	1 71.04 G + 71 grains.

The quality of the water obtained from wells, on the asylum site, was again scrutinised, because it was well known that water in workhouses, taken from shallow wells, was liable to contamination by surface water, causing some outbreaks of disease, particularly of typhoid fever. Thus, the Poor Law Authorities, both nationally, and locally, were very wary of the purity of water used in all types institutions, including lunatic asylums. Well water, at Powick Asylum, was now analysed by William Herepath, of Bristol, in January 1851, at a cost of two guineas (See Table 1.3). This analysis revealed little problem with the content of Powick Asylum's water supply, apart from its 'organic matter' content, which varied in quantity and nature, according to the rainfall fluctuation, although it was thought probable that 'some organic matter' in the Powick Asylum water supply would cause some outbreaks of epidemic diseases. However, as with paupers in the workhouse, most patients in Pauper Lunatic Asylums came from areas where water contaminated with sewage was the norm, so they would have some 'natural resistance' to stomach upsets, that the water caused.

²⁴⁵ VM 6 July 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁴⁶ VM 12 October 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁴⁷ From Mr. Medland, the Architects Report, 20 December 1850 in VM 30 December 1850, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

The need for water, at Powick Asylum, was now estimated, by the architect, to be forty gallons per patient per day, which was far in excess of what would be available from Carey's Brook, so the decision to continue to use well water was vindicated. The Visiting Committee remained circumspect about the use of well water, particularly because its use would require them to purchase a 'quite costly steam engine' to raise water from the well, which was now considered to be, the institution's main source of water. This led to a decision to reexamine the practicalities providing an adequate water supply for the Powick institution. It was again thought that water should be taken from Carey's Brook, but this should be supplemented with rain water, from the roofs of the asylum main building, which would be clad with lead sheeting, making gulleys to drain the rain water falling there. 'Soft water tanks', would then be constructed on the roofs of the main asylum buildings. However, the Visitors were frustrated by the assertion, often repeated by the Lunacy Commission, that an adequate supply of 'good water...(was) of the greatest importance to the institution', as an asylum could not function without such a water supply.²⁴⁸ At this juncture, the Visitors apparently again distrusted the asylum architect's opinion, and they demanded that Mr. Medland take a second opinion from Mr. Leader Williams; a leading water engineer,²⁴⁹ something that the architect only accepted with ill grace; and as a slight on his own expertise and abilities. Mr. Williams's Report, received, in February 1851, suggested the difficulty in determining the flow of Carey's Brook in the summer months. Whilst there was sufficient water, in the brook in the winter, to use a hydraulic ram, to raise water to tanks, the water in the brook in the summer months would certainly be insufficient for the institution's needs, even if rain water from the asylum grounds was used to supplement the brook water. Mr. Williams guessed that the amount of water in the brook in the summer months, was only about half of that in the winter. Clearly, providing an adequate water supply to the new Powick Asylum still posed huge problems.

Mr. Medland's resentment of the Visitor's recourse to the opinion of Mr. Leader Williams, re emerged, in March 1851. He now claimed that he had never doubted the sufficiency of water in the brook, to allow the use of a water ram in the winter, but he too doubted whether the water flow would be sufficient in the summer, so that Mr. Williams had simply confirmed the architect's own opinion. In June 1851, Mr. Medland, wished to compile a daily record of the water flow in the brook', so as to know how and when the brook flooded. The architect now assured the Visitors that he would provide more evidence, on the water supply in Carey's Brook, by constructing a temporary weir, to demonstrate whether if the brook flooded for a week, it would prevent the hydraulic ram from working. He thus concluded that building and using a hydraulic ram would itself cause flooding, that would inundate the land, and properties, upstream of the asylum and significantly this included property owned by the Earl of Coventry; causing embarrassment and even threats of litigation; something the asylum authorities clearly wanted to avoid at all costs.²⁵⁰ The brook water was now analysed again, and in March 1851. Mr. Herepath, reported almost exactly the same results as previously, although significantly, there was only about a third the quantity of organic matter in the water on this occasion. However, the Report did comment: 'It is a hard water, but will be palatable for drinking, and there is nothing injurious, or unpleasant, in it',²⁵¹ although the point was then made that this judgement may not be repeated if the analysis took place in the summer months.

The Committee of Visitors was clearly still not satisfied with these conclusions about the asylum's water supply. In April 1851, Mr. Leader Williams reconfirmed his opinion on the Powick Asylum water supply, stating that there was potentially 89,620 cu. ft. per minute flowing in Carey's Brook in the winter, making a hydraulic ram delivering 8,000 gallons to the institution, every day practical, but an adequate water supply for the institution in the summer would take 100% of the water in the brook, which would indeed deprive the properties downstream from the asylum of all their water supply from the brook. Thus, water would have to

²⁴⁸ VM 18 January 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁴⁹ Ibid.

²⁵⁰ VM 22 March 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).quoting Mr. Medland's Report of 8 March 1851.

²⁵¹ Ibid

be taken from the deep well on the asylum site. Mr. Leader Williams was concerned about the quality of the water that would be available during the summer months from this source. A further analysis of the brook water, at the lowest rate of flow, in the summer months, was now made, to ascertain whether the quality of water, at this state of flow, was still 'adequate'.²⁵² However, by this time the hydraulic ram and water tanks were almost finished, as were the rain water gulleys to drain into soft water tanks on the roof.²⁵³ Now, rather than being outraged that his opinions were being ignored, Mr. Medland, the architect expressed his delight that Mr. Williams had, again, 'confirmed his (Mr. Medland's) own opinions on the asylum water supply'.²⁵⁴ In mid June 1851, the Asylum Visitors suspended their decision on the asylum's water supply, until August 1851, for further investigations to be made about Carey's Brook. At this juncture, the Visitors expressed their own confidence that a hydraulic ram, at the brook, and a hand engine at the well, to raise water there, would provide sufficient water for the asylum's use. Then, in July 1851, the Visitors agreed that another analysis of the water from the brook, at its lowest level, be procured.²⁵⁵ Mr. Herepath's new Analysis, in September 1851, showed that an imperial gallon of the brook water contained substantial amounts of magnesium salts, (23 grains per gallon), which would give a laxative effect,²⁵⁶ but otherwise this new analysis confirmed the information that the Asylum Visitors had already received.

Expert opinion was still that the hydraulic ram was impractical, because the water flow in the brook was insufficient in the summer months, although more worryingly, the analysis of the brook water, at its lowest flow level, showed that it was unsuitable for drinking purposes anyway, but it was suitable for bathing and washing. At the Michaelmas Quarter Sessions of the Worcestershire Justice, in October 1851, the decision to abandon using a hydraulic ram to provide a water supply at the asylum was confirmed and instead, a four horse power steam engine was to be employed, to raise water from the main asylum well into the institution's buildings.²⁵⁷ Thus, the architect advertised for tenders to supply such a steam engine, complete with the necessary equipment to raise water from the Carey's Brook to the storage tanks on the roof of the asylum buildings.²⁵⁸ In December 1851, Messrs. Haden, Cox and Wilson's tender to, provide a steam engine, at a cost of £580, was accepted.²⁵⁹ However, in January 1852, with the asylum buildings nearing completion, the water supply in the main asylum kitchens was augmented, by a hand capstan, on a well head, in the court yard, outside the kitchen. Water from this well was used exclusively for cooking purposes.²⁶⁰ However, the problems of providing sufficient water to the new Powick Asylum were, as severe as ever and the Visitors were required to accept many compromises before they arrived at a resolution. However, with hindsight, the unsatisfactory outcome arrived at, re emphasised the importance of ensuring that any site for a new large institution, must have an adequate supply of water, before the site for the institution was even purchased, let alone built on.

Another important matter for Powick Asylum was the issue of needing a dependable fuel to heat, and light, the asylum, and to use for cooking purposes. These issues were debated by the Visitors, and their advisers, in July 1851, when providing a gas works for the institution, was first discussed, although the Visitors were particularly concerned that such a plant might be a nuisance, because of smoke, and the odour of coal gas pervading the atmosphere in the area where the asylum was situated. These problems led the Visitors to contemplate purchasing gas from an outside gas supplier,²⁶¹ but when the architect made inquiries about

²⁵² VM 6 April 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) including Mr. Leader Williams's Report.

²⁵³ *Ibid.* including Mr. Medland's Report.

²⁵⁴ *Ibid.*

²⁵⁵ VM, 19 July 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁵⁶ VM 6 September 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁵⁷ VM 4 October 1851 WCRO Ref: b. 125, Acc. No. 710, Par 1(I). Including the Minutes of the Meeting at the commencement of the Michaelmas Sessions of the Worcestershire Committee of Justices,

²⁵⁸ *Ibid.*

²⁵⁹ VM 25 October 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁶⁰ VM 24 January 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁶¹ VM 19 July 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

purchasing such gas, from a local wholesale supplier, who would pipe coal gas from the Worcester City Gas Works, the couple of miles to the asylum, this option was shown to be too costly, and not practicable. The Visitors now asked the architect, if steam could be used for cooking purposes, with solid fuel used for heating the asylum, and oil lamps for lighting the buildings, However, Mr. Medland felt that steam pipes were not an appropriate means of heating for culinary purposes, and his advice led the Visitors to decide to use gas lights in the asylum, as well as for cooking meals, which was a decision that meant that the coal gas, necessary to do this, would have to be supplied, either from a gas works on the asylum site, or from a coal gas plant immediately adjacent to the asylum site. The Visitors now decided to erect a gas works 500 feet from the asylum buildings, to the south east, in the direction of the prevailing wind, so that any smoke, and odours from the gas plant, would blow across uninhabited rural land. However, by 1851 it was clear that gas manufacture now caused less effluvia than it had done.²⁶² The planned gas works were to cost £650, to build, with £350 more to be spent, on installing pipe work, and lights, in the asylum buildings. It was also planned to screen the asylum buildings, from the gas works, using a thickly planted orchard, which already existed.²⁶³ Once installed, the cost per year for gas produced in the new manufacturing plant would be, around £200, inclusive of interest and the maintenance costs. This meant that the coal gas produced, on asylum site, would cost 4/- per 1,000 cubic feet, with coal to make the gas delivered to the asylum for 4/- per ton, by the new Worcester to Hereford railway. However, Mr. Medland had also investigated a patent apparatus to make gas from either oil, or from resin, with both fuels said to produce gas of greater 'brilliancy, purity and cheapness', than coal, and this gas was also said to cost less than coal gas. In spite of this advice, the Visitors decided to defer a decision on the fuel to be used in the gas works, although they did see that it would be necessary to fit the same gas fittings in the asylum buildings, whatever the fuel used to make the gas, so that a contract was immediately drawn up, to fit pipe work, and lights, in the asylum buildings, before the type of gas to be burned was known.²⁶⁴

In October 1851, the failure of the supplier of gas stoves, to the asylum, to provide details of costs of cooking by gas, that had been requested and promised, meant that no decision about how to fit out the asylum kitchens could be made. This led the Visitors to send the contractor, who was building the asylum to visit Rainhill Asylum, at Liverpool, to investigate the system of cooking used there. However, in the meantime, the Visiting Committee asked the advice of nine other Pauper Lunatic Asylums about cooking, and lighting the institution's buildings, with gas, and the responses to this request unequivocally demonstrated that gas would be the most satisfactory fuel to be used for cooking, at Powick Asylum. Thus, Messrs. Rogers and Masey, of Gloucester, who had tendered 20% less than other contractors, to provide the tubing and fittings for the gas supply, at the asylum, were awarded a contract to provide, and fit, the gas piping in the Powick Asylum buildings, although they were expected to give an assurance, to the Visitors, of the good quality of their fittings, and the workmanship used in installing this piping.²⁶⁵ In October 1851, once the gas pipes were installed, the contractor employed to fit out the kitchens, attended the Visitor's Meeting, and suggested that the 'cost of cooking with gas would add little to the expense of the asylum's construction'.²⁶⁶ Then, at the Michaelmas Quarter Sessions, in 1851, the Committee of Justices endorsed the decision to light the asylum buildings, using gas, manufactured in a purpose built gas works, on the asylum site, using coal as the source of the gas.²⁶⁷ By March 1852, Dr. Grahamsley, the Medical Superintendent elect, of the new Powick Asylum, had agreed that the gas works should be proceeded with immediately.²⁶⁸

²⁶² VM, 6 September 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁶³ *Ibid.*

²⁶⁴ *Ibid.*

²⁶⁵ VM 4 October 1851 including the Minutes of meeting at the commencement of the Michaelmas Sessions of the Worcestershire Juices, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁶⁶ VM 25 October 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁶⁷ VM 4 October 1851 including the Minutes of meeting at the commencement of the Michaelmas Sessions of the Worcestershire Juices, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁶⁸ VM 13 March 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

In April 1851, the Asylum Visitors had commented that: 'In a majority of modern asylums, a recreation hall was provided, where patients, of both sexes, could meet together, or separately, for the purpose of amusement, musical, recreation, dancing & c.' (sic) ²⁶⁹ However, at Powick Asylum there were no plans for such a facility to be provided, but procuring such a room, as cheaply and as soon as possible, was considered by the Visitors. They now decided that the Chapel, that had already been included in the asylum plans, might perform a dual function; for both religious devotion, and for entertainments; an arrangement that the Lunacy Commissioners thought practicable, and one which had been adopted in some other Pauper Lunatic Asylums. The Commissioners found the planned Chapel, at Powick Asylum, 'admirably suited for this purpose, because it was central, spacious and in all points desirable...(and it was described as a) detached building...(of) simple ecclesiastical style...(which would provide) a pleasing feature in the scenery, and at the same time keep up the idea...(of the patients) "going to Church".' ²⁷⁰ In most other Pauper Lunatic Asylums, Religious Services were held two, or three times, a week, in a building similar to the one planned for Powick Asylum. However, in some other asylums entertainments were also held in the institution's Chapel, and the Powick Asylum Visitors suggested that the cost of altering the planned Chapel, so that it could also serve as a recreation hall, was estimated to be £600, ²⁷¹ which appeared to the Lunacy Commissioners to be a price worth paying for the additional facilities provided by such a recreation hall. However, in July 1851, the Visitors were adamant that the Asylum Chapel, should not be converted for the dual purpose of worship and entertainment, and they were absolutely obdurate about this matter. However, why they were now so opposed to the idea, that they had originally openly discussed, was not clear, although it was possible that pressure from some religious group had been exerted, because the dual use of the Chapel was described as 'sacrilegious'. At this same time, the architect suggested that the planned Chapel should have a deal wood floor, but this idea was also immediately rejected by the Visitors, who preferred to adhere to the original contract, and have a tiled floor, which they appeared to regard as more fitting to a religious building. ²⁷² The decision not to convert the Chapel for a dual purpose was confirmed in December 1851. ²⁷³

In June 1851, the Asylum Visitors thought it prudent to acquire more land for the asylum, because when the site was levelled, it was five feet higher than the adjacent land, belonging to Lord Coventry; compromising the privacy of adjacent properties. The solution to this problem was to purchase additional 'marginal land', for £1,650; with the cost of this additional land per acre, determined by the amount previously paid for Sir John Pakington's land. ²⁷⁴ This action led, in October 1851, to a decision taken at the Michaelmas Quarter Sessions, to have the whole asylum grounds relevelled, and to have all fences made secure; work that was to be paid for by a further £10,000 loan, raised in a similar way to previous loans. ²⁷⁵ In June 1851, the construction of the new workshops, to employ male inmates, had not yet started, probably because decisions about the asylum farm were still pending, although it was also likely that the Visitors wanted a Medical Superintendent to be appointed first, who would then be able to express his opinion about the employment of patients at the asylum, before a decision about the workshops was made. However, it was also clear that the Visitors did not wait for a Medical Superintendent to be appointed, before these changes were made to the asylum farm, because, in July 1851, the Visitors felt that the old farmhouse, on the asylum site, was not close enough to the main building, to be easily used, in conjunction with the new workshops, so instead the Visitors decided to use the existing farm buildings to enable the estate to be farmed efficiently. To do this, the farm buildings were enlarged, which then meant that it was inevitable that more land should be added to the Asylum Estate, to make the institution as self-sufficient as possible, in terms of foodstuffs. However, this decision also meant

²⁶⁹ VM 6 April 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) including Mr. Medland's Report.

²⁷⁰ Ibid.

²⁷¹ Ibid.

²⁷² VM 19 July 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁷³ VM Min, 6 December 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁷⁴ VM 26 June 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) includes the Minutes of the meeting at the commencement of the Easter 1851 Quarter Sessions.

²⁷⁵ VM 4 October 1851 including the Minutes of meeting at the commencement of the Michaelmas Sessions of the Worcestershire Juices, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

that the farm would then provide substantially more employment for asylum inmates, and the quality of the food provided for the 'Asylum Community', from the farm, would also be 'enhanced'. However, this decision also meant that the new workshops would have to be constructed nearer to the main asylum building, and the architect was told to consult the Lunacy Commission about this arrangement. He was also asked to produce amended plans for the farm buildings,²⁷⁶ where it had now been agreed, as much of the asylum's food as possible would be produced.

Detailed alterations, to the asylum buildings, were inevitably made, as the building's construction progressed, so that deal flooring was now placed on the fireproof metal floors, that had been used, as a substitute for cement; a decision that had been supported by Messrs. Fox and Barrell, the flooring contractors. The cost of this alteration was £350, and this additional expenditure was justified, in a letter, stating that the flooring contractors could provide, whatever surface the Visitors felt necessary. However, at this time, most Asylum Medical Superintendents preferred wooden boards.²⁷⁷ Thus, Wiltshire Asylum, at Devizes, had recently switched to wooden floors, in its corridors, whilst at Buckinghamshire Asylum, at Aylesbury, and at Claybury Asylum, in Essex, wood had replaced the asphalt, that had originally used for floors in building that asylum. However, it was then suggested, that only in the dormitories, for 'dirty patients', would wooden floors be inadvisable. At Colney Hatch Asylum, in Middlesex, where the same flooring contractors, being employed at the new Powick Asylum, had installed wooden boarding floors everywhere, except where 'dirty patients' were housed, The same decision had been made at the North and East Riding of Yorkshire Asylum, at Clifton Green, near York, where wooden boards were used in the dining rooms, and day rooms. However, these 'facts' did not persuade the Powick Asylum Visitors to make more extensive use of wooden floors at their new asylum. In April 1851, Mr. Medland reported that the main asylum buildings at Powick, would be ready for occupation by Christmas 1851,²⁷⁸ and Mr. Stewart, who was still employed by the Asylum Visitors to scrutinise Mr. Medland's work, reported on the general survey that he had conducted, when he had found no settlement of the foundations of the buildings, which he found surprising given the extent of the buildings. He also noted that the fireproof floors had already been partly fitted, but he then expressed the hope, and belief, that the Visitors would, when the new asylum was complete, 'have a building, (that was) well adapted for its purpose, and creditable to all parties concerned.'²⁷⁹ Mr. Medland also reported on, 'satisfactory progress on all of the wards, except the infirmary wards'. All wards were now roofed, and two ventilation shafts, from the furnaces in the cellar, to above the roofline, had been completed, so that they vented smoke, and fumes, from the furnaces that heated the asylum buildings. The fireproof floors, and ceilings, considered essential if the building was to be insured, were also nearing completion, and the doors were all in place. The main building, and the Superintendent's house, were now also ready to have the joists fitted to them, on three floors, with the joiner's work 'well advanced'. These buildings were now expected to be roofed, within the month, and the kitchens, and offices, were already being slated. The work on the washhouse, and laundry, was now about to begin, and the ground for the airing courts, was being levelled, and the walls around these areas, where inmates would spend their leisure hours, were being built and laid out.²⁸⁰

In June 1851, at the time of the Midsummer Quarter Sessions, the Powick Asylum Visitor's Building Sub Committee, suggested that progress on the asylum building, reflected credit on the architects, and contractors²⁸¹ although Mr. Stewart, their adviser on the progress of the building work, did suggest that he had problems completing his detailed Report, because it had proved very time consuming to write. However, he did suggest that as the joinery for the asylum buildings was prepared at Cheltenham, and brought to the

²⁷⁶ VM 26 June 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) including Mr. Stewart's Report.

²⁷⁷ VM 6 April 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i) including Mr. Medland's Report.

²⁷⁸ Ibid including Mr. Leader Williams's Report.

²⁷⁹ Ibid including Mr. Medland's Report.

²⁸⁰ Ibid.

²⁸¹ VM 26 June 1851 included the Minutes of meeting at the commencement of the Midsummer Sessions of the Worcestershire Juices in 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i)

asylum site, great care was necessary to inspect it, when it arrived at the asylum site. Indeed, when he did this, he found that some of the skylights, delivered to the asylum site, were not up to the 'best standards' although he did think this was a 'trifling matter'.²⁸² At the next Quarter Sessions Meeting, in October 1851, it was agreed that an additional payment would be made, to construct roads, on the asylum site, which would be paid for from a further £10,000 loan, which had been used to purchase additional marginal land, to ensure the privacy of the asylum site. It was also confirmed that the new asylum would be open by mid-summer 1852, and that a Medical Superintendent would be appointed, as soon as the Visitors had taken advice from the Lunacy Commissioners, about this appointment, and then, the many 'other necessary asylum officers', would be appointed.²⁸³ However, it was also reported that the building contractor, constructing the new asylum, had died, but his executors had assured the Visitors that they would ensure that the building contract, for the construction of the asylum, would be completed. However, so seriously did the Committee of Visitors regard this matter that they decided to hold discussion of this matter over until a Special Convened Meeting was held, on 16 December 1851, because the matter of the completion of the building contract, was thought likely to have serious implications for the institution.²⁸⁴ However, the reconvened meeting, accepted the building contractor's executor's assurances, and shortly after this, the Birmingham, the Norwich and the Sun Insurance Companies, were all asked to quote to insure Powick Asylum's buildings for £10,000.²⁸⁵

In November 1851, the Asylum Visitors decided to advertise for a Medical Superintendent, for the new Powick Asylum; for a residential post, with furnished living accommodation provided, for the person appointed. However, there was no board, or other living expenses, included in the salary, apart from coals, candles and clothes washing. The salary offered for this post was, £350 per year, for a 'man qualified, both as a surgeon, and as an apothecary'.²⁸⁶ A university degree was not considered essential for this post, but preference was to be given to 'gentlemen accustomed to the care and treatment of lunatics'. It was left to the Asylum Visitors Clerk, to produce an advertisement, to be placed, twice, in the local Worcester newspapers, in *The Times* and in the *Midland Counties Herald*, with applications, and testimonials, to be submitted, by 1 December 1851. The advertisement also specified that no applications were to be made directly to members of the Asylum Visiting Committee, which was the normal practice in such appointments, to prevent 'canvassing'.²⁸⁷ By December 1851, fifty seven applications had been received for the Powick Asylum Medical Superintendent's post, and Messrs. Curtler, Temple and Bedford, were asked to form an 'Appointments Sub Committee', of the Committee of Visitors, to investigate these applicants, and their testimonials. This Sub Committee made recommendations as to which applicants should be interviewed, although as the original advertisement had not asked the applicants their age, marital status, or whether they had dependent relatives, it was necessary for a circular letter to be sent to each applicant, to obtain this missing information.²⁸⁸ On December 15 1851, a short list of five candidates was drawn up, who were to be called for interview.²⁸⁹ It was then reported, on 23 December 1851, that Dr. Alexander Grahamsley, of the Royal Asylum, Edinburgh, had been unanimously elected, as Medical Superintendent of the new Powick Asylum, subject to stipulations he had agreed. The Chairman of the Visitors, in late December 1851, now wrote to Dr. Grahamsley asking him to visit Powick Asylum to meet the Committee of Visitors.²⁹⁰

²⁸² Ibid including Mr. Stewart's Report.

²⁸³ VM 4 October 1851 including the Minutes of meeting at the commencement of the Michaelmas Sessions of the Worcestershire Juices, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁸⁴ VM 25 October 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁸⁵ VM 23 December 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁸⁶ VM 6 December 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁸⁷ Ibid.

²⁸⁸ Ibid.

²⁸⁹ The short list consisted of Dr. Campbell, Mr. Grahamsley, Mr. Morison, Dr. Ramsey a Dr. Jamieson.

²⁹⁰ VM 23 December 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

In December 1851, another matter, thought potentially to have implications for Powick Asylum, was reported. A Bill was soon to be placed before Parliament to establish the Worcester and Hereford Railway Company,²⁹¹ and it was suggested that the railway line, to be constructed by this company, would pass through the asylum grounds. However, whilst this would facilitate the transport of goods and passengers to, and from the asylum, which the Visitors had already discussed, for the delivery of coal and other goods, the proposal for the line to pass through the asylum site had its dangers, which led the Asylum Visitors to refuse permission for the railway line to come close to the asylum.²⁹² In March 1852, the yet to be incorporated Railway Company, was informed that they should not construct their track, to 'come nearer than the line on the existing map, about a mile from the asylum, although a siding, for the delivery of coal and other goods to the asylum, together with an arch under the embankment, would be required, together with a road to the asylum land, that would be cut off by the railway line.'²⁹³ The Visitors also demanded that 'a proper fence' be provided, along the railway line, to prevent the escape of patients.²⁹⁴ A month after this decision, it was obvious that the Railway Company's intended siding on the edge of the asylum site would indeed enable coal, to fire the asylum's steam engine, to be delivered to the coal cellar constructed to store the fuel, and to deliver supplies to the asylum gas works.

In January 1852, Dr. Grahamsley's appointment was ratified, according to the agreed terms, on six months notice. He was to commence his duties on, 1 March 1852, by which time he must be resident in Powick.²⁹⁵ In preparation for their first meeting with Dr. Grahamsley, the Visitors wrote to the Lunacy Commission about the Rules of a Pauper Lunatic Asylum, and they also asked advice on the number of other Officers, thought necessary, at the new Powick Asylum, but they also wondered about the weekly cost per patient, likely to be charged, and whether there was to be any difference in costs, between male and female patients. The Visitors also enquired about, the form of accounts to be kept by the new institution. In response, to these questions, the Lunacy Commission sent 'Model Rules and Regulations for Pauper Lunatic Asylums, together with the 'forms of accounts', to be used in the new institution. They also suggested that the weekly charge for pauper lunatics would vary according to the locality the lunatic asylum served, so that the advice given was of little use to Powick Asylum Visitors, because they had no knowledge about how the locality of their asylum compared with other similar institutions elsewhere. Logically, the Visitors decided to fix maintenance charges, at Powick Asylum, at a level that they believed would defray the costs incurred in running the new asylum, including the cost of clothing the inmates. However, inevitably, in spite of the clear instructions provided by the Lunacy Commission, the Visitors were still perturbed about these administrative matters. It was now clear that the Visitors had to amass an 'adequate stock of all necessary materials', before they could open the new asylum. as required by an Act of Parliament, passed in 1846,²⁹⁶ but they were inevitably uncertain how to tackle the multitude of task they were faced with. The Asylum Visitors now decided to estimate the weekly charges they would make for the care of pauper lunatics, on the basis of what was inadequate evidence, which meant that the initial maintenance charges they set, were inevitably set higher than was actually necessary. Thus, it was assumed that the asylum maintenance fees charged, when the asylum first opened, would be an 'over estimate', and that these fees would then inevitably be reduced, as the number of patients at Powick Asylum increased, particularly as the numbers of Officers, and their salaries, were adjusted. However, the advice given by the Lunacy Commission, to the Visitors, had also suggested that they look at

²⁹¹ A few weeks before the Visitors had hoped at the Worcester to Hereford Railway as was being planned in the early 1850s would provide a siding for the delivery of goods, including coal, to the asylum. However, the Worcester and Hereford Railway Company was not incorporated until 1853 and the line eventually opened in 1859. However, by this time it opened the original plans to route the railway adjacent to the asylum was altered, mainly because of protests from the Visitors about the possibility of escapes by lunatic patients onto the line, which was en route at least a mile to the east of the asylum, with a siding planned to serve the asylum site.

²⁹² VM 23 December 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁹³ VM 13 March 1852. WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

²⁹⁴ *Ibid.*

²⁹⁵ *Ibid.*

²⁹⁶ 9 a 10 Vic. C. 84 s. 10 (1846).

how Derby Asylum, and fifteen other asylums, had coped with estimating maintenance costs when they first opened.²⁹⁷

In January 1852, before Dr. Grahamsley had met the Committee of Visitors, they had made a tour of inspection of the new asylum buildings, with the architect, and they had concluded that an additional water closet was necessary in each ward, and that there should be a lavatory in the laundry, for the patients who worked there. They also believed that a fire grate was needed, in each of the the infirmary wards, and that the windows in the refractory wards needed shutters, but also that more doors ought to be created to allow free access to the airing ground allotted to the class of inmate occupying each ward, where no door was already provided.²⁹⁸ However, once Dr. Grahamsley was in residence, at Powick, he would give advice to the Visitors on other matters about the buildings, and the way they were equipped. For instance, the new Medical Superintendent felt that it was regrettable that there were no sculleries in the wards, so that he suggested that the storerooms, adjacent to the wards, should be converted into sculleries. However, he agreed with the Visitors that workshops to employ male patients, should be constructed immediately, and that the surface drains in the asylum grounds needed excavating, to prevent localised flooding of the asylum site. He also believed that an 'inspection window' was necessary in all dormitory doors as a safety measure.²⁹⁹

At the time of his first meeting with the Committee of Visitors, in early 1852, Dr. Grahamsley was unable to provide a Report on his first impressions of the new asylum building, because he had 'found difficulty in gaining access to the asylum site'. However, even before he took up his appointment, in March 1852, the new Medical Superintendent had set about appointing the other staff of the Asylum. Mr. James Smith, of Morningside Asylum, Edinburgh, was engaged as house Steward, at a salary of £120 per annum, whilst his wife was to take charge of the dairy and poultry. This man had been given a testimonial by Dr. Skae, who was apparently already well known to the Powick Asylum Visitors. However, the Visitors now recommended postponing appointing other officers, until Dr. Grahamsley was in residence at Powick.³⁰⁰ Once he had moved, Dr. Grahamsley attended his first Visitor's Meeting, as 'Medical Superintendent of the Asylum',³⁰¹ and he was now given permission to appoint a Matron, and servants, as soon as possible.³⁰² On a more mundane level, the new Medical Superintendent's first meeting with the Visitors, also agreed that an external porch should be provided on the laundry entrance, to prevent male and female attendants mixing there. Mrs. Peagit³⁰³ was appointed Matron, in May 1852, at a salary of £60, on the strong recommendation of Dr. Grahamsley, with Mary Anne Pargeter, appointed as cook, at a salary of £14 a year, whilst the other servants were then to be appointed by Dr. Grahamsley, who was then to supply the Visitors, with a list of names and salaries, for the people he had appointed. However, the election of an assistant house steward was left in abeyance, as Dr. Grahamsley wanted to further investigate the applicants for this post.³⁰⁴ Subsequently, Mr. James C. Hulme was appointed to this post, at a salary of £100. He was to take charge of the farm and gardens, and his wife was employed, to be responsible for the dairy, once cows were kept at the asylum. House, coal, gas, vegetables and milk were included, as part of the contract for these joint posts.³⁰⁵ Six tons of coal, to heat the asylum buildings, was now also ordered.

It was now reported that the room where the Visitors were to hold their regular meetings was now complete, and ready for use. Then, Dr. Alexander Grahamsley, the newly appointed Medical Superintendent, was asked

²⁹⁷ NA Ref: MH83/300, 18 January 1852.

²⁹⁸ VM 10 January 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i)

²⁹⁹ VM 13 March 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁰⁰ Ibid.

³⁰¹ VM 13 March 1852. WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁰² VM Minutes of meeting at the commencement of the Easter Sessions of the Worcestershire Juices 5 April 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁰³ The Matron's name was spelt Paget and even Piaget elsewhere.

³⁰⁴ VM 8 May 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁰⁵ VM1 June 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

about the levelling of the asylum site, the numbers of Officers, and servants, to be employed in the institution, the location of the gas works, and for his estimate of when the asylum was likely to be ready for occupation. It was at this juncture that Mr. Helm, the Visitor's Clerk, began to collect information about 'Chargeable Lunatics', from Worcestershire Poor Law Unions, who would be eligible to be sent to the new Powick Asylum.³⁰⁶ It was clear that at this stage, the intention was to open the new asylum in June 1852. Then, in March 1852, the decision to make the asylum as self-sufficient as possible, was reaffirmed, which led to farming being commenced at the asylum, when the land for growing crops was prepared. At this time, a decision was also made, on the exact site of the asylum's gas works,³⁰⁷ in the hope that these works could be completed a couple of months early, before the asylum opened, to allow this gas plant to be commissioned, and operative.³⁰⁸ However, in May 1852, the decision to defer building the workshops, until the asylum was occupied was rescinded,³⁰⁹ after Dr. Grahamsley had been appointed as the Medical Superintendent, and he had agreed that the asylum's workshops should be erected, on an appropriate site. However, this meant that the workshops would still be under construction, when the asylum opened.³¹⁰ In April 1852, the Visitors were sufficiently satisfied with the new asylum, that they agreed to pay the late contractors executors, for the work completed on the asylum buildings, and they also agreed that six cells, in the refractory ward, should be provided with boarded floors, instead of cement ones that had already been laid. Two additional 'padded rooms', for very restive patients, who were liable to injure themselves by falling about, were also to be provided.³¹¹ At this same time, Dr. Grahamsley was asked to draw up a list of furniture, required for the asylum, and to advertise tenders for the supply of the items he chose,³¹² which was a matter dealt with at the next County Justices Meeting, at the Easter Quarter Sessions, in April 1852, when it was reported that a further £10,000 loan had to be obtained, to add even more land to the asylum site, using money borrowed from the County Infirmary, which was to be paid back by instalments, from the Poor Rates, at an interest rate of 4.5%.³¹³ At this time the asylum farm house was put into 'a proper order', so that it could be occupied by the Asylum Clerk and Steward, from 1 May 1852.³¹⁴ Then, when, in May 1852, tenders were received for furnishing the Medical Superintendent's house, for £567, this offer was accepted, by the Visitors, providing the 'goods supplied were of an acceptable quality'. The same furnishers, who tendered to equip the Medical Superintendent's house, also quoted the lowest amount for equipping the Matron's room, and the asylum offices, at a cost of £183 15 -6, and this tender was also accepted. Dr. Grahamsley now selected all of the ironmongery, china, glass, and earthenware required for his house, and this equipment was also paid for by the Visitors.³¹⁵

In June 1852, Messrs. Webb and Lewis were appointed as a 'Sub Committee of the Committee of Visitors', to superintend the purchase of articles of furniture, clothing and the like, for the whole asylum, when it opened.³¹⁶ However, immediately before the new asylum was due to open, Mr. Medland, the architect, reported that the coverings of the floors, in some of the asylum corridors, had cracked, because the whole structure of these floors was found to be defective; because improper materials had been used in their construction, by a specialist contractor. However, the architect believed that had the proper materials been used in constructing these floors, no problems would have arisen. In fact, by this time, these floors had been laid for about a year,

³⁰⁶ VM 10 January 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i)

³⁰⁷ VM 13 March 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁰⁸ VM 8 June 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁰⁹ VM 19 July 1851, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹⁰ VM 8 April 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹¹ VM Minutes of meeting at the commencement of the Easter Sessions of the Worcestershire Justices 5 April 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹² VM 8 April 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹³ VM at the commencement of the Easter Sessions of the Worcestershire Justices 5 April 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹⁴ VM at the commencement of the Easter Sessions of the Worcestershire Justices 5 April 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹⁵ VM, 8 May 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹⁶ VM 1 June 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

and the defects in these surfaces should have been noticed previously. The only solution to this problem available, was to replace all of the defective floors, with the costs paid by the builder, However, inevitably, the contractors executor's counter claimed that the 'principle' on which the floor was based was at fault, and that if they relaid these floors, the defect would recur. In spite of this, the contractor's executors were ordered to relay the floors, for £700, less the allowance for cement, of £150, so that the contractors would pay £550. It was then stipulated that this work be completed by 24th June, otherwise a further £5 a day would be forfeited, which was an arrangement that was agreed, although it was clear that there were then implications for the agreed opening date of the asylum.³¹⁷ This meant that Martin Ricketts and Charles Hastings, the proprietors at Droitwich Lunatic Asylum, and the keepers of private asylums used by other Worcestershire Poor Law Unions, to house their insane paupers, were asked to keep the pauper patients to be transferred to the new Powick Asylum, at their institutions for an additional six weeks. The Powick Asylum opening was then rescheduled, to 11th August 1852, and Dr. Grahamsley was asked to make the best arrangements he could, with regard to the asylum servants, who he had already appointed, until the institution opened.³¹⁸ In spite of the delay in opening the new asylum, the day to day administration of the institution began, with the food to be consumed, between the opening of the asylum and Christmas, already tendered for, and ordered. Tenders were also advertised to supply books chosen by the asylum Chaplain elect, to be read by patients³¹⁹

Clearly, by the time that Powick Asylum opened, in August 1852, a large sum of money had been raised, and expended, at the behest of the Worcestershire Committee of Justices, on creating an institution specially designed for the treatment of insane paupers, from the thirteen Poor Law Unions of Worcestershire. The new asylum contained four sorts of environment, specifically designed to ameliorate the mental affliction, that had led to an individual pauper's incarceration, in the asylum, in the first place; with an additional ward of each side of the institution, for dirty patients, who were difficult to keep clean in ordinary wards. However, whilst the new asylum had been created according to the precepts of the Poor Law Board, that were applied to any institution dealing with paupers, the Lunacy Commission the body set up, by the 1845 Lunatics' Act,³²⁰ to oversee the condition and treatment of the insane in lunatic asylums, had much influenced the nature of the institution created at Powick. However, it was also obvious that in the seven years, after the passing of this legislation, and before the Worcestershire County Lunatic Asylum could be opened, the mode of treatment in some Pauper Lunatic Asylums had developed, and practices in these institutions had evolved. However, the Powick Asylum Committee of Visitors then opened an institution that at least initially, would treat the insane paupers of Worcestershire, according to the orthodoxies of the Poor Law Board; using, 'treatment by classification'.

As insane paupers committed to the new Powick Asylum would be ascribed to individual wards, according to their diagnosed mental affliction, on their committal to the asylum; suffering from dementia, idiocy, imbecility, mania and melancholia, logically there is a need for readers of this book to be apprised of the nature these afflictions, which is the purpose of the next Chapter of this book.

³¹⁷ VM 8 June 1852, WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³¹⁸ Ibid.

³¹⁹ Ibid.

³²⁰ 8 & 9 Vic. c. 100 (1845) Lunatics' Act.

CHAPTER 2. THE MENTAL CONDITIONS TREATED AT POWICK ASYLUM 1852 to 1911.

Powick Asylum treated all sorts of mental afflictions, between its opening, in 1852, and 1911, which is the period within which Patient's Notes from Powick Asylum are extant, and available for public scrutiny. Inevitably, as at least a century has passed since these Patient's Notes were written, the nosology of mental ailments has altered as has the ideology underpinning the treatment of mental illness. For this reason the diagnostic categories used at that time; dementia, idiocy, imbecility, mania and melancholia need explanation. However, it should also be noted that whilst three of the mental conditions to be discussed; dementia, mania and melancholia, are still acceptable descriptions of these conditions in the twenty first century, the epithets 'idiocy' and 'imbecility' are now considered 'politically incorrect', as are some of the names of some of the sub categories of these mental afflictions. However, in writing about the history of mental illness, currently 'politically incorrect' words and phrases will arise, but for clarity of explanation, it is essential not to expurgate the primary sources used.

Whilst it would be possible to use modern definitions of mental afflictions, in the discussion of the categories of insanity treated at the Worcester City and County Pauper Lunatic Asylums at Powick, between 1852 and 1911, it appeared more appropriate to use nineteenth century definitions of these mental conditions. Thus, Daniel Hack Tuke's *Dictionary of Psychological Medicine*, published in America, in 1892,³²¹ which had originally been published, in England, in 1872, was used to provide definitions, and discussion, of mental ailments contemporary to the nineteenth century. Indeed, the sections of Hack Tuke's *Dictionary* used, appeared to be little changed from the first edition, so that it would be fair to suggest that these definitions were appropriate in 1872, at a time when such definitions would have been unchanged since the opening of Powick Asylum, in August 1852. As suggested in the previous Chapter, when this institution was planned, in line with the practice adopted in other public Pauper Lunatic Asylums, wards were planned for patients suffering from: Dementia, Idiocy, including imbecility, Mania, including monomania, Melancholia, and a fifth category of patient, 'dirty patients', who were housed in specially designed wards. These classes of pauper lunatic were usually kept in wards that were all of the same size, but differently designed, and laid out internally to reflect the perceived needs of individual patients, with these specific forms of insanity. Thus, the environment created in each ward was designed to provide a different 'curative atmosphere' in which the specific mental affliction of the patients incarcerated there could be alleviated, with the intended outcome of treatment being the 'cure' of the individual patient's mental affliction. However, the 'dirty ward', which had a 'granolithic asphalt floor', that could be hosed down with water was designed for the ease of maintenance of 'dirty patients', particularly those who were doubly incontinent and those who soiled themselves and their bedding. These 'dirty patients, might suffer from any of the mental conditions treated elsewhere in the asylum.

However, what was apparently ignored in setting up the new Powick Lunatic Asylum was the intention of the 1845 Lunatic Asylums' Act,³²² that new Pauper Lunatic Asylums should only treat 'curable patients'. Incurable cases of dementia, idiocy, imbecility, and chronic cases of both mania, and melancholia, were thus not intended to be housed in ordinary Pauper Lunatic Asylums. Instead, the 1845 Act³²³ intended that Special Asylums for the incurable insane would be created. As was already suggested two institutions of this type were created, near to London, at Caterham and Leavesden by the Metropolitan Asylums' Board,³²⁴ and were

³²¹ TUKE, Daniel Hack, (ed.), *A Dictionary of Psychological Medicine*, Blackiston, Philadelphia, 1892.

³²² 8 & 9 Vic. C. 126 (Lunatic Asylums' Act) 1845.

³²³ *Ibid.*

³²⁴ The Metropolitan Asylums' Board, was set up to, administer the Poor Law, in London. It was set up by, 32 & 33 Vic. C. 63 (1870) Metropolitan Poor Amendment Act.

specifically to take idiot and chronic cases out of Metropolitan Workhouses. Both of these institutions which were opened in 1870 by the Metropolitan Asylum's Board, had been created under the Metropolitan Poor Act,³²⁵ of 1867. Then, in 1873, insane children from London were taken from both of these institutions, and from Poor Law establishments elsewhere in the Metropolis, including workhouses, and sent to Darent Children's Asylum, which was also built and administered by the Metropolitan Asylums' Board. Elsewhere in England and Wales, strictly in contravention of the 1845 Legislation,³²⁶ chronic and incurable cases of insanity were retained in Pauper Lunatic Asylums and it was surely recognised that the outcome of taking incurable patients into such an institution, like Powick Asylum, would be the inexorable growth of the asylum's population, which would eventually clog these institution so that their aim; to alleviate the condition of acute cases of insanity would become impossible. Thus, from the 1870s, 'harmless' incurable patients were sometimes moved to Union Workhouses, where some of these patients had originated, in an attempt to alleviate overcrowding of the Pauper Lunatic Asylums, like Powick Asylum. However, the opening of a second Worcestershire County Mental Hospital, at Barnsley Hall, near Bromsgrove, in June 1907,³²⁷ finally alleviated overcrowding, at Powick Asylum.

Another development in the period from 1852 to 1911, that affected Powick Asylum patients, was the abandonment of 'treatment by classification', which was already happening in some other Pauper Lunatic Asylums, by the time that the Powick institution opened. By 1860, wards at Powick Asylum were organised on the basis of the ease with which patients were managed, so that patients who were, for instance, violent and disruptive, or who were afraid, reclusive and timid, were grouped together, no matter what the 'classification of their mental infirmity on their admission to the institution. A rhetoric was now applied that patients were 'promoted', and 'relegated', between wards, which were now described as 'better' or worse 'wards. The other change, that occurred at Powick Asylum, begun in the 1870s, when the walls between airing courts were removed, to allow classes of patient to mix, although the male and female sides of the asylum still remained completely separate. This Chapter will now investigate the meaning, and background, of the major categories of insanity treated at Powick Asylum in the nineteenth century. What is presented here is based on the author's purchasing a copy of the American, 1892, version of Hack Tuke's, *Dictionary*, some seven years ago, so that this amazing book became 'very familiar'. This meant that a version of the definitions of the forms of insanity discussed in the *Dictionary*, written by British experts on psychological medicine, could easily be presented here. The author has attempted to clarify any issues that appeared to need this.

Dementia was defined, in Daniel Hack Tuke's *Dictionary of Psychological Medicine* (1892), by Dr. T. B. Clouston,³²⁸ who ran a large Scottish Lunatic Asylum, and lectured on mental diseases 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...(but it was) always an acquired condition, and as such...(it was) distinguished from amentia, which was either; a congenital state, or one closely, connected with this period (of pre-natal development).³²⁹

In the mid nineteenth century, patients suffering from dementia were called 'dements', and they often stayed in the asylum for very long periods of time, because they were usually regarded as 'incurables', so that unless they were removed by a relative, or 'friend', to be cared for 'at home', these patients remained in the asylum until they died. However, ironically, the demise of dements was often delayed by the improved living

³²⁵ 30 Vic. c. 6 (1867) Metropolitan Poor Act.

³²⁶ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

³²⁷ Barnsley Hall Mental Hospital, was built at, Red Cross Farm, adjacent to the Bromsgrove to Birmingham Road, on the outskirts of Bromsgrove. This institution opened in 1907.

³²⁸ Dr. T. B. Clouston, M.D. (Edin.), M.R.C.P. (Edin.), wrote the section in TUKE, Daniel Hack (ed.), *Dictionary*, on Dementia, pp. 348-352. He was Physician Superintendent of the Royal Edinburgh Asylum, and Lecturer in Mental Diseases, at Edinburgh University

³²⁹ Ibid.

conditions they enjoyed in the asylum; where they were often better nourished, and better cared for than they might have been 'at home'. The incurability of chronic dements, was recognised, in the 1845 Lunatic Asylums' Act,³³⁰ so that such chronic 'incurable demented patients' were, theoretically, never to be sent to Pauper Lunatic Asylums under this Legislation. However, they were committed to Pauper Lunatic Asylums, including Powick Asylum, although it was intended that such patients, as these, would be sent to an 'asylum for incurables', with ordinary Pauper Lunatic Asylums only intended for acute mentally afflicted patients, who were thought 'curable'. However, inevitably, the mental failings that constituted dementia, and the time it took for an individual afflicted with dementia to deteriorate, was not fixed. Indeed, the symptoms of this mental ailment were only, initially pronounced in the most severe cases. In less severe cases, the onset of dementia was sometimes only marked by a 'loss of energy, or extreme stupidity'. Thus, it was often difficult to distinguish a person with the mildest level of dementia, where the individual was still apparently 'responsible for their own actions, but who was exhibiting 'slight mental failings'; possibly indicating the onset of a mental deterioration that would ultimately lead to acute signs of dementia, from other patients with similar symptoms that indicated a person who would remain at an 'intermediate stage of mental deterioration' for a long time. This meant that the task of distinguishing the development stages of dementia was difficult. Then, in a few other cases, the existence of dementia, was only shown by a low state of memory, or even a loss of energy, so in such cases, there were no positive signs of acute disturbance; like delusions, hallucinations, or incoherence. Then, at other times, individuals sometimes exhibited 'great, and continued, muscular disturbance', which was accompanied by 'so negative a state of mind that in all probability very little consciousness remained'. The physical symptoms of dementia included a 'derangement of the circulation, and respiration, running a temperature, and having disturbed digestion; together with other symptoms, that were even more profound than these, which were often found, in cases of mania, or melancholia. However, such disturbances were not thought indicative of a particular severity of dementia, so that 'dementia...(itself was described as) a diminished state of mental powers; shown, either by impaired thoughts, or actions, combined together, or separately, that might be either transitory, or persistent, whilst the length of time during which a demented condition persisted might be short, or very considerable'.³³¹

Dementia had a profound effect on an afflicted individual, but in some senses dementia was not always a mental affliction in its own right, because it was also considered, a symptom in the 'history of every attack of insanity', and for this reason, the context of each dementia case, was important in determining the specific 'clinical conditions', in which dementia existed. Thus, the accurate diagnosis of dementia was dependent on an interpretation of all of these factors, with any prognosis, determining the nature of the chosen treatment, of a demented individual which was wholly dependent on this analysis. Dementia was a progressive illness, and afflicted patients were usually less excitable, than their maniacal contemporaries, and they were also 'less emotionally depressed', and more conscious of their surroundings than were melancholics. However, the label 'dementia', was sometimes used in a very arbitrary fashion, sometimes to signify 'any mental failure that was unattended by positive signs of excitement', that was not a congenital condition. Like most other forms of mental affliction, dementia could be described as 'primary', and 'acute', or 'secondary'. In the 'primary form' of dementia patients sometimes exhibited 'mental stupor', accompanied by a loss of energy, and there was sometimes a gradual enfeeblement of intellect, but without any prior prominent symptoms of a demented condition. In a number of other cases, individuals who had been, in a demented state for a long time, but who had experienced no prominent early symptoms of dementia, gradually developed a few harmless delusions, but at this stage, they remained tractable and docile, although they might then refuse to occupy themselves usefully. 'Developing dements', were sometimes unable to cope in their everyday lives, so that it was difficult to determine whether, or not, the symptoms exhibited by these patients was 'merely harmless dementia', which would last for years, or the precursor of a violent attack of 'maniacal fury, which in turn led to

³³⁰ Ibid.

³³¹ Ibid.

permanent 'mental impairment'.³³² Thus, two thirds of all insane people, in England and Wales, were maniacal, and in turn this caused the incarceration of a very large percentage of the inmates of Pauper Lunatic Asylums; who were said to represent the 'weak section of Society'.

It was suggested that incarceration might be 'beneficial in 'bringing (this) bad stock to an end', as they would be unable to procreate, if they were locked away, in 'closed institutions', where inmates were segregated by gender; 'lest they might breed'.³³³ However, this form of dementia was sometimes difficult to diagnose accurately, as it closely resembled 'secondary stupor', so that determining which patients should be removed to lunatic asylums, and which should remain out of an institution, was sometimes problematical. 'Secondary dementia' could not be looked on as merely 'damage done to the mind tissue, through a primary acute disturbance', because this condition sometimes occurred, without any prior acute primary stage. Thus, the secondary stage bore no relationship, in terms of its intensity, or duration, to primary dementia. The diagnosis of the severity of secondary dementia, suffered by a patient, depended on the extent, and variety of their symptoms, with the degree of loss of memory, they had sustained, and the apathy this caused, being the chief signs of the presence of this condition. However, in some extreme cases, the patient was in an almost 'negative condition of mind', which often led their habits to become 'very depraved and disgusting', such that they took to swallowing 'anything they could get hold of...(and) they bolted their food, and were very destructive of (their) clothing.' These patients also tended to 'squat, or lie, on the ground, covering their heads with their dresses'; a habit that was very difficult to cure and this form of 'mental degradation' was sometimes accompanied by physical changes, so that the patient's face lost intelligence, their skin became 'muddy', and their body often lost weight. However, other secondary dementia patients became excessively stout, whilst others were liable to temporary attacks of excitement, and others became suicidal, or dangerous to those around them, particularly during their 'paroxysms of excitement'. In this state, destructive behaviour occurred in some afflicted individuals, who apparently acted 'without object'; probably because they now had little intelligence left, so that they could not even put forward a 'deluded cause for their destructiveness'.

Some other 'secondary dements' made grimaces, or repeated peculiar movements with their hands, whilst others constantly used particular odd phrases, and others failed to recognise their friends, or their attendants, so they appeared 'practically dead to external impressions' and if left, alone it was thought they might die. In spite of this, it was said to be dements, with a less advanced stage of the disease, who provided most workers amongst patients in lunatic asylums, which was probably the case at Powick Asylum, and some of these patients survived to a great age; developing a 'lean and haggard appearance'; no matter how much they were fed. They continued in this state, whilst some of these patients lived 'without any (apparent) awareness of anyone around them', and they were completely 'inattentive to their own needs', and they were 'habitually unclean in their habits'. These patients also 'most often, died from diarrhoea, pneumonia, or from gradual decay', but in a minority of cases, the appetite of dements for food was enormous, and they had to be carefully fed to avoid them choking, whilst eating their meals. It was also supposedly possible to alter some dement's behaviour, by regulating the remnants of their 'reflex system', by 'waking them periodically at night; thus keeping them clean. However, in other cases, it was necessary to 'educate' such patients to be 'tidy, and regular in their habits'. In spite of this, 'dements were considered far inferior to idiots and imbeciles in this respect...(as) no class of patient needed more attention than did 'secondary dements...(because they had little) regard for their own safety'. These patients were, amongst the more physically healthy patients in lunatic asylums, where they 'rarely suffered from rheumatics and catarrhal ailments', but generally, 'secondary dements' were impulsive, and they sometimes became suicidal, dangerous or (even) destructive', so for these reasons they also sometimes required 'special care'. Most 'secondary dements' died whilst in a

³³² Ibid

³³³ 'Lest they might breed', was a phrase sometimes attributed to Edwin Chadwick, in relation to paupers in general, which was thought a justification for separating paupers, by gender, into two completely separate sides of the Poor Law institutions, they were incarcerated in, including Union Workhouses and Pauper Lunatic Asylums..

lunatic asylum, although recovery was occasionally possible, but this outcome often evoked a claim that such a patient was not really a dement in the first place, and that their mental affliction had been misdiagnosed. Such a patient was then deemed, fit to be 'decarcerated'. The treatment of dementia was usually directed towards the nourishment of the patient, in keeping them suitably clad, and by preventing them injuring themselves. There was also, a great effort made to develop 'habits of cleanliness' in the patient, and to prevent them becoming involved in disturbances. This 'preventive approach to patient management', then led some demented to live for many years. Demented patients were often given 'sedative medicines' to calm them.

In contrast to primary and secondary dementia, 'senile dementia' was typified by 'exaggerated behaviour', that occurred specifically in old age, and for this reason, this form of dementia did not have specific symptoms, because it referred to any mental deterioration, that occurred after an individual was 60 years old. This condition was caused by 'decay, of the nervous system', and was attributed to 'advancing years...(and) true senile dementia led to bodily decay, whereas in non-senile dementia, any physical decay was from disease and not from the natural decay of tissue, resulting from age'. Such degeneration, in older demented, put the patient in 'great danger', which often necessitated long term committal to a lunatic asylum. One other major, specific, symptom of senile dementia was, 'a loss of short term memory', with the afflicted individual able to remember events that occurred a long time previously, but was unable to recollect more recent events. However, some other senile dementia sufferers tended to undress themselves, often because they had no sense of time, so that they undressed for bed, at inappropriate times, in the belief that it was bed time. In fact, many individuals diagnosed with senile dementia, simply had 'memory loss', as the chief, or even the only, sign of a disease of the brain. However, if, this symptom was found in persons under 60 years of age, these cases were not recorded as senile dementia; rather these patients were regarded as suffering from 'primary dementia', which was caused by the premature decay of certain organs of the body. Thus, 'true senile dementia' might be described as, an 'inability to store new impressions', because the nutrition of the brain, did not allow destroyed tissue to recuperate, which inevitably led to a deterioration of the intellect. Hallucinations and delusions were also quite common in senile demented, and this led patients with senile dementia, to confuse other people's identity, and sometimes they even attempted suicide, when under the influence of delusions. Fatty affections of the heart, were another significant symptom that was more common in senile demented, than in other aged people, outside the asylum. In spite of all this, the age of onset of senile dementia, was generally between the ages of sixty five and eighty years old.

In modern parlance the terms idiot and imbecile are regarded as politically incorrect, but a modern dictionary definition suggests that an idiot is an individual who lacks intelligence, whilst an imbecile is a less severe idiot, who is still of low intelligence. However, the distinction between these two types of mental impairment, in the nineteenth century, was more profound than this. Then, idiocy and imbecility sufferers were, like demented, usually regarded as hopeless and incurable cases, although there were a few patients, with these afflictions, who apparently recovered, inasmuch that a few people, diagnosed as idiots, and imbeciles,, were able to leave the lunatic asylum and live an 'independent life', usually living with relatives. Commonly, it was suggested, at this time, that idiocy was a congenital condition, whilst imbecility occurred at, or after birth. However, Dr. J Langdon Down, ³³⁴ who wrote the section on idiocy and imbecility, in Daniel Hack Tuke's *Dictionary of Psychological Medicine* (1892), did not emphasise this distinction. ³³⁵ Instead, it was suggested that idiocy was a 'fairly vaguely defined term', although the term idiocy 'invoked an imaginary type of mental affliction that 'rarely existed'. Then, to dispel what, Dr. Down regarded as an 'incorrect and distorted image' about idiots, it was suggested that idiots were a 'large group of individuals of several different well marked types...(who shared) strong natural affinities, (and) a very remarkable family likeness'. It was hoped that the

³³⁴ Dr. J Langdon Down, M.B. (Lond.), M.R.C.P. (Lond), wrote the section on idiocy in TUKE, Daniel Hack (ed.), *Dictionary* pp. 643-675. He was Consulting Physician of the London Hospital and Resident Physician and Superintendent of Earlswood Children's Asylum.

³³⁵ Ibid.

ideas implicit in this approach would, throw light on the causes of idiocy, and on its treatment. The types of idiocy described were:

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. [See Appendix X for a description of these types of idiocy.]

Then, almost as an afterthought, 'idiot savant' was added to this list of types of idiocy. This taxonomy of idiocy, described by Dr. Down, was unequivocally related to the descriptors of the afflictions used in Patient's Notes at Powick Lunatic Asylum in the period investigated by this book.

Tuke's *Dictionary* suggested that the word 'imbecile' was used to describe any individual who, was intellectually feeble, or weak, with a 'weakness of mind' similar to, but of a lesser degree than, that found in idiocy, and imbecility was related to 'mental enfeeblement', resulting from a want of brain development. However, the *Dictionary* did diverge from the 'alienists' view,³³⁶ by suggesting that the difference between idiocy and imbecility was, simply the degree of mental impairment involved. It was this distinction, between idiocy and imbecility that was used at Powick Asylum. However, the *Dictionary* did accommodate changes in thinking that had occurred between 1852 and 1892, which meant that the term imbecility was then used to describe the dementia that followed 'acute psychic disturbances', although the *Dictionary* did then demur from the view that imbecility was applied only to those whose mental impairment developed after birth. It also rejected the notion that a distinction existed between 'intellectual imbecility', where individuals were weak in all of their intellectual faculties, and what were termed 'moral imbeciles', where an individual's 'moral faculties' were the only facet of intellect influenced.

The section in Tuke's *Dictionary*, about the causes of idiocy and imbecility,³³⁷ emphasised that although idiocy always began prior to a child's birth, the same was probably true for imbecility, because 'if...sufficient information could be gained, about the problems encountered (by a neonate) at birth, or immediately after it, which they claimed related to a child's parentage', deterioration before birth would be identified. In fact, this notion was a perception based on 'Eugenics', the 'science of breeding to improve the human stock', that had developed after Francis Galton's book, *Inherited Genius* was published in 1869, in which Charles Darwin's cousin, a decade after the publication of *Origin of Species*, in 1859, applied Darwinism to human kind; creating what is sometimes described as 'Social Darwinism'. For this reason this distinction between idiocy and imbecility, between 1852 and 1870, at Powick Asylum, would not have been made, as Eugenics ideas were not then current. However, the description of the types of idiocy, and the way that these afflicted individuals, and imbeciles, were treated would have also applied. Tuke's *Dictionary* suggested that idiocy could be classified in 'three time frames'; those acting before birth; those acting at birth, and those acting subsequent to birth, with cases of idiocy at or after birth, then defined by many experts as 'imbecility'. However, this was a notion that many experts, including the Lunacy Commission, denied, particularly after the advent of Eugenics ideas. Thus, this idea was rejected by Dr. Down, on the basis of an analysis of 1,180 cases from Darenth Children's Lunatic Asylum, a specialised asylum for idiot children, established by the Metropolitan Asylum's Board, in 1873. However, the Lunacy Commission's avid acceptance of 'Eugenic's Principles', led them to suggest that the 'withdrawal of helpless idiot and imbecile children, from the household of their parents, living amongst the

³³⁶ 'Alienists' were defined in TUKE, Daniel Hack, *Dictionary*, as 'Physicians who devote themselves especially to insanity, p. 79. However, it has also been suggested that insane individuals were estranged (alienated from their normal mental faculties).

³³⁷ George E. Shuttleworth and Fletcher Beach wrote the section on imbecility in TUKE, Daniel Hack (ed.), *Dictionary*, p. 676. George E. Shuttleworth was Resident Superintendent of the Royal Albert Asylum, Lancaster, and Fletcher Beach was Medical Superintendent of Darenth Children's Asylum, and Honorary General Secretary of the Medico Psychological Association, of Great Britain and Ireland.

industrious and deserving poor, into (institutions) like Darenth Asylum...(was a means of) 'warding off pauperism in their parents'.³³⁸ However, in expressing this opinion, it was noticeable that the benefits of the removal of idiot and imbecile children from their homes centred on the belief that this was a means of reducing the threat of pauperism, which was still considered a contagious, and disease like condition', rather than the manifest benefits to idiot children of being treated for their mental impairments. Thus, it appeared that the prime reason for removing idiot children from their home environment was to reduce pauperism.

What was termed 'hygienic treatment', was recommended for both idiot and imbecile patients, in Pauper Lunatic Asylums, to counteract the 'hereditary taint' of pauperism, the poor living conditions and diet, inadequate clothing and cleanliness, and the lack exercise, that were believed to cause these mental afflictions. Thus, from 1845, Poor Law Policy suggested that idiot children, if necessary, should be forcibly removed from the inappropriate care of their parents, who transmitted 'defects of character' to their offspring, with their offspring being removed to 'specialist institutions', where they were given 'systematic training', undertaken in a setting intended to 'institutionalise' them, so as to 'expunge undesirable traits'. Indeed, this treatment was considered essential, because the conditions found in many working class homes, intensified 'bodily and mental enfeeblement', so that rehousing such mentally enfeebled children in specialist institutions, was considered wholly beneficial. Indeed, 'experts' with direct experience of dealing with these children, transferred them from the slums of cities, or from

insanitary rural districts, into institutions that were well placed, well lighted, well warmed and...well ventilated...(which emphasised how) essential (it was) that buildings...(to house these individuals) be on dry soil, free from malarious influences, and exposed to the direct rays of the sun...(because) warmth...(was) important in view of the feeble circulation of such individuals.

Thus, purpose built Pauper Lunatic Asylums, including some intended specifically for children,³³⁹ were created after the 1845 Lunatic Asylum's Act,³⁴⁰ to provide a 'planned environment', in which 'tainted children could be nurtured', with their diets controlled, because they were 'prone to digestive troubles', so that they were then given 'malted foods, oatmeal porridge, which was rich in phosphates, and whole meal bread'. However, such children were also to be fed, plenty of good milk and minced meat, mixed with mashed vegetables, with sugar, to provide energy', which was thought, so lacking in the diet of such children outside these specialist institutions. Carbohydrate foods, which were also said to be missing from the diet of these idiot children, were also to be provided in the institution, whilst fat was to be carefully limited. However, it was not just the diet of pauper children that was criticised. The manner, in which the destitute poor ate their meals, was also considered to be at fault, which resulted in mealtimes in Pauper Lunatic Asylums being 'carefully regulated'.

Diarrhoea and bedwetting; thought to be caused by eating excessively watery vegetables, and unsound fruit, were also to be ameliorated by taking care about how, and what, idiot children ate. Alcoholic drinks; which were sometimes said to be, 'given to young children, by (their) inebriate working class parents', were also banned, in asylums housing idiot children, although older child patients were, still, sometimes given malt liquors; like porter, and wine, as astringents, or as stimulants. Thus, the institutional diet of idiot pauper children was to be carefully designed to 'abolish depraved tastes', that had developed before these children were institutionalised, but they were also discouraged from gluttony and, particularly, from the 'eating of garbage'. Another aspect of the treatment of idiots, in Pauper Lunatic Asylums, was the control of the clothing they wore, which was to be warm, because many mentally enfeebled individuals had poor circulation.

³³⁸ *First Annual Report of the Local Government Board*, 1872, p. xxix, citing the Lunacy Commission, quoted in WEBB, S. and B., *English Poor Law History*, Part II, Vol. I, Longman Green, 1929, p. 346.

³³⁹ Children's Asylums were established at, Earlswood, in Surrey, Starcross, in Devon, and Darenth, in Essex.

³⁴⁰ 8 & 9 Vic. C. 126 (Lunatic Asylums' Act) 1845.

Training idiot patients to be clean was also considered essential, but clothing for 'dirty cases' proved difficult to provide. Thus, a few idiot child patients wore napkins, like young infants, which must have been demeaning for young individuals with sufficient mental capacity to be aware of their plight. Gloves and shoes, for use in the winter, also had to be adequate, because idiot patients were thought susceptible to chilblains, and even to frostbite. However, it was also considered essential that idiot children's clothing be as similar as possible to that worn by children generally, so that putting idiot boys in skirts was now thought not appropriate. Instead, they were dressed in knickerbockers, and trousers, in spite of the difficulties that this caused in training such idiot children to improve their toilet habits. As a compromise, in such cases, a kilted suit was suggested, as a 'transitional garment', for these boys. However, it was suggested that this clothing was to be abandoned as soon as the child was 'trained'. The 'morbid tendency to denudation'; thought common amongst 'children of the lower orders', was to be eradicated by, ensuring that 'secure fastenings' were used on their clothing, to prevent it from being easily removed. The tearing of clothing; also thought to be common amongst idiot children, was combated by making their wearing apparel from strong closely woven material, which had been 'carefully sewn, and even quilted'. Then, for the most obdurately destructive idiot children, an 'external combination garment' was to be provided, that fastened only at the back, although this garment was never to be worn habitually. Rather, it was to be used to break 'destructive idiot children' of the habit of tearing their clothes, and once this aim was achieved, such garments were to be replaced by normal apparel for these youngsters.

Idiot children were put to sleep in cribs, with epileptic youngster's cribs equipped with lockable sides, some of them protected by padding. These 'beds' were also equipped with mattresses, which were made of woven wire, with thin horsehair padding, so that they resisted tearing. Bedding was intended to be protected against wetting, so rubberised 'mackintosh sheets', and pillows that were 'not too hard', were used. Epileptic idiotic patients were provided with pillows stuffed with horsehair, rather than with feathers, so that if they turned on their face during a fit they did not suffocate. Bed clothing, for idiot patients, was to be warm, and it was frequently tucked in, so that restless, and weak, inmates were securely kept in bed, whilst such 'restless patients' were then kept warm using flannel bags, into which they were buttoned; ensuring that their limbs remained covered. In spite of idiot patients being 'trained to be clean', other desirable habits also needed encouraging, but some idiotic patients continued to have 'disgusting and even vicious habits', which they needed 'training out of'. For instance, they needed to be able to indicate 'calls of nature', so they were trained to empty their bladders, and bowels regularly. After each meal, idiot patients were sent to visit the lavatory, and some of them were even roused once, twice, or even three times, a night, to visit the lavatory, which prevented them from wetting, or soiling, their beds. Commodes were used for 'toileting' these inmates in their wards, a procedure that was carefully organised by an attendant, who used 'enemata, purgative, and drugs, periodically, to ensure that these idiot patient's bowels were emptied'. However, these patient's carefully regulated diet also played a major part in resolving these problems. Patients with difficulties in controlling their urination sometimes wore 'India rubber urinals', but even the temporary use of this garment was rejected by many experts, who believed that such clothing would foster negligence, so instead rewards and punishments were used in 'training régimes'; which were used to keep patients dry and clean. Slavering, where saliva streamed from an idiot patient's unclosed lips, was another problem in maintaining idiot patients, and this habit was combated by training the patient to hold a small rod between their lips, to increase the muscular control of their lips, although 'slavering cloths', which were made of absorbent quilted material, were also suggested to alleviate this problem.

Idiots were sometimes said to have a 'typical odour', so the use of tepid baths, to which a little 'Toilet Sanitas'³⁴¹ was added, were suggested, as were salt baths, to strengthen the patients' feeble limbs, although the inmate's skin was also carefully attended to after they bathed, because some of these idiot patients had

³⁴¹ 'Toilet Sanitas' was a commercially available brand of disinfectant sold for adding to the bath water of infirm patients.

defective nerve power, which meant that sores and sloughs, which could become infected, often formed, if these patients were not dried properly. Specially 'adapted exercises', were also recommended for idiot patients, to suit their physical condition, as was the massaging, and 'flexions' (sic) of limbs, meant to improve both the muscle, and the nervous, systems. However, it was also thought beneficial for idiot patients to be taken into the open air, for a couple of hours each day, whenever the weather permitted, but generally idiot patients were regarded as too untrustworthy to be allowed out into the airing courts unsupervised, so that outdoor excursions were very labour intensive, as these patients needed supervising by attendants at all times whilst outside, which over utilised the scarce resource of asylum staff. As well as these activities, play, was thought essential for all idiot child inmates, and was intended to strengthen these individuals, both physically and mentally. However, various other approaches were used to improve the mental and moral powers, of idiot patients, so as to better regulate their bodies, and to enhance their coordination, by developing and exercising their senses.

It was also hoped to improve the idiot patients' 'perceptive faculties', and to allow inmates to undertake 'useful occupations'; in what was considered an essential part of a 'Moral Treatment Régime', because work was thought to have a huge 'curative influence' in Pauper Lunatic Asylums. However, unfortunately, few idiot patients were capable of unsupervised work, but ideally, the asylum authorities wanted to send as many patients as possible to work, because of the massive advantage of reducing the number of attendants required in the wards, and day rooms, during 'work hours'. Whilst deafness was unusual in idiot patients, they were often thought to 'fail to listen', which led to training intended to stimulate idiot patient's auditory powers. This training was sometimes undertaken using music, because it was presumed that even the least adequate idiot was capable of reproducing musical sounds fairly accurately, which was seen as a 'stepping stone' to improved communication skills. However, speech could best be taught, to previously mute feeble minded patients, 'using lip and tongue gymnastics' and by other 'imitative exercises', found useful in facilitating speech. However, where deafness did exist, 'lip imitation' was seen as the only approach to speech training, but only after the vocal organs had been carefully examined to ensure that any 'abnormalities in the size of the tongue, in highly vaulted or cleft palates, and irregular dentition' would not prevent progress. Other speech problems were dealt with using 'vocal exercises', to strengthen the vocal organs, using various methodical approaches to train individuals in 'articulation', although the repetition of sounds was also considered particularly important in idiot patients, to aid the pronunciation of the names of common objects and pictures.

Idiots and imbeciles were also considered to be 'morally lacking', and in need of improvement in this facet of their character. Such moral behaviour was thought best inculcated by 'coaxing, not coercion (using a) method ...(in which) gentle discipline was enforced...(and) well doing commended, and rewarded...(whilst) ill doing (was) reprehended and punished'. Rewards, of sweets and privileges, were also used as incentives in this procedure. However, it was thought to be 'Judaic Christian Morality' that was most important, as 'God as the impersonation of good, and Christ, as the impersonation of love, must be the fundamental mode of instruction of a religious character'. This meant that the simple 'recital of Gospel narratives, and moral lessons', would enforce 'moral training' in idiot patients, and it was suggested that a similar approach to this had been successfully used, since the 1840s. However, well trained idiot patients still 'needed assistance to cope with life in the asylum', presumably because it was thought that pauper lunatic inmates would never be self-reliant enough to manage their own affairs, or to compete in the labour markets, outside the asylum, unless this was done. Indeed, it was always hoped that idiot patients, from Pauper Lunatic Asylums, might improve sufficiently to be able to occupy 'an independent niche' in Society, where they might exercise the talents they had acquired in the institution. This notion of 'remediation', certainly underpinned the treatment of children at the South Western Asylum for Children, at Starcross, in Devon, where Dr Pamela Dale, of Exeter University, has described a 'remedial treatment régime', used with children admitted to that institution, with the intention of training them to be agricultural labourers, or farm servants. However, if progress was not

apparent, and idiot child patients remained unimproved, they were transferred to adult lunatic asylums in their home areas.³⁴² However, in most cases, of idiocy and imbecility, it was surely inevitable that most idiot and imbecile patients would not find suitable work; so that they could never spend their lives independently. However, Tuke's *Dictionary* did suggest that these individuals would

cease to be a nuisance to (their) friends, and (in their home) surroundings, (because of) an improvement of (their) habits by systematic training, (so they would) not to be despised in relation to the comfort of the family, and it must (always) be borne in mind that an idiot left untrained was pretty sure to deteriorate.

Mid-nineteenth century Society saw Mania as the most threatening of all mental infirmities, because of the threat of violence that maniacs posed. According to the mania section of Tuke's *Dictionary of Psychological Medicine* (1892), that was co-written by Connolly, Norman, and Daniel Hack Tuke himself,³⁴³ mania, caused 'mental exaltation, and bodily excitement'. However, another contemporaneous, concise definition, quoted in Tuke's *Dictionary*, suggested that mania was: 'an affection of the mind characterised by an acceleration of the processes connected with the faculty of imagination (perception, association, and reproduction), together with emotional exaltation, psychomotor restlessness, and an unstable and excitable condition of the temper'. However, in common parlance 'mania' was used to mean the acutest form of a mental affliction, defined as:

An intense mental exaltation, with great excitement, complete loss of self-control, with at times absolute incoherence of speech, and loss of consciousness, and memory...with the sudden onset of (other) mania symptoms, such as increased bodily temperature, delirium, sensory hallucinations, incoherence, restlessness, a refusal to eat, loss of memory and rapid bodily wasting, which were common.

Sometimes individuals afflicted with mania died, usually because of their physical exertions in a maniacal attack, which exhausted them and caused heart failure. However, the acute phase of mania usually lasted only a relatively short time, after which the patient became calmer, although in some cases, 'acute symptoms...(ran) into a chronic course...with exacerbations of restlessness, excitability, and destructiveness...(which) occurred without any marked physical objective symptoms'. For this reason, acute mania was sometimes termed 'furious mania', which referred to the fully developed or violent stage of mania. Unfortunately, some individuals afflicted with acute mania were also liable to a recurrence of this uncontrolled behaviour, and it was this condition that was then described as 'chronic mania', 'periodical', or even 'recurrent mania'. However, confusingly, the term mania was also sometimes used more generally, to mean any 'delusions of the insane', and this could take many forms, some of which were extremely threatening. The condition referred to as 'simple mania', was where the mental exaltations experienced by the individual were mild in character, and although they caused 'restlessness, verbosity, some loss of self-control, and foolishness of conduct', which sometimes led to 'incoherence and excitability', this behaviour was usually insufficient to require incarceration in a lunatic asylum.

The term 'mania', apparently originated, in medicine, in Ancient Greece, but it was certainly used in medieval England for 'furious madness', although it was then often misused as a descriptor of virtually any type of insanity. The term gained greater specificity, in the second half of the eighteenth century, when it was used to refer to a form of acute insanity, with symptoms involving intense mental exaltation and great excitement.

³⁴² Dr. Pamela Dale, of the Wellcome Medical History Unit, at Exeter University, has extensively researched the Starcross Asylum. See Dr. Dale's entry on the Exeter University website.

³⁴³ Connolly Norman, M.R.C.P.L., F.R.C.S.L., was Medical Superintendent of the Richmond District Asylum, Dublin. He co-wrote the section on mania in TUKE, Daniel Hack (ed.), *Dictionary*, pp. 739-775, in a collaboration with Dr. Daniel Hack Tuke, M.D., F.R.C.P. (Lond), L.L.D., who was co-editor of *The Journal of Mental Science*, an Examiner in Mental Physiology, at London University, and he was Lecturer on Psychological Medicine at, Charing Cross Hospital Medical School, London.

However, confusingly, the term 'mania' was still sometimes used for an 'intervening phase' in almost any other type of 'mental affection'. At this time typical 'maniacs' had an excessive flow of ideas, and they were unable to fix their attention, so that they gave an impression of 'total incoherence'. People afflicted in this way, were often 'unmeaning', full of gaiety and exhibiting 'uproarious hilarity'. They were also in constant motion, and they were excited, which sometimes led them to behave extremely furiously, although the cause of such mania could be a simple excess of nervous energy. Then, in the mid nineteenth century, the 'restlessness (of mania) and the mental, and the physical, agitation it involved, was said to be like a 'discharging lesion...(that caused the) forcible movements of a limb affected with a spasm'. Indeed, Tuke's *Dictionary* (1892) pointed out that in normal times the 'highest faculties of the mind, as regards intellectual matters...(allowed) judgments...(to be made, and gave) the power of fixing the attention'; powers that were essential to an individual's self-control. However, such powers were largely lacking in maniacal individuals, who suffered a 'loss of control, instability and excitability', together with an emotional state that characterised mania, which led to extremes of imagination, that were 'indicative of the individual's 'loss of reason'.

In mania, the 'general nutrition' of an individual, was deranged, but in mild mania, the muscle tone of the patient's body, was often increased, so that at least temporarily, the patient assumed an untypical 'bright, sharp intelligent look', but this was an illusion that soon faded away, as the patient recovered. However, in severe cases of mania, these characteristics were not apparent, so that some patients, in the early phases of mania, rapidly lost flesh and their skin became dry and shrivelled, which gave them a 'prematurely aged appearance'. However, other maniacal patients developed greasy and clammy skin, because they did not easily perspire, as their sweat glands did not act normally, their hair also became 'rough and bristling', and their finger and toe nails became brittle. Some other mania sufferers, ate odd material, whilst others ceased to eat at all, and others developed 'voracious appetites', particularly if they developed chronic mania, although even then, they did not gain flesh. Maniacs also had tongues that looked unhealthy, that were coated with a white fur, and sometimes their tongues became 'foul', or red, with furrowed and 'glazed patches'. The patient's bowels were also often 'costive',³⁴⁴ but this was markedly not the case in the early stages of mania in women, particularly if they were 'distinctly hysterical' individuals. For such women diarrhoea was often a problem. Then, for a minority of mania sufferers, constipation was a problem, and such patients were given purgatives, but in the majority of cases of mania, the patient's bowels were rather more active than was usual. However, in one form of mania; termed 'anorexia nervosa' or 'fasting mania', the patient's diet, or rather the lack of it, led some individuals to starve themselves, sometimes to death. In mania, in women, their 'menstrual functions were disordered', so that the woman's menses were absent during attacks of acute mania, but more usually their menstrual bleeding was scanty and irregular. In such cases, the onset of maniacal behaviour was said to be directly related to menstruation; the onset of which, caused such women to become violent, dangerous and destructive, but at this time, some women maniacs developed 'indecent tendencies', and some of these woman were said to be 'liable to self-mutilation at this time. However, with the return of a more normal menstrual cycle, many women showed improved mental symptoms, so it was sometimes believed that the cessation of the menses, 'often preceded the passage of a patient into 'chronic alienation'.

Mania patients often salivated excessively, but this symptom passed off when their mental condition improved, although it readily returned with any 'mental excitement, when the flow of saliva, from their mouth, recommenced. The maniacal patient's pulse was sometimes, initially, 'full and bounding', but then it became 'small and often remained' remarkably slow', even during the maniac's restlessness, when their temperature was often normal. In severe mania, the patient's body temperature was sometimes depressed, although a raised temperature was claimed where 'gross cerebral mischief' was present, which often led to acute delirium, or to 'inflammatory affections', including acute inflammation, such as whitlows. Other

³⁴⁴ Costive meant constipated.

maniacal patients developed anthrax³⁴⁵ and erysipelas, which often caused great pain, or fever. During mania, some other patients became insomniacs, so they hardly slept at all; which was a characteristic that sometimes persisted for a long time, particularly when an individual's behaviour was 'wearing' due to their restlessness. This absence of sleep, also contributed to a tendency for patient's bodies to waste; which was another typical symptom of mania, which also sometimes led to exhaustion, and even to death. Mentally, mania was typified by 'exaltations', associated with 'cerebral congestion', in which the patient's 'general sensibilities', were often initially increased, and this tendency became more profound, as the patient's maniacal condition progressed. The skin of maniacs, was initially very sensitive, so they 'found their clothes irksome', but this effect soon faded, as did their enhanced sense of taste and smell. Maniacs, apparently, did not feel the cold, so they would sometimes strip off their clothes and some sufferers smeared themselves with substances that caused skin irritations and pain that they would not normally have endured. Indeed, it appeared that some acute maniacs were indifferent to pain, and some even ignored broken limbs, or inflamed joints, whilst some others, found pleasure in inflicting severe injuries on themselves. The hearing and sight of mania sufferers also appeared more sensitive than normal, so that they could see and hear better than sane individuals. In other words, they had an 'increased capacity for perception', which meant that they were very aware of all that went on about them. Thus, everything attracted their attention, so that thousands of impressions, that normally would be ignored, were acted upon, having been registered in the brain, causing 'increased sensibility'. This also, sometimes, caused the individual 'anger, mental perturbation, or anxiety'. Thus, the maniac's mind dealt with an enormous number of impressions, many of which became a 'blur in the memory', which caused confusion, so that the maniacal individual became 'undiscriminating'; another indication of an attack of mania. This led to the abandonment of personal restraints on expressing thoughts and feelings with actions. Indeed, some mania sufferers developed superficial 'wit and smartness'. In spite of this, such people were incapable of 'sustained mental effort...(and they were) unable to fix their attention, or to think expansively'. Thus, a clever and educated man, suffering from mania, would lose his clarity of thought, as his mind 'flitted from one thought to another'. His quick wit, which existed before his attack of mania now soon proved illusory. In fact, the failure of maniacs to maintain 'coherent thought' was probably related to an altered 'sense of hearing or of visual acuity'. The maniac's conversation now also demonstrated, an 'accelerated association of ideas', so that the maniac's rate of speech became more rapid than their brain could cope with, which caused them to 'incessantly talk to themselves', which was very different from this same individuals behaviour before they suffered an attack of mania. Often, maniacs talked to themselves in terms that were incomprehensible to other people around them, particularly so, if the listener did not comprehend the context in which a conversation was occurring. Other maniacs, habitually 'misperceived situations' and they often responded verbally to situations, they believed existed in incoherent ways. However, astute listeners could sometimes follow the meaning of a maniac's 'disconnected conversations', although some of these conversations were absolutely incoherent; because the maniacal person concerned, had an acute mental disease that caused chronic excitement and dementia.

Increased 'sensory activity' led maniacs to be garrulous, but in this state they readily 'gave voice to their emotions', and to disconnected ideas resulting from their 'mental exaltations', which were sometimes accompanied by 'motor restlessness'. The patient's emotions were now exhibited on a continuum of behaviour from 'great gaiety, varying from mere levity, to unbounded hilariousness...(to) irritability, with indications of temper...from a mood' that led to 'angry ungovernable fury'. The term 'furious madness' was sometimes used, in the eighteenth century, to describe individuals afflicted with acute mania, that led to 'outbursts of 'utterly blind destructive fury', but, more usually, maniac's became more irritable, and their 'heightened perceptions' led to great excitement. However, sometimes the maniacal patient became bad tempered, and quarrelsome, which was another accepted symptom of mania, although this angry state sometimes alternated with a state of great hilarity. Some emotional exaltations were also,

³⁴⁵ Anthrax was probably contracted by contact with cattle on the asylum farm.

contemporaneously, said to be 'indicative of primary acute mania', and these symptoms sometimes caused 'increasingly frenzied thoughts, and a lack of control', which, in the worst acute maniacs resulted in excitement, and confused ideas, that often 'obscured...earlier emotional exaltations', so that the maniac appeared to have a 'feverish dream' that led them to constant restlessness, and frenzied thoughts. This state alternated with weariness, and irritation, although some such mania developed without hallucinations of vision or of hearing. However, these symptoms sometimes eventually appeared, in line with the emotional state that developed in mania. Hallucinations generally proved pleasurable, and delusions were usually of an exalted type, with the mind apparently attempting to rationalise the patient's confused emotional state and their behaviour whilst in a maniacal condition, but the maniac's thoughts were neither systematic, nor permanent, and they were very limited in range, although in some maniacs, exalted ideas were not 'very excessive and they did not vary'.

Commonly, maniacs experienced erotic excitement, which led some women to become 'coquetish', so that they paid 'undue attention to the opposite sex' and at times they became extremely salacious, with their minds wholly occupied by an 'urgent sexual appetite, where moral restraint was completely abandoned'. In other maniacal patients, much lesser sexual excitement was apparent, with some female patients fond of dressing and ornamentating themselves. Such women also had 'a willingness to talk about questionable sexual matters' and they had distinctly 'forward attitudes'. In this state, these women often became 'great scandal mongers. about sexual matters'. so they were willing to believe rumours about the misbehaviour, and misconduct, of other women, whilst they themselves 'protested their own 'sexual purity'. However, such women often did this using 'foul and obscene language, about the uncleanness of others'. In their 'restless state' these women made movements and gestures that were also thought 'indecent', although ironically 'religious excitement' was sometimes also associated with this condition. Some other women were very fond of talking on religious matters and they entertained 'delusions of various deities, and their acolytes'. Then, in the most extreme cases of mania of this sort, 'religious emotions' apparently completely occupied the patient's imagination, although some experts suggested that 'ecstasy' was a symptom of acute mania that was always connected with 'sexual excitement' or even with 'sexual depravity'. However, in less severe mania there was an 'intermingling of erotic and religious ideas and these maniacs had 'a strong tendency to masturbation'. However, 'self-abuse' in acute mania cases was not necessarily an indication of a likely 'disastrous outcome', as masturbation was sometimes considered to be 'a temporary piece of behaviour, indicating a loss of control', but at other times, it was sometimes a 'primary perversion of instinct' which was sometimes indicated by 'untidiness in personal habits, and a lack of propriety. However, some patients in this state, were 'dirty from negligence', whilst others were 'deliberately filthy in body, clothing and habits'. However, this did not necessarily mean that the patients in this state had 'natural instincts (that) were perverted'. A few such patients ate their own faeces or smeared their bodies and objects around their rooms with ordure, which was regarded as a 'disgusting form of filthiness' that was often associated with sexual excitement and masturbation. This behaviour was particularly common in young hysterical women, who were possibly only 'suffering a temporary perversion'. Other acute maniacs undressed themselves, because as was suggested earlier, they were 'uneasy about sensations on their skin', although in some cases, 'sexual ideas' were the explanation of them divesting themselves of their clothes, whilst in other maniacs this action was simply an indication of the patient's general restlessness. Such patients sometimes stripped themselves naked and then destroyed their clothing.

Many nineteenth century 'alienists', who ran private mad houses, prior to 1845, believed that mania was always preceded by melancholia, whereas many other experts disagreed with this view; instead they suggested that rather than being an early phase of mania, 'mental depression' was caused when an individual became conscious of their suffering from an illness that chiefly affected their mind, causing them an increasing 'loss of mental control'. Thus, it was the belief that they had such an illness that caused them to become 'exceedingly depressed'. Their mental state then caused them to develop 'digestive troubles',

insomnia and headaches, all of which made them irritable and restless, immediately preceding the onset of their mania. However, it was:

rare for such symptoms to persist throughout an attack of mania, because while the patient's excitement was initially rapidly increased, with their maniacal exaltations developing, wasting of their body, and other physical derangements, were occurring, and at this stage, the patient's mental processes were accelerated, so that they got little sleep...were 'restless...(and had) changeable...(behaviour that was) full of plans and projects...(although they were) unable to settle to anything (so they were) bustling, talkative, noisy, but only slightly, if at all, incoherent.

In this state maniacal patient's actions were dictated by imagined motives, for which they could give no plausible reasons, even if their actions were extremely foolish. Sometimes, such patients also showed high passion, so they were emotional and tearful. They also occasionally felt guilty about the strange acts they performed, which observers often thought, were indicative of a 'dissolute life', which the afflicted person often felt able to justify. At this time, such patients were extravagant with their money and spent sums well beyond their financial means. They also became furious if their spending was challenged, whilst they themselves were most meddlesome in other people's affairs.

Maniacs also often expressed 'outlandish opinions', about all manner of matters, whilst readily opposing or laughing at other people without hindrance. They also ignored the 'ordinary rules of Society', because they believed themselves superior to other members of that Society, which was an attitude that allowed them to make extraordinary matrimonial arrangements, pledging love to strangers without restraint. Other maniacs, frequently indulged in intoxicants; thus aggravating the symptoms of their mental affliction, whilst others, typically, became 'cranks in politics and religion', so that many such maniacs corresponded with newspapers, or with people of high political, and social status, about perceived personal grievances, and other matters, which led some medical men to emphasise that a typical maniac was not merely restless, and talkative, their excitement also 'transposed to movement without any logical reason'. Indeed, in some cases, incoherence was particularly marked, with some maniacal individuals exhibiting hallucinations and delusions. This, then made these patients very liable to variations of temper, and emotions, which sometimes led mania sufferers to be almost constantly furious in temper, to suffer from insomnia, and to appear profoundly disturbed. They were also forgetful of events in their past, but typically they had perfect recall of the events of their illness. Recovery from mania was clearly the most hopeful outcome for those suffering from this affliction, although those who left the asylum 'cured' inevitably sometimes relapsed, and some others, entered a state resembling 'mild dementia', which could be coped with, without returning the erstwhile maniac to the lunatic asylum, although such people were often in a state of 'permanent mental enfeeblement'. Usually such individuals did return to a maniacal state, and they were invariably readmitted to the asylum, usually as 'chronic mania' sufferers. Thus, clearly, 'cure' from mania meant that an individual was judged to have been fit to re-join Society and to be described as 'sane'. However, because patients discharged from lunatic asylums; described as 'cured' varied so much, they were often regarded with suspicion, when they left the institution, and they then often found it difficult to return to their previous employment. Thus, such people usually had a lower social status level after they left the asylum 'cured', than their status had been previously, but in terms of their intellect, their emotional state, or their morality, they may have regained their previous state. However, undoubtedly many maniacal individuals, who developed 'chronic mental weaknesses', never recovered 'anything approaching their previous mental health, with some such patients developing chronic dementia, or becoming 'chronic maniacs', which implied a considerable loss of their previous mental powers,

In many Pauper Lunatic Asylums, after 1845, including Powick Asylum, 'partial mania' was regarded as a special form of mania, and was often termed 'monomania', which meant that a patient's maniacal symptoms were restricted to one facet of their behaviour, so that they were thought to have sound judgement, and be

mentally healthy in all senses bar one. However, these patient's limited range of mental aberrations did not preclude them suffering terrible delusion, or hallucination, so that monomania patients, were still seen as threatening and they were certainly 'worthy of incarceration, in a Pauper Lunatic Asylum'. Some nineteenth century 'alienists' were quite dismissive of the idea of the existence of a separate affliction called 'monomania', but it was Jean Etienne Dominique Esquirol (1772-1840), who introduced the term 'monomania' and described the various forms of this mental condition, which he attributed to a 'chronic cerebral affection without fever', which influenced just part of an individual's intellect, personality and behaviour. Whilst Esquirol certainly had disciples in Britain, Tuke's *Dictionary* (1892) demurred from the view that some delusional patients had anything but a 'general defect in their intelligence'. Indeed, Tuke's *Dictionary* clearly doubted whether 'monomania' existed at all, and it even suggested that it was unsafe to use this 'label' in a Court of Law. However, some other expert witnesses did diagnose 'partial insanity', or 'monomania', and they suggested that a patient might indeed exercise certain judgments on only a minority of matters. However, other aspects of these patients' behaviour were 'warped by their delusions'. Whilst Tuke persisted in his doubts about the existence of monomania, his *Dictionary* did identify several different monomanias, probably because Jean Esquirol had already identified many different monomanias, so for completeness sake Tuke had to include a reference to monomania in his *Dictionary*. Powick Pauper Lunatic Asylum certainly classified patients with various monomanias, including monomania of pride, superstition, suspicion, unseen agency, witchcraft, but occasionally the patient was simply said to be suffering from monomania. However, there was no apparent difference between the way that simple, acute, chronic mania and 'monomania' was treated at Powick Asylum. Indeed, there appeared to be no distinction made between these forms of mental afflictions, in the details of those cases of mania and monomania, recorded in the Patients Notes for individuals in spite of the fact that these patients had taxonomically distinctly different mental afflictions.

Melancholia was another mental affliction suffered by patients incarcerated at Powick Asylum. It was defined by Dr, Charles Mercier,³⁴⁶ who wrote the section on melancholia in Daniel Hack Tuke's *Dictionary* as:

A disorder characterised by a feeling of misery, which is in excess of what is justified by the circumstances in which the individual is placed.³⁴⁷ These feelings of misery, for which no sufficient justification existed, were the primary symptom, although defects in nutrition, and in other bodily function, defective personal conduct, and some expressions of delusions, were common subsidiary symptoms. The patient's misery was said to be expressed by their face, by their attitude, by gestures or by verbal expression.

A melancholic individual had a

Loose jaw, that was not firmly closed...(so that) the lower jaw fell away from the upper mandible, sometimes causing a perpetual slight parting of the lips, and making the person's face appear elongated', with the forehead often having several parallel wrinkles, running across it...(with some of these) folds high up in the middle of the...(individual's) brow, in turn intersected by several vertical wrinkles.

Then, the eyebrows were drawn upwards on the bridge of the patient's nose, and the corners of their mouth were often drawn downwards, with the lower lip sometimes thrust forward and upward. However, in some

³⁴⁶ Dr. Charles A. Mercier, M.B. (Lond.), M.R.C.S (Eng.), wrote the section on melancholia in TUKE, Daniel Hack, (ed.), *Dictionary*, pp. 787-798. Charles Mercier was Physician Superintendent, of Flower House Asylum, and a Lecturer in Insanity and Neurology, at Westminster Hospital, and the Hospital for Women, London.

³⁴⁷ Ibid.

other melancholics, the lower lip hung away from their teeth. Typically, a melancholic stood with their back bent, in a stooping posture'. However, in some severe cases of melancholia, an individual's legs were also bent at the knees, with their head bowed down. Thus, it was possible to assert that individuals who stood erect were almost certainly not melancholic. Afflicted individuals, exhibited typical melancholic gestures, indicating 'misery' including, 'severe lachrymose tendencies', so that their eyes were constantly full of tears, but such people seldom indulged in 'very loud obtrusive, uproarious', and demonstrative weeping, although the wringing of hands was another common gesture amongst melancholics, who also often constantly nodded their heads, sighed, and groaned whilst speaking. They also 'struck their head with their fists', or they sat with their face in their hands, or with their heads covered by their clothes. Then, some other melancholics tore their hair, or they stood for hours in one position, or they sat rocking backwards and forwards, which was another gesture indicative of misery. Melancholic's 'verbal expressions of misery' always related to the 'emotional division of language', or what might be regarded as 'verbal gestures', Thus, an utterance of 'Oh dear!', was said to be an articulation more expressive, than a mere groan, with such verbal expressions of misery, as 'Oh dear!', or 'Oh God!', repeated hundreds of times an hour, causing annoyance for anyone listening to the melancholic's utterances. However, these expressions of misery did not always indicate the degree of misery felt by an afflicted individual, as such utterances were sometimes 'habitual behaviour'. However, it might also be suggested that the 'cultural training of a civilised man, in British Society led him to suppress displays of emotion', but melancholics either had an imperfect control over their emotions, or their emotions were even thought completely absent. This meant that emotions might be freely expressed to other people, or even to strangers, by melancholics, However, when misery was habitually expressed verbally, for a long period of time, the melancholic began to use specific 'facial, physical gestures, and utterances, to indicate the intensity of their feelings'. Then, some other facial expressions used by melancholics 'exceeded the feelings that they (were meant to) represent, which was a problem for 'true melancholics...(who) did not merely express misery they actually experienced it'.

Defects in a melancholic's nutrition also led to 'physical defects' that existed throughout the individual's whole body, which sometimes 'slackened and, weakened' and this, in turn, led to diminished bodily activity, and to other effects, such as dry skin, that was 'earthy (and) muddy,(with an) unwholesome colour, together with dry and harsh hair'. Melancholic's finger, and toe nails, now began to grow unusually slowly, so that they rarely required cutting and the individual's mouth was typically dry, with their tongues furred and their bowels 'costive'. Their urine was now 'loaded with substances; like albumen and lithates', that could have serious implications for mentally infirm people, and their pulse rate slowed, and their body temperature also lowered, indicating that the patient's 'bodily processes...(were) slackened, lowered and wanting in vigour'. At this stage, the behaviour of a melancholic was often 'defective', which was, in turn, congruent with defects in the melancholic's nutrition, and a 'want in energy'. In this state, such patients, 'took less exercise and (instead) they sat indoors; unwilling to exert themselves, in walking, or in playing any active games'. As a melancholic's misery increased, so too did their inactivity, so that there was a 'vicious circle', where a patient who was now unwilling to go out at all; instead they sat all day in a chair, and they then could not be induced to exert themselves at all, even to keep themselves clean, neat and tidy. This pattern of behaviour, then caused real problems for the asylum attendants, in efficiently managing such patients; difficulties that were then accentuated in acute melancholics. For instance, their hair became 'unkempt and matted', their 'linen was then often 'dirty', and their 'bodies (were sometimes) filthy' Then, in turn, these patients suffered from a 'wide variety of delusions, with the gravity of these aberrations bearing some relationship to the depth of the misery they suffered. These delusions were often focused on the individual's 'feelings of misery', with prolonged melancholia invariably leading to 'disordered thoughts' and to some patients justifying 'their own deluded beliefs and (hence) their own misery'.

Melancholia was unusual, in that it commonly arose in physically healthy people, but it was relatively unusual in individuals already suffering other forms of mental affliction. At its onset, melancholia usually developed

gradually, so that the patient did not suddenly sink into deep misery. Rather, they gradually became dull and lethargic, with some 'slight disturbance of their normal behaviour' noticed, but then they increasingly became depressed. Thus, all of the initial signs of the onset of melancholia were slight and it was often only with hindsight, after the disorder was well established, that the early symptoms of this affliction appeared significant. The degree of misery, and the severity of other symptoms, of melancholia, then became much more marked and 'morbid depression' was now seen to characterise 'severe melancholia'. In spite of this, it was quite difficult to describe 'typical melancholia', because the course of the affliction, and its severity, differed so markedly from case to case. Indeed, if a patient was young, and a diagnosis was made early enough, recovery might be rapid and complete. Thus, melancholia was most unlike the other mental afflictions, already discussed in this Chapter, because the 'cure rates' for melancholia was very satisfactory, with some of the 'cured' patients passing from a state of misery, directly to one of cheerfulness, in a very short time. However, more usually, improvement in a melancholic began quite quickly, but then quite often this advance was followed by a period of slow and more gradual improvement, but sometimes even this was halted. Eventually, in most cases, recovery from melancholia occurred, but in a few cases the final stages of recovery were extremely difficult to bring about and patients remained incarcerated in the asylum for prolonged periods of time. However, other melancholics, who were apparently 'cured' of their affliction, relapsed, with regression in their mental state occurring at any stage in the course of their incarceration. They could then return to the 'depths of misery' many years after their initial recovery. In a few other cases, melancholia led to rapid death as the patient became increasingly dejected, thinner and weaker, because they abstained from eating, possibly because they were no longer capable of digesting their food; thus reducing their energy to such an extent that they died.

Some other melancholics developed 'mild mania', whilst some other 'chronic melancholics' suffered 'acute maniacal attacks, which led one 'alienist' to posit that all cases of insanity, excepting some cases of general paralysis began with melancholia. However, this view was not accepted by many other experts on mental afflictions, although they certainly saw some connections between melancholia and mania, and even more its relationship to dementia. The taxonomy of melancholia was complex, but the most well marked form of the affliction: 'simple melancholia', involved a depression of feelings, although individuals with this form of the condition did not have delusions. However, most melancholics did develop delusions, especially those who suffered from 'deep depression', Thus, 'true melancholia' covered all cases that were not of the 'simple type', This line of thinking then led to a distinction between acute and chronic melancholia that was based on the duration of a patient's affliction, with cases that lasted only a few weeks classified as 'acute', whilst 'deep long lasting depression' was classed as 'chronic melancholia'. Chronic cases were then divided into an 'active form' and a 'passive form' of the condition, although some patients suffering from severe depression were said to be suffering from 'melancholia cum stupor' or 'melancholia attonita' which left them feeling 'wretched and making forlorn gestures, crying and moaning loudly, and they were also listless, lethargic and languid'. Some experts on melancholia believed that this condition was present in many cases of mania, dementia, epilepsy and general paralysis, where symptoms of severe depression intermingled with symptoms that were indicative of these other mental ailments. Most worryingly, melancholia induced 'suicidal tendencies' in some people, which led them to 'most determined and persistent...attempts to commit suicide', although many other melancholics, in spite of harbouring profound feeling of misery, never contemplated suicide. However, some experts believed that melancholics with 'suicidal tendencies' believed that there was only one way of killing themselves, so that if they failed in one attempt to shoot themselves, they would then not contemplate self-destruction by any other means. However, individuals who contemplated suicide, showed increased signs of anxiety, which were discernible to those caring for them, so that patients with 'suicidal tendencies' caused by depression, had to be most carefully cared for in the asylum. Indeed, the staff, charged with the care of these patients, were 'urged to take every precaution to prevent self-destruction'. However, patients thought to be recovered from 'suicidal melancholia' also had to be carefully watched, because some such patients did often attempt to destroy themselves again, after their release from the asylum. Thus, the discharge

'recovered', of such patients, was dependent on an assurance from their attendants that the 'patient no longer harboured 'suicidal tendencies'. All of this meant that 'suicidal melancholics' required a great deal of attention from their attendants, because once a patient had determined that they would commit suicide, it was virtually impossible for anyone to prevent that person from fulfilling their intention. The melancholic patient's 'ingenuity in developing methods to destroy themselves, the secrecy of their preparations to do this, and their determination to carry out 'self-destruction', made it virtually impossible to prevent such suicides.

It was also suggested, that people with a 'first class constitution' never suffered attacks of melancholia, so it was the 'constitutionally weak' who were susceptible to melancholia. This meant that melancholia was in some cases 'hereditarily acquired' when 'innate feebleness of nerve action...placed unusual demands on the powers of an organism'; for instance because of stress, which caused energy in an individual's nervous system to be depleted, which then caused melancholia. 'Puberty', a phase of development, when nerve energy was redistributed naturally, allowing new physiological activities to occur in the body, caused large amounts of nerve energy to be dissipated and this frequently led melancholia to develop, sometimes accompanied by hysteria. This same line of argument could also be applied to pregnancy, with childbirth and suckling also thought to deplete the energies of an individual's nervous system, sometimes causing melancholia. However, bodily diseases were also believed to exhaust individuals, both physically and mentally, which could also cause melancholia, as could exhaustion from excessive physical activity. The pressures of schooling was another likely cause of melancholia in young people, as was the stress caused by the loss of friends, or because of monetary vicissitudes, or in other circumstances, that caused sorrow, grief, uneasiness and anxiety. It was thus suggested that 'melancholic diathesis', a hereditary brain condition, created a 'melancholic temperament...(and) a propensity to contract various other brain diseases, which...afflicted...(individuals) lacking emotional balance and power of resistance to diseases'. Such melancholics had 'strong, and unreasoning, likes and dislikes and they were morbidly introspective', and they possessed 'gloomy imaginations' that made them irritable.

In considering 'maladies that were sometimes confused with melancholia', particularly dementia, hypochondriasis, and hysteria, it was suggested that dementia sufferers with melancholy, never became morbid, without prior damage to their mental powers, so that as dementia progressed the amount of depression suffered by the patient, also increased, which in turn added to their dementia. However, a patient's melancholia was sometimes thought to mask their dementia, whilst other patient's dementia was far more prominent, but their depression was not as conspicuous, which meant that it was the melancholic element, of their condition, that was overlooked, so that such cases were thought to be 'simple dementia'. However, this error of diagnosis was not thought to be important, because melancholia and dementia were sufficiently alike to require similar treatment. 'Hypochondriasis' involved marked delusions and was distinguishable from melancholia, although the patient with this condition always assigned their malaise to bodily disease, and, they were engrossed by their bodily condition. However, it was sometimes also suggested that a gradation existed between hypochondriasis and melancholia, that was related to the 'physical disorder that caused the patient's misery', although melancholia was sometimes even ascribed to the fact that the afflicted individual believed that a judgment had been made by 'God upon their sins', which was a belief that in itself caused sorrow, grief, and uneasiness, to some patients. Hysteria was also distinguished from melancholia by the degree of attention that was demanded of others by the patient's behaviour. The whole purpose of a hysterical patient was to attract the notice, interest, and sympathy of other people, whereas in melancholia the afflicted person was quite indifferent to the way in which their actions and symptoms were regarded by others, which led the melancholic patient to become even more self-absorbed in their own misery. It was also suggested that in analysing cases of melancholia, where 'a feeling of misery (was) in excess of what was justified, by the circumstances in which the individual was placed', it was essential to know what circumstances led to each patient's misery. Then, it was possible to judge whether that person's misery was justified in the circumstances or not, and if this justification was not reasonable, then melancholia was

present. However, in some cases, the misery produced by these circumstances was so profound that it was impossible to apply such an analysis, which made providing any prognosis difficult. However, feelings of misery could be the outcome of delusions, but in other cases the reasons for a melancholic's misery, if true, would certainly have justified feelings of unhappiness, but if untrue this misery was not justifiable and melancholia would exist. A melancholic man who declared himself on the brink of ruin; with his wife unfaithful, and he himself 'wicked, and dishonest, and thus liable to be arrested, would have to be treated with caution, because 'judging whether the normal and natural feelings that these circumstances inspired was such a confusing and complicated matter'.

As melancholia, was said to be a defect caused by a weakening and slackening of nerve actions, and a reduction in the tension of the nervous system, treatment involved arousing intense mental activity to restore this tension. Replenishing energy in the nervous system was also considered to be part of the individual's general nutrition, so that restoring this energy in the patient's system was also tackled by providing an augmented diet. Thus, when many melancholic patient entered an institution for the insane they had not taken sufficient food recently, which caused slackening of the 'nutritive processes', so that their nerve tissues were potentially damaged. Such patients were initially treated by giving them a highly nutritional diet, in patients who were 'often emaciated and thin', who it was believed, would 'crave food'. However, in many patients they had a positive distaste for food, so they 'completely, and obstinately, refused to eat'. For this reason, the treatment of melancholy often involved insisting that the patient ate, and if necessary, they were 'force fed', an action that Pauper Lunatic Asylums were very reticent to undertake. Some asylum doctors believed that the reason why melancholic patients refused to eat was because they suffered from dyspepsia, which was frequently a concomitant of mental depression. However, other experts considered this belief was a 'mistake or even a fatal mistake...(given that) abundant food must always be available to a melancholic patient, no matter how deranged their digestion'. Thus, such patients had to be encouraged to eat, rather than to be forced to do so, and it was 'not enough to give slops, and concentrated essences of meat, and peptic fluids instead', because, 'solid foods of considerable bulk' were essential, if full digestion and assimilation of nutriment, by the patient, was to occur. However, plenty of 'graduated exercise' was also essential to develop a patient's strength, although it was unreasonable that melancholic patients, who were unused to sustained exercise, before their admission to the asylum, be given such exercise, because sudden 'strenuous exertions' would have damaged the patient's physical condition. However, as an individual's strength returned, the exercise programme given, should be gradually increased to bring into play the 'large muscular masses of the body', of the, previously unfit, individual. Walking was suggested as the first exercise adopted in this treatment, but then a 'more strenuous exercise régime' that might include rowing, riding, and cycling were suggested, as 'extension exercises'. However, these exercises were not for suicidal patients, who were likely to deliberately harm themselves, so, bemusingly, instead it was suggested suicidal patients might be set to work using a 'cross cut saw, a chaff cutter, or in turning a mangle', which were surely all activities where such patients might deliberately inflict injury on themselves. In very severe cases of emaciation, massage was recommended to 'revivify the patient's nutrition', which was a 'remedial action' intended to enable such patients to soon commence exercise and employment activities.

'Changed surroundings' were also suggested, as beneficial to melancholics, so they should be moved to a different locality, to live among different people, in a different atmosphere. In the case of pauper melancholics, invariably this meant incarceration in a Pauper Lunatic Asylum, where their nervous tissues could be developed. At home, it was presumed that such individuals had 'habituated' a life style that led to melancholia, but the asylum treatment, of this malady necessitated a change, so that the patient's new surroundings caused vigorous tissue changes. Thus, a Pauper Lunatic Asylum was ideal, because it provided a régime to 'order, and discipline the patient', who was thought lacking in these respects, because at home, they were 'accustomed to their own freedom of action', with any outside interference 'discontinuous and ineffective'. The order and discipline of an institution for the mentally infirm, with patients 'willingly

submitting to the treatment they received, were thus ideal circumstances in which melancholics would recover. 'Institutionalisation', it was thought, would be rapid, so that patients would soon 'subordinate their own (personal) inclinations to those of the Asylum Community', which arguably was the whole purpose of such treatment. However, the asylum had to be made as cheerful as possible, with a real effort made to engage every patient's attention; causing them to become involved in some occupation; putting both their mind and body to work. However, this was considered a pointless aim, until the melancholic patient's digestive system was revived by an improved diet to restore mental energy.

In the 1850s and 60s, it was customary to treat melancholic patients with opium, which appeared to benefit some patients, although by the early 1890s, this drug had been abandoned in treating melancholia, and it was then seldom used. Instead iron, quinine, arsenic, and strychnine; intended to stimulate the digestion, and nutrition of the patient generally, were used. However, melancholics still tended to suffer from dyspepsia, and they were often constipated and had problems with sleeping; which were all problems commonly associated with melancholia. Constipation was thought to be caused by the patient's bowels being empty, or nearly so, with nothing available to pass through the anus, which in turn led the intestines to be empty of solid matter, thus inhibiting peristalsis, and causing the patient to be 'costive'. In such cases the bowels were 'freely relieved,' without using 'aperient medicines'. Instead the patient was 'copiously' fed, although, if necessary, 'aperient mineral waters' could be given, after the patient had been 'fasted overnight', The melancholic patient's sleeplessness was thought best treated with, a 'soporific...bellyful of food', which it was suggested would resolve sleeping problems, even for patients who had virtually not slept for weeks, including those who had been given 'enormous doses of opium, bromide, chloral hydrate, and other hypnotics' to no effect. Thus, well fed melancholics with sleep problems, immediately fell into a 'long sound sleep', but if this failed, food could be added to a stimulant, and this would certainly induce sleep. However, apparently, if all else failed, a bottle of stout or a glass of hot grog, to accompany a good supper, would produce even more drowsiness, particularly if this meal was administered after 'tiring exercise in the open air'. However, if a melancholic patient was not strong enough to take much exercise, a long ride in an open carriage, could be substituted for walking, to provide a 'soporific experience', although all such measures had to be tried before any sedative drugs were used. It was then conceded that in very severe and acute cases of melancholia, recourse might have to be made to drugs, which were best administered 'hypodermically' after a meal and with the patient already undressed and lying in bed, before the drug was administered. A half gram of morphia or not less than thirty grams of chloral hydrate, was recommended as the dose in such cases.

Of all of the mental afflictions dealt with by Pauper Lunatic Asylums, melancholia was the one most successfully treated, with a majority of such cases recovering, although success depended on the acuteness of the case. 'Moderately acute melancholia' was the most successfully treated form of this ailment, whereas, 'extremely acute' cases, which involved sudden extreme depression, causing rapid tissue wasting, that left the patient wet and dirty, with anti-social tendencies, were not as easily treated. However, 'moderately acute melancholia', where the affliction progressed steadily, but rapidly, rather than suddenly, was often also treated successfully. However, in chronic cases of melancholia, where 'depression was exaggerated', treatment was often difficult and 'cure' in such cases was rare. In fact, the length of time after the commencement of melancholia that treatment began, was also thought very important in the treatment of this sort of mental condition, as any delay in starting 'vigorous treatment' hindered recovery, and made 'cure' less probable. The prolonged neglect of melancholia also made a successful outcome of treatment less likely. However, if moral persuasion was the only treatment used a 'cure' was unlikely. The physical condition and health, of a melancholic patient, was also considered a determinant of the success of their treatment, as severe depression in a patient with poor bodily health and condition, made them less amenable to treatment, than patients in good bodily health. The successful treatment of melancholia was also thought to be related to the age of the patient, with younger individuals more successfully treated, but where 'melancholic tendencies' were inherited, successful treatment was thought more difficult, with recovery even rarer. Relapses were also

quite common in convalescent melancholia cases, although deaths from this mental affliction were very unusual, except in the 'very acute cases' where suicide was thought a distinct possibility. It was also suggested that chronic melancholia often transmuted to dementia.

Whilst the mental afflictions; dementia, idiocy, imbecility, mania and melancholia, were relatively straightforward, these conditions were then sometimes complicated by chorea, epilepsy, and general paralysis, conditions that were suffered by some patients, alongside the mental afflictions already discussed in this chapter. However a very small minority of the patients entering Powick Asylum, between 1852 and 1910, were committed to the institution suffering from just chorea, epilepsy, or general paralysis, but the reason that this was possible is explained in the remainder of this chapter, which is a discussion of these 'contributing factors' that needed including to clarify the situation of some of the patients contained in the Powick Asylum Archive of Patient's Notes. It was then essential that the interaction between the mental afflictions suffered by a patient recorded as suffering from, say, 'dementia with general paralysis', 'idiocy with epilepsy', mania with chorea, or melancholy with epilepsy, be understandable to readers of this book.

The section in Daniel Hack Tuke's *Dictionary*, that discussed chorea, was written by Ludwig Meyer;³⁴⁸ it discussed the way that chorea was regarded in the nineteenth century. From this discussion, it was clear that nothing was known about changes in the nervous system, or muscles that led to 'choreic movements' which caused sporadic jerking of the limbs and face. The classic definition of chorea was; 'a motor disturbance, which was characterised by an exaggeration of voluntary movements, and by the occurrence of more, or less numerous, simultaneous movements which were purposeless'. 'Choreic movements' were remarkable, on account of their exaggeration and simultaneity, and were easily recognised. Such movements were not easy for an afflicted individual to suppress. The connection of chorea with other mental derangements was identified only after about 1850. Chorea was relatively common in children, although it often disappeared as the individual got older and was rarer in adults. By the 1870s a classification of chorea had been developed: 'ordinary chorea' was a condition that developed rapidly and afflicted individuals, who did not recover were said to suffer from 'acute chorea' and then if the condition persisted they were said to be suffering from 'chronic, or incurable chorea'. 'Acute chorea' was also found in some pregnant women and some children. However, there was also some indication that chorea was inherited, and George Huntington³⁴⁹ suggested, in 1872, that there was a form of 'inherited chorea'. Chorea in old men sometimes, but rarely, followed severe brain disease, that caused conditions like hemiplegia. It was also recognised that chorea was initiated by other mental conditions, and was therefore a 'consecutive mental derangement'. Such 'consecutive chorea' was normally associated with the chronic forms of the condition that were regarded as a simple form of 'mental derangement'; but so too was mania, and these conditions, if consecutive, often disappeared at the same time. Acute chorea caused severe derangement of the mental functions, which led to 'great excitability, unsteadiness of temper, and a change; from exaggerated merriment to...crossness'. The similarities between chorea and the mental afflictions previously discussed in this Chapter were thus clear, so that chorea could be a complicating factor associated with any of the other mental afflictions already discussed here. However, Daniel Hack Tuke's *Dictionary* identified over twenty five different forms of chorea, mainly relating to conditions where chorea existed consecutively with other mental conditions. It was noticeable, from this taxonomy of chorea, that one of the choreic conditions mentioned, was 'Huntington's Chorea', which is still an incurable condition that exists in the twenty first century.

³⁴⁸ Ludwig Meyer, M.D., wrote the section on Chorea in TUKE, Daniel Hack, *Dictionary*, Ludwig Meyer was Medical Superintendent of the Asylum for the Insane; Professor of Psychiatry, in the University of Göttingen, pp. 206-214.

³⁴⁹ George Huntington was an American Physician, who published a paper, entitled 'On Chorea', in *Medical and Surgical Reporter of Philadelphia*, 26, (15), pp. 317-321. At the time of this publication he was 22 years old and only one year after qualifying as a doctor. He initially joined the family medical practice, but then became a physician at Matteawan General Hospital, at Beacon, New York - a secure mental hospital.

The section in Daniel Hack Tuke's *Dictionary*, that discussed epilepsy, was written by George H. Savage³⁵⁰ and it discussed the way that epilepsy was regarded in the nineteenth century. At that time epilepsy was defined as a 'disease of the highest nerve centres with important psychological relationships...it included all paroxysmal sensorimotor lesions of the nervous system', leading to the destruction of some parts of that system. The effects of this destruction varied according to where the damage occurred. Essentially, this damage was caused by what were termed 'epileptiform seizures', which covered a variety of different forms of 'fits', which was the term used in non-medical parlance for the effects of epilepsy. However, medical men were cautious about this term, which they suggested might refer to epilepsy or hysteria. An epileptic seizure always commenced in the same place in the afflicted individual's body, and it then spread to affect other parts of the body in a specific order, something that occurs quickly. Such fits may, or may not, have ended in unconsciousness, with such convulsions lasting for varying lengths of time. Such fits always weakened the parts of the patient's body affected by their convulsions, and sometimes paralysis occurred. Unfortunately, the same individual might suffer up to one hundred fits in a day and such a series of seizures exhausted such patients, and sometimes led to their death from exhaustion. Epileptic seizures could cause paralysis of all parts of the body, except the heart and respiratory system, so that an individual suffering the epileptic seizure was sustained alive, unless physical exhaustion killed them. The connection between epilepsy and other insanities; those discussed earlier in this chapter, related to 'discharging lesions', that caused epilepsy, but were also related to the causes of these other insanities. These 'discharging lesions' influenced both the sensorimotor and mental aspects of an individual. Thus, in an epileptic seizure, the muscular system was convulsed and this had an inevitable influence on the functioning of the mind. The sensorimotor system of the body was apparently depleted of energy in an epileptic seizure and paralysis ensued, with even the reflexes expunged. Gradually the sensorimotor functions of the afflicted individual were restored, although the muscles may have been weakened, and the individual's movements might continue to be affected, but at this point the afflicted individual then 'slept naturally'. However, the effect on the afflicted individual mentally, at this time, was that they became incoherent and confused. This was caused by an attack of 'major epilepsy', but there was also a 'minor epilepsy, sometimes referred to as 'petit mal', the effect of which, could vary from 'a fleeting shadow (that) only crossed over the patient's face...causing a momentary pallor (and) a momentary fixation of the eyes', to a short period of unconsciousness, with slight convulsions, where the afflicted individual did not fall over. Thus, even in 'minor epilepsy, 'however slight, there was always a defect of consciousness'. Thus epilepsy varied in the effect it had on an individual, from 'merely odd or eccentric actions...to homicidal mania of the most violent type'. It was these affects that connected epilepsy to all of the other insanities discussed in this chapter. George H. Savage then went on to identify about thirty five separate types of epilepsy.

The section in Daniel Hack Tuke's *Dictionary*³⁵¹ that discussed general paralysis, was written by W. Julius Mickle. It discussed the way that general paralysis was regarded in the nineteenth century. At this time general paralysis was considered to be

a disease of the nervous system, especially the brain, marked clinically by (a) some general affections of motility...(that are) especially obvious in speech, and less so in locomotion, and by (b) mental symptoms constituting, or tending to, dementia, but often consisting in part, in various deliria; also, but in lesser a degree by (c) sensory disorders, or defects; and by (d) definite organic changes in the nervous system.

³⁵⁰. George H. Savage M.D. Lond., F.R.C.P. Lond. wrote the section on Epilepsy in TUKE, Daniel Hack, *Dictionary*. George H. Savage was Late Senior Physician and Superintendent, Bethlem Royal Hospital, Lecturer on Mental Diseases, Guy's Hospital, Co Editor of the *Journal of Mental Science*, pp. 440-457.

³⁵¹. W. Julius Mickle M.D. Toronto M.R.C.P. Lond. wrote the section on general paralysis in TUKE, Daniel Hack, *Dictionary*, W. Julius Mickle was Medical Superintendent, Grove Hall Asylum, Lecturer in Mental Diseases, University College and Middlesex Hospital, pp. 518-543.

Such paralysis might start suddenly, for instance, when it was caused by cerebral congestion, or with an acute attack of mental excitement. An attack of general paralysis could last for a few weeks, or for thirty or forty years. Attacks were of particularly long duration where the spinal cord was first affected, but, oddly, if the brain and spinal cord were attacked simultaneously the attack was likely to be short. In what was termed, 'galloping paralysis', the duration of an attack was also likely to be short, whilst cases attributed to hypochondria and in patients with melancholia, the attack of general paralysis could be very protracted. General paralysis, following epilepsy could, vary in duration. Females, with general paralysis, had attacks that were longer than their male contemporaries and attacks also said to last longer in the wealthy, more than the poor, and they were longer in patients with an 'inherited insanity', than in patients with no hereditary taint. Sometimes general paralysis was accompanied by mental derangement, or by dementia, but in other afflicted individuals, their 'moral, intellectual and emotional faculties (were) decayed, or destroyed'. Insane delirium was also induced in some patients, whilst some other people, with general paralysis, became 'coarse and foul, rude, insulting, blasphemous, or brutal' in their conversation and actions, but they also sometimes were familiar, and they even took 'liberties' with female asylum staff. Other patients with general paralysis developed 'dirty habits'. Absent mindedness, forgetfulness, and a general reduction in intellect also sometimes occurred in individuals suffering from general paralysis. Thus, general paralysis had very similar symptoms to the mental afflictions that have already been discussed in this chapter, so that again it appeared that there was probably parallel causation of both the mental affliction a patient suffered, and the general paralysis they developed.

The adumbration of the taxonomy of mental affliction in use in the second half of the nineteenth century in this Chapter gives the basis on which the diagnosis of mental conditions was based. This would allow an appropriate 'label' to be applied to a patient, by a doctor seeking to certify an individual insane, and to commit that person to a lunatic asylum. Thus the Patient's Notes, that are extant from Powick Asylum, all record the nature of the diagnosed insanity of each patient, including whether the patient's condition was acute, simple or chronic, although sometimes the diagnosis did not include such a 'qualification'. However, these patients' records also give a brief description of the presumed causation of the diagnosed mental affliction, but sometimes the diagnosis recorded included some additional words, that related either to the causation of the patient's mental condition, so that mania can be described as; 'mania a'potu', implying alcohol abuse was a factor in this individuals mania, or 'mania puerperal' that arose soon after childbirth. Similarly, 'idiocy congenital' implied the certainty that that the patient's idiocy diagnosed was from birth, and 'dementia senile' also indicated certainty that the cause of a patient's dementia was deterioration of the brain due to aging. Then, in other cases the diagnosis of a mental affliction as; dementia, idiocy, imbecility, mania of melancholia was complicated by the existence of conditions such as chorea, epilepsy or general paralysis, which were discussed above, so that the 'labelling; of a patient's diagnosed condition was sometimes qualified in this way and they were said to be suffering from; 'dementia with chorea', 'imbecility with epilepsy', or 'mania with general paralysis', etc. , This taxonomy, or nosology, of mental afflictions continued to be used at Powick Asylum throughout the period from 1852 to 1911 and it was the intention of this Chapter to enable readers of this book to understand the nature of the mental illnesses found at this institution at this time, and the allied complicating factors particularly chorea, epilepsy and general paralysis, which were shown to possibly have parallel causation to the main mental afflictions of the patients in Powick Asylum. When Powick Asylum was opened in August 1852, it had been planned on the basis that the wards would be organised on the basis of diagnosed mental afflictions, with wards for demented, idiots and imbeciles, maniacs and melancholics, but this arrangement quite quickly changed.

Whilst the descriptions of the various categories of mental affliction, discussed in this Chapter are coherent, it is also obvious that there were commonalities across the mental afflictions treated in lunatic asylums, in the period from 1852 to 1911, in terms of the patients' behaviour. Thus, a demented, an idiot, a maniac and a melancholic might all be violent, and it was this excessive behaviour that caused management problems for

the staff of the asylum, so that the trend happening in some other Pauper Lunatic Asylums, between 1845 and 1852,³⁵² whilst Powick Asylum was being planned and built, mentioned in the last Chapter, occurred. These institutions abandoned what has been referred to as 'treatment by classification', with specialist wards for each of the diagnosed mental afflictions. Thus, problematical violent patients were separated from patients recovering their mental 'normality', or patients who because of melancholia were reclusive. This trend also allowed patients suffering from epilepsy, who posed particular dangers to themselves, and to others, to be separated, and managed in different ways. By the late 1850s, Powick Asylum had begun to be organised on the basis of easing patient management problems in this way. However, there is another striking characteristic omitted from descriptions of the treatment of the separate mental conditions presented in this Chapter, caused by the fact that the development of 'therapeutic drugs' was still a long way in the future. Indeed, there was little evidence of any 'therapeutic drugs' being used in treating pauper patients at Powick Asylum, or Mental Hospital, before 1911. Where possible, in this period, Powick Asylum adhered to a 'Moral Treatment Régime' and in the case of dementia, idiocy, imbecility, and mania, only in extreme circumstances did they use the rudimentary drugs contemporaneously available to treat mental conditions. However, in treating melancholia, various stimulant as well as sedative drugs, were used. This meant that opiates, including laudanum,³⁵³ and chloral hydrate, were used as pain killers, but also as a sedative, which were used to induce sleep but also to quieten obstreperous patients. Potassium bromide and lobelia were also sometimes used as milder sedatives. In cases of physical illness Powick Asylum patients were usually treated with the medicines normally used to treat physical ailments, inside and outside the asylum.

In the next Chapter, which investigates the way that Powick Asylum developed once it opened it will be noticed how the way that the institution was managed altered.

³⁵² Private lunatic asylums, sometimes referred to as mad houses, were used by Worcestershire Poor Law Unions, to house pauper lunatics, between the passing of the Lunatic Asylums' Act, in 1845, 8 & 9 Vic. C. 126 (Lunatic Asylums' Act) 1845. and the opening of Powick Asylum in August 1852.

³⁵³ Laudanum was opium dissolved in a spiritous liquor, usually brandy, which was given orally, to patients to kill pain, or sometimes to sedate them.

CHAPTER 3.

'Bedding Down' the Institution at Powick Lunatic Asylum 1852 to 1872.

In the first two decades of its operation Powick Asylum increased its inmate population threefold. The asylum was built to accommodate 200 patients, 100 patients of each gender, although it initially took only 175 patients, but by 1872 it regularly had in excess of 680 inmates. However, this was not just because pauper lunacy had increased; some part of this growth in patient numbers was because of a small number of Private Patients who were poor individuals, but were not pauperised according to the Rules laid down in the Poor Law Amendment Act of 1834³⁵⁴ and they were not in receipt of Poor Relief. The asylum also admitted batches of 'Contract Patients' who were admitted between 1855 and 1872 having been temporarily transferred from other Pauper Lunatic Asylums where there was a shortage of space to accommodate insane paupers from a locality. Powick Asylum was then paid a fee, to accommodate a group of, say, twenty or thirty such patients for two or three years. It was these two types of patient, occupying surplus places at Powick Asylum that added slightly to the asylum's inmate population, although this was not the major reason for the dramatic increase in the number of patients at the asylum. Rather, the cause of the steep rise in numbers of inmates in Powick Asylum, was the decision made by this and other, Pauper Lunatic Asylum Committees of Visitors to ignore the stipulation of the 1845 Lunatic Asylums' Act³⁵⁵ that only 'acute cases of insanity' that were thought 'curable' should be accommodated in County Pauper Lunatic Asylums. Thus, it was intended that chronic and incurable cases of mental infirmity should be dealt with in specialist asylums that were to be the subject of a further Act of Parliament, but this promised further legislation never materialised. In the 1840s it was believed that acute insanity was amenable to treatment and was likely to be 'cured'.³⁵⁶ However, instead, some such acute cases over time became 'chronic cases' and such deterioration in the individual's mental condition was not predictable at the time when that individual was admitted to a lunatic asylum as insane. Thus, some of these patients languished in asylums for a very long time 'blocking off' large numbers of asylum places that had been specifically created to treat and 'cure' acute cases; originally believed to be 'curable'. Then, Powick Asylum, like most other similar institutions made matters even worse by committing patients already known to be incurable, such as idiots and imbeciles who were patients that would certainly have been dealt with by the 'specialist institutions for the incurable insane' if these 'specialist asylums' had been created. However, no such facilities were created outside the Metropolis. Then, ironically, the Pauper Lunatic Asylums came to provide a 'protected environment' for such 'incurables' who lived out their lives in these institutions often surviving for much longer than they would have done outside the institution. These chronic and incurable cases then 'clogged up' the asylums and this caused an inexorable growth in the institution's patient numbers reducing the institution's effectiveness in alleviating pauper patient's mental afflictions.

As suggested previously, before Powick Asylum opened in August 1852 a 'census' was organised by the asylum's Committee of Visitors that recorded a total of 313 individuals who were likely to be Committed to the new Powick Asylum when it opened. However, not all of the pauper lunatics identified by this 'census' were sent to Powick Asylum and there was no explanation immediately available as to where the pauper lunatics missing from the census estimate had gone. However, it appeared likely that some of these insane individual's relatives had avoided the social opprobrium of having a family member in a Pauper Lunatic Asylum by then refusing to seek Poor Law Medical Relief when it was offered. However, many other relatives clearly decided to allow their mentally afflicted relatives to be committed to the new Powick Asylum where they believed their family member would receive the comfort and care on offer at the asylum that they now presumed would offer 'a cure' of their relative's insanity. Indeed, it now appeared that these perceived

³⁵⁴ 4 & 5 Wil. IV c. 76 (1834) Poor Law Amendment Act.

³⁵⁵ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

³⁵⁶ 'Cure' of insanity, at this time, meant that the patient's behaviour had returned to a state, where they were safe to be released from the asylum and returned to their home community.

advantages made relatives even more disposed to send their 'afflicted friends' to the new Powick Pauper Lunatic Asylums than they had been to send them to private mad houses prior to the opening of the new asylum. Thus, institutions like Powick Asylum were now reputed to 'cure' insanity rather than simply to act as 'holding pens' for individuals afflicted with mental infirmity and this belief, initially increased confidence in the new asylums when they first opened, but this new found confidence was to prove relatively short lived.

Powick Lunatic Asylum was very similar to most other County Pauper Lunatic Asylums built after 1845 but when it opened it was the 'state of the art' institution at least for the short time before the next similar asylum opened. However, like other institutions that treated pauper lunatics the new Powick Asylum inevitably conformed to the Poor Law Board's expectations, because the 'Principle of National Uniformity' still operated regarding the design administration and management of such institutions. Commonality with other County Asylums was thus inevitable particularly given that a 'Moral Treatment Régime' was the expected and orthodox approach used to deal with pauper lunacy in all Public Lunatic Asylums in England and Wales. Adherence to a 'Moral Treatment Régime' at Powick Asylum was then also ensured, by regular visitations from Commissioners in Lunacy representing the body set up by the 1845 Lunatics' Act ³⁵⁷ to counterbalance the influence of the Poor Law Board in the treatment of pauper lunacy. Indeed the legislator's intention in establishing the Lunacy Commission, in 1845 was to ensure that any decisions taken about Pauper Lunatic Asylums, which were primarily regarded as Poor Law institutions, should not be hampered by the rigidity of the New Poor Law. These asylums were administered with the benefit of advice from the Lunacy Commission who received Reports and advice from their expert Inspectorate the Commissioners in Lunacy about each Pauper Lunatic Asylum in England and Wales. Thus, the purview of the Metropolitan Commissioners in Lunacy; a body set up by the 1828 Mad House's Act ³⁵⁸ to inspect 'licensed houses' in the Metropolis which had been recognised as a 'safe pair of hands' in this role by the Government was extended to cover the whole country by creating the Lunacy Commission. ³⁵⁹ All of the Commissioners in Lunacy that were employed had 'considerable previous direct experience of caring for, and treating the insane'. For this expertise these male inspectors were well paid; £1,500 per annum, or double the salary of contemporary H.M.I.s for Elementary Schools; who had no previous experience of the elementary schools they oversaw, inspected and were responsible for. Similarly, Assistant Poor Law Commissioners who oversaw the Poor Law Administration locally including monitoring the condition of Union Workhouses in the various Regions of England and Wales, who were also paid £750 per annum had very limited experience of the Poor Law they administered when they were first appointed. Both H.M.I of Elementary Education and Assistant Poor Law Inspectors were well qualified educationally with legal or ecclesiastical degrees, but initially they had no real interest in what they controlled. ³⁶⁰ Thus, the Commissioners in Lunacy appeared to be worth the extra salaries they were paid, for what was regarded as their essential previous experience and expertise The Lunacy Commission also employed lawyers with expertise in the 'Poor Law of Lunacy' ³⁶¹ and the Commission's central administrators also developed a growing expertise in the mechanics of running institutions to care for and hopefully 'cure' mentally infirm paupers, with the Commissioner's inspections making the Pauper Lunatic Asylums more 'fit for purpose'. Thus, it was soon evident that the Lunacy Commission had more influence over Pauper Lunatic Asylums than did the Poor Law Board who seldom made if ever made any comment about Powick Asylum once it opened.

³⁵⁷ 8 & 9 Vic. c. 100, (1845) Lunatics' Act.

³⁵⁸ 9 Geo. IV. c. 41 (1828) Treatment of Insane Persons Act, usually referred to as the Mad Houses Act.

³⁵⁹ Powick Asylum Visitor's Committee Minutes (VM) 1 November 1852 contained a Report on the Commissioners in Lunacy's visit made by BW Proctor and L Gaskell. WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁶⁰ Dr. James Kay (later Kay-Shuttleworth), was an exception to this rule. He was a medical man; frustrated in his efforts to become a hospital surgeon, in Manchester, James Kay became a Poor Law Assistant Commissioner, in East Anglia, and established the practice of employing 'pupil teachers' in Workhouse Schools, an idea then adopted in elementary schools in England and Wales. James Kay aggrandised his status by marriage and added his wife's surname to the family name.

³⁶¹ This phrase borrow the title of Peter Bartlett's book *The Poor Law in Lunacy*, Leicester University Press, 1999.

On their first visit to Powick Asylum the Commissioners in Lunacy found that in its first ten weeks of operation there had been one escape by a male inmate and two inmates had died one from senile gangrene and another from exhaustion. There were then 172 patients incarcerated at the new asylum; 81 men and 91 women with eleven patients there receiving medical treatment probably in the infirmary wards whilst three other inmates were in 'seclusion'. The Commissioners in Lunacy then calculated that of the first patients received at Powick Asylum 48% were men and 52% women ³⁶² and of the men about three quarters were dementia sufferers compared with about four fifths of the women admitted at this time, These facts were attributed to the nature of first tranche of patients initially transferred to Powick Asylum coming from workhouses where some of these individuals had been incarcerated for many years which meant that they had often developed 'behavioural problems'. Then, about a fifth of the men and around a tenth of the women transferred were afflicted with mania including monomania and many of these individuals had been residents in various private lunatic asylums often referred to as 'private mad houses' before 1852 and these patients proved 'sporadically disruptive' and therefore they were not welcome in Union Workhouses. The remaining patients transferred to the new Powick institution consisted of almost equal numbers of male and female idiots and imbeciles, but it was melancholics who were generally the least disruptive type of pauper lunatics. These melancholic individuals had mainly been kept in workhouses or at home with relatives and it was these individuals in some senses who caused the most concern of all the patients in the first tranche of asylum patient residents, because they had a tendency to be suicidal.

The next tranche of 175 patients admitted to Powick Asylum after it opened were very different from the patients initially sent to the new asylum, because these people often came directly from Worcestershire Communities having been committed to the asylum when they were Certified insane. This meant that generally they had not been incarcerated for long periods of time previously in institutions or at home, where insane individuals were sometimes restrained by being strapped down. This second group of patients consisted of equal numbers of men and women, and mania was the affliction that most of these people were suffering from with 45% of men and 51% of women suffering from this mental affliction. Then, about 30% of these patients were afflicted with dementia. Thus, the new Powick Asylum had begun by treating a 'very unpromising group of chronic and incurable cases' mainly with dementia, idiocy and imbecility; afflictions that were not amenable to 'cure', but the second cohort of patients committed to the asylum were very different. The initial group of patients sent to Powick Asylum were often 'institutionalised' before they arrived at the new asylum making some of them even more disruptive having been upset by their move from a familiar institution to another unfamiliar one. However, ironically it was this group of afflicted individuals who were admitted to Powick Asylum at this time who under the Lunatic Asylums' Act of 1845 ³⁶³ should never have been sent there in the first place. They were essentially almost exclusively 'incurable' cases and this initial group of patients continued to cause behavioural problems in the new institution from the outset. It was also these individuals who began to 'clog up' the new institution, which reduced its efficiency in treating 'curable patients' at the institution; a problem that soon caused perturbation for even ardent supporters of the County Asylum Movement.

In February 1854 when the first Annual Report of Powick Asylum was published it revealed that Dr. John Robert Grahamsley of the Royal Edinburgh Asylum had been unanimously elected, as Medical Superintendent of the new Powick Asylum which was an appointment described by the Committee of Visitors as a 'fully justified selection', ³⁶⁴ because the appointee came with a testimonial to his 'skill, humanity, constant attention, and devotedness to his duties'. ³⁶⁵ The Visitors then expressed their 'entire confidence and respect'

³⁶² These statistics are derived from a database of the Admissions and Discharge Registers, for Powick Asylum in Worcestershire County Records' Office, Ref: Acc. No. Par.

³⁶³ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

³⁶⁴ 1st Powick Lunatic Asylum Annual Report (AR), February 1854.

³⁶⁵ Ibid.

³⁶⁶ for the man they had appointed. On 11 August 1852, when Powick Asylum opened, there were 175 patients resident there, but by 7 November 1853, there were 201 patients in the institution which was considered a substantial increase in numbers. ³⁶⁷ There had been 94 new lunatic paupers admitted in this time, whilst thirty seven other patients had been discharged 'cured'; representing a 'cure rate' of around 22%. Twenty nine other patients had died in this time ten from general paralysis, but in many other cases the cause of death was a pre-existing physical infirmity. Eight other inmates had died from exhaustion which was often caused in the insane by prolonged epileptic seizures, whilst three more deaths were from senile gangrene and two other deaths were recorded from phthisis, dysentery and epilepsy, respectively whilst the remaining deaths were from 'other causes'. Then, in his summary, for the first Annual Report of the institution Dr. Grahamsley attributed the recorded 'Mortality Rate' at Powick Asylum to the fact that the patients' physical condition on entering the institution was generally 'poor'. Six of the patients at the asylum at the time of the first Annual Report, in 1854 were said to be 'under medical treatment' in the infirmaries and one patient was reported to be 'in seclusion'. ³⁶⁸

This first Annual Report of Powick Asylum concluded that 'the business of Powick Asylum could not be 'more ably conducted than by the Officers and servants under the Orders of Dr. Grahamsley' and the Report expressed satisfaction with the general conduct of all the Officers which was thought to warrant the 'entire approbation' of the Visitors. ³⁶⁹ Pauper Lunatic Asylums, like all other Poor Law institutions were 'Rule bound' and in June 1854 the 'Rules for the Conduct of Powick Asylum' were printed and the Medical Superintendent was asked to ensure that all of the asylum servants signed them which was the usual requirement in such institutions. However, at this juncture the female servants, worryingly, unanimously refused to sign the Rules and as a body they told Dr. Grahamsley that they would leave the asylum at the end of one month rather than sign the Rules, although the reason for this refusal was not clear at this time. However, the events that followed this insurrection made Powick Asylum unique in one respect, its Medical Superintendent committed suicide on 6 August 1854 in what Andrew Scull, citing, John Charles Bucknill, ³⁷⁰ the Medical Superintendent of the Devon County Pauper Lunatic Asylum, at Exminster, in an Obituary in the *Asylum Journal of Mental Science*, ³⁷¹ called a situation that led to 'injurious tensions (in) the job' of being a Lunatic Asylum Medical Superintendent ³⁷² The Powick Committee of Visitors had earlier referred to what they described, as the 'unfortunate death of Dr. Grahamsley', ³⁷³ because Powick Asylum's first Medical Superintendent had committed suicide in a most unpleasant way and whilst his death was recorded as 'tragic' there was initially no comment about its nature or the circumstances in which his demise occurred. However, great competition between the three contemporary Worcester newspapers, led to them to vie for readership. Dr Grahamsley's death initially led to discreet reportage of the unhappy events of this death, but whilst the *Worcester Journal*, ³⁷⁴ and the *Worcester Chronicle* ³⁷⁵ initially reported the Medical Superintendent's death with little further comment, the *Worcester Herald* ³⁷⁶ soon acknowledged that the Medical Superintendent had indeed committed suicide and the *Worcester Chronicle* then also reported the facts of this unfortunate death... Indeed, the *New York Times*, ³⁷⁷ on 28 August 1854 reported in detail on the Inquest of Dr. J. R. Grahamsley, using the report in the *Worcester Chronicle* as their source, but why this suicide attracted their interest was

³⁶⁶ Ibid.

³⁶⁷ VM 25 October 1853 contained a Report on the Commissioners in Lunacy's visit made by BW Proctor and JR Hume. WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁶⁸ Ibid.

³⁶⁹ Ibid.

³⁷⁰ John Charles Bucknill was also editor of the *Asylum Journal*; later the *Journal of Mental Science* and he then became the Lord Chancellor's Visitor in Lunacy.

³⁷¹ Bucknill, John Charles., 'Suicide of Dr Grahamsley', *Asylum Journal of Mental Science*, 1, No. 7, 15 August 1854, pp. 105-106.

³⁷² SCULL, Andrew, *Masters of Bedlam*, Princeton University Press, citing BUCKNILL, John C., 'Ibid.

³⁷³ VM 25 September 1853 WCRO Ref.: b. 125, Acc. No. 710, Par 1(i).

³⁷⁴ *Worcester Journal*, 12 August 1854, WCRO History Centre Branch - Microfilm.

³⁷⁵ *Worcester Chronicle*, 12 August 1854, WCRO History Centre Branch - Microfilm.

³⁷⁶ *Worcester Herald*, 12 August 1854, WCRO History Centre Branch - Microfilm.

³⁷⁷ *New York Times*, 28 August 1854.

unclear. They reported that Dr Grahamsley was a man of a 'highly sensitive and excitable temperament' for whom the Worcester County Asylum was his 'hobby'. In attempting to make this asylum a 'model institution of its kind, he had been somewhat too rigid in the enforcement of what he saw was necessary for the rule and order of the establishment'. This led to 'sore feeling' between the Medical Superintendent and some of the other Officers of the asylum. In turn Dr Grahamsley was said to be 'touched to the quick' by any suggestion of any 'impropriety' in the conduct of the Powick institution. He was said to have had a particularly bitter disagreement with the Matron about 'some new rules' that Dr Grahamley had attempted to introduce 'for the guidance of the institution'. This led several asylum servants to 'throw up their situations', but before leaving the institution these employees of the asylum subscribed to a fund to purchase a 'piece of plate', which was apparently engraved and then presented to the Matron, without the knowledge of Dr Grahamsley, who saw this action as insubordination by the Matron leading to 'contempt for...(the Medical Superintendent's) orders. These circumstances led to a Visitor's Inquiry and this was said to have 'preyed deeply on (Dr Grahamsley's) mind and caused his suicide by taking prussic acid having suggested he was a 'ruined man'. The *Worcester Chronicle* then claimed that they were reluctant to report these painful and distressing facts, which had cast the 'profoundest gloom' over Powick Asylum, where after this incident the 'attendants (had) walked about softly, speaking with bated breath and with tears in their eyes at the remembrance of one whose like they would never be seen again', It was now suggested by the *Worcester Chronicle* that this 'lamentable catastrophe...(was) received with incredulity, amazement and deep regret'. Indeed, after two and a half years in office it was claimed that 'it was not too much to say that no public appointment was ever made more completely on public grounds'. The first Medical Superintendent of Powick Asylum had received the unbounded support of the asylum's Committee of Visitors.

Reports about the inquest of Dr. John Robert Grahamsley revealed that he had gone into the rectifying room of the asylum gas works, on Sunday 6 August 1854 where he took prussic acid having first administered chloroform to lessen the pain which he as a medical man knew would be physical agonizing, Dr Grahamsley was discovered dead by the asylum coachman, who raised the alarm, but the tragedy was worsened by the fact that John Robert Grahamsley had apparently only married at the time he took up his appointment as Medical Superintendent at Powick Asylum and he was the father of a very young child. However, it was the reason for the Medical Superintendent's suicide that was never recorded at the time, of his death which made John Charles Bucknill's statement about, the 'tensions of the job' of being an Asylum Medical Superintendent particularly ironic. Unsubstantiated rumours circulating in Worcestershire at this time suggested that Dr. Grahamsley who had arrived at the Powick Asylum in late March 1852 had been responsible for appointing the other staff of the institution including the Matron. Thus, if the rumours that were circulating were true the Medical Superintendent had subsequently appointed a lady called Mrs. Paget, on another occasion spelt Peagit and then unbelievably spelt 'Piaget', who unbeknown to the Asylum Visitors was John Robert Grahamsley's sister in law. Then, having appointed the Matron the Medical Superintendent appointed the rest of the domestic staff of the asylum including the female staff, who after eighteen months suddenly rebelled about their employment rights and refused to sign to agree to abide by the Asylum Rules. However, this was just the start of the female staffs' unrest as they then began to demand improved conditions of work and they even threatened to strike if their demands were not met. If the rumours circulating were true the real problem for the Medical Superintendent that caused him particular anguish, leading him to take his own life, was that Mrs. Paget the Matron; who was possibly his sister in law, was implicated in promulgating the unrest amongst the female domestic staff. Thus, the Medical Superintendent must now have recognised the impossible situation he was in, with a Committee of Visitor's Inquiry about these matters imminent, with a Visitor's Meeting called for Monday 7 August 1854, only hours after his suicide, that was sure to discover, what, if the rumours were true, was the Medical Superintendent's 'deceit' in appointing his sister in law as Matron without declaring what he had done. Dr. John Robert Grahamsley therefore took his own life, on Sunday 6 August 1854 just a few hours, before the Visitors were to discuss the insurrection of the asylum's

female domestic staff. Thus, rather than face the shame of what he had done the Medical Superintendent took his own life.

Following Dr. Grahamsley's unfortunate death Dr. Foote, who had worked at the Norfolk County Asylum acted as locum until a successor to the deceased Medical Superintendent was appointed. Then, when the post of replacement Medical Superintendent was advertised there were fifty three applicants including some men who were described as 'eminent and talented in the (asylum doctor's) profession'.³⁷⁸ Dr. James Sherlock who was Principal Superintendent at the Perth Lunatic Asylum in Scotland who had previously been the Superintendent of the Royal Edinburgh Asylum was unanimously elected as Medical Superintendent at Powick Asylum. He was described, by the Committee of Visitors as being 'quite a master in every aspect of the duties he had undertaken (and) very constant and assiduous in his attention to the patients, servants and other matters connected to the asylum (and with) a deep interest in his work'.³⁷⁹ Immediately Dr. Sherlock's appointment was ratified he appointed a Matron to replace the troublesome Mrs. Paget,³⁸⁰ Dr. James Sherlock officially took up his duties on 4 August 1854³⁸¹ and probably inevitably given the circumstances of his predecessor's death within three weeks the Commissioners in Lunacy inspected Powick Asylum³⁸² where they found the asylum 'generally quiet and orderly' with the patients generally healthy'.³⁸³ From this time on the Reports of the Lunacy Commissioners were used as an 'agenda for action' by both the Asylum Visitors and by the asylum's Medical Superintendent with some aspects highlighted in these Reports acted on immediately whilst other issues revealed in this way provided business to be transacted at future Visitor's Meetings. However, other issues needing attention were raised by the Asylum Visitor's own inspections of their own institution. Thus, while the Lunacy Commissioners clearly provided Dr. James Sherlock with a checklist of aspects of Powick Asylum that required attention, after he replaced the unfortunate Dr. Grahamsley as Medical Superintendent this list of issues to be acted upon, was added to by the Committee of Visitors, although usually the Medical Superintendent also gave direct instructions about some matters to the asylum staff without reference to the Lunacy Commissioners or to the Asylum Visitors.

The Worcester County and City Authorities allowed Powick Asylum Visitors to enlarge the asylum less than three years after it opened, because it was becoming overcrowded which was the first of several enlargements in the first two decades of the asylum's operation. In 1855, the Asylum Visitors drew up plans to extend the asylum building and the Commissioners in Lunacy had 'no objection to the provision of second storey on the refractory ward'³⁸⁴ and they also saw the internal arrangements suggested by the Visitors as 'convenient and judicious'. However, the Commissioners did not approve of a new wing that the Asylum Visitors planned on several counts. Firstly, they thought that the proposed new ward was apparently only to have dormitory type facilities which would only provide accommodation for incurable patients; an arrangement that was contemporaneously held by the Lunacy Commissioners 'to diminish asylums' which was a criticism that had already led to similar plans in some other asylums being abandoned. Secondly, the Commissioners felt that the costs involved in providing this new ward were too large given the relatively small amount of additional accommodation that these alterations would provide. Thirdly, they felt that additional storeys should be added to other existing wards before any additional buildings should be contemplated or developed on new foundations in the asylum grounds, probably because the Commissioners believed that this would destroy the symmetry of the existing buildings. Fourthly, the Commissioners felt that cladding the walls of the new dormitories with boards was unnecessary, and that this plan could be abandoned without detracting from the proposed new building. All of this advice was accepted by the Committee of Visitors who

³⁷⁸ 2nd AR, January 1855.

³⁷⁹ *Ibid.*

³⁸⁰ *Ibid.*

³⁸¹ VM 25 September 1854 contained a Report on the Commissioners in Lunacy's visit made by M Lamplugh and J Turner.

³⁸² *Ibid.*

³⁸³ 2nd AR, January 1855.

³⁸⁴ 2nd AR, January 1855.

then asked their architect to prepare new plans to incorporate the changes suggested by the Lunacy Commissioners. The new plans drawn up were then immediately accepted by the Lunacy Commission and tenders for the building work on this extension were then advertised for. The cost of this new building work was about £6,000 which was less than the original estimate of £10,000. This lower sum of money was then borrowed and these tenders were then accepted. However, the lowest tender for this building work was only for £3,065, but it was then decided to save even more money by getting male patients to assist in digging clay for bricks to be used in this construction work. Mr. Medland the architect for the original asylum had also produced plans for a new entrance lodge for the asylum which was also to be paid for from a surplus of funds left over from a previous loan. This development was also approved by the Visitors, but given Dr. Grahamsley's untimely death the Visitors now suggested that:

In consequence of the state of confusion into which the asylum was soon after thrown and hereafter adverted to and other causes much unavoidable delay took place and your Committee found it would be impolitic to attempt the alteration to the buildings in this year and therefore (they) extended the time for the completion of the work to 1 August... (1856) except with respect to the lodge and wall from thence to the barn, which were now advancing to completion.³⁸⁵

The numbers of patients at Powick Asylum had always fluctuated slightly across the year, but the number of pauper lunatics being admitted to the institution had always increased at the 'official census date', at the end of the year. In 1854 Powick Asylum built to house 200 patients was now 'manifestly inadequate, for the proper accommodation of the number...(that were now entering it)'.³⁸⁶ However, the work and alterations intended to ameliorate this overcrowding had caused classes of inmates to be mixed together, which caused crowding in the day rooms; thought likely to cause discipline problems. However, with 'judicious care and management' the patients remained tranquil and no accidents had occurred. By January 1856 Powick Asylum was able to accommodate 330 patients³⁸⁷ such were the alterations to the asylum buildings. However, by January 1857 the room available in the institution was now said to be 'large enough to accommodate patients sent there for many years to come'.³⁸⁸ Indeed, there were now spare sleeping spaces in the new buildings, but some of these rooms had been left unfurnished until they were needed. The Lunacy Commission now calculated that the Powick Asylum buildings were capable of containing an additional 100 patients which inevitably led to the suggestion that Private Patients should be introduced into the institution which was allowed under the 1853 Lunatic Asylums' Act.³⁸⁹ It was now suggested that Private Patients could be accommodated in the galleries of some wards and it was thought that these rooms might even be converted into dormitories.³⁹⁰ However, in spite of these plans the earlier confidence suggesting that the accommodation at Powick Asylum was 'adequate for the foreseeable future' was short lived, because, by the end of 1858 it was evident that there were only six vacant beds on the female side of asylum and that temporary accommodation would be required for an additional fifteen patients.³⁹¹

At this juncture the Visitors concluded that whilst finding additional accommodation in the existing building was their preferred solution to the overcrowding problem, any additional increase in the inmate population of the asylum would make building a further extension to the existing asylum essential.³⁹² However, the Visitors were not enthusiastic about enlarging the asylum buildings, although the Commissioners in Lunacy's advice at this time was to extend existing accommodation, but also to provide a new women's infirmary ward,³⁹³ a

³⁸⁵ Ibid.

³⁸⁶ 3rd AR, December 1855.

³⁸⁷ Ibid.

³⁸⁸ 4th AR, January 1857.

³⁸⁹ 16 & 17 Vic. c.97 s.43 (1853) Lunatic Asylums' Act.

³⁹⁰ 5th AR, January 1858.

³⁹¹ 6th AR, January 1859.

³⁹² Ibid.

³⁹³ 7th AR, January 1860.

simple day room and a dormitory to house female patients working in the laundry.³⁹⁴ However, there was no further mention of the notion of a special ward to accommodate female patients working in the laundry a plan that appeared to have been immediately abandoned. Other alterations were now recommended including an extension to the building that would mean that 'treatment by classification' would be abandoned, which would compromise the now outdated tenet of the 'Poor Law treatment of insanity which the Powick Asylum Committee of Visitors apparently still espoused. The Lunacy Commissioners now held that all patients suffering from a mental affection should be housed and treated together and not necessarily according to the diagnosis of their mental affliction when they were committed to the asylum, although it was still thought to be absolutely essential that patients should be segregated by gender. At this time the Committee of Visitors had already decided to demand the enlargement of Powick Asylum by erecting a new ground floor ward, next to the western wing of the existing asylum, which would break the original symmetry of the asylum buildings; a pattern that was once considered of paramount importance. It was now intended to build a ward for forty 'sick, feeble and helpless' female patients and after consultations with the Lunacy Commission the Visitors remained intent on implementing this scheme. However, these plans were then amended, before they were proceeded with,³⁹⁵ although there was no indication that this planned new building would result in more than a tiny relief of the overcrowding of the asylum.

Since their inception in 1845 the Commissioners in Lunacy had continually argued for improvements to the pauper lunatic patients' lot in public lunatic asylums, whereas Asylum Visitors who represented local Poor Rate payer's interests did not necessarily agree with this priority and they were always more cost conscious, and parsimonious than the Lunacy Commissioners. This was well illustrated in October 1858 when the Powick Asylum Visitor's reaction to the fact that there was only room for three or four, more women patients in the asylum, because of a dramatic increase of twenty eight female patients incarcerated in the institution in the previous twelve months was to seek a temporary solution in the hope the problem would go away.³⁹⁶ However, this situation was not a temporary one and after 1858 overcrowding was often reported at the asylum particularly on the female side of the institution. In July 1859 the Visitors again suggested a temporary resolution to this problem, when the asylum's recreation room was appropriated to accommodate some female patients.³⁹⁷ However, the Committee of Visitors must have recognised that this measure was not an ideal remedy to the overcrowding problem. Thus, it appeared that this measure was a tactic to delay the Lunacy Commissioner's inevitable call for an extension to the main asylum buildings. The Asylum Visitors now used a number of prevarications to avoid enlarging the asylum. On this occasion the Visitors resisted the provision of a new ward for 'sick, feeble and helpless' female patients', which would be segregated from the women's side of the asylum by a fence that was intended to accommodate forty female patients.³⁹⁸

In the 1860s, the numbers of female patients at Powick Asylum continued to increase, so that the asylum's recreation room had indeed been set up as a 'temporary bedroom' for women patients, but this room was then almost immediately found to be 'much crowded'.³⁹⁹ In a search for a more permanent solution to overcrowding at the asylum the Medical Superintendent and the County Surveyor, were sent to visit several other County Pauper Lunatic Asylums to investigate the arrangements of their infirmaries, so that these gentlemen could advise the Visiting Committee on plans for the intended new female infirmary at Powick Asylum. The revised plans for this new female infirmary ward; to accommodate forty women, were then agreed, by the Secretary of State, but almost immediately the Asylum Visitors expressed their regret that the additional places planned for women patients in the new ward, would clearly be insufficient to solve the continuing problems of overcrowding in the female side of the institution. However, this statement made it

³⁹⁴ *Ibid.*

³⁹⁵ *Ibid.*

³⁹⁶ VM 3 October 1858 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁹⁷ VM 29 July 1859 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

³⁹⁸ 10th AR, January 1863.

³⁹⁹ 8th AR, January 1861.

difficult to reconcile the disjuncture of the Visitor's unwillingness to countenance the financing of additional accommodation for men, with their willingness to provide a new infirmary ward for women patients. Thus, it is tempting to suggest that the Visitor's statement of regret about overcrowding was intended to placate the Commissioners in Lunacy, who the Committee of Visitors knew would be incensed by their failure to act to resolve the overcrowding problems. The issue of insufficient space for female inmates was also complicated by the pressing problem of a scarcity of space for stores and to resolve this difficulty, the Visitors requisitioned part of the asylum's recreation room as storage space; depriving the patients of their space for recreation. The Visitors then suggested that a new recreation hall should be built, but even now they reiterated their belief that additional accommodation for female inmates was necessary, 'on a large scale', ⁴⁰⁰ although they still showed little inclination to act on this concern or to provide funding for such accommodation, which must have infuriated the Commissioners in Lunacy.

In 1862 more comments were made, by the Lunacy Commission about the new female infirmary, which they described as 'open, but only partly furnished'. However, at this same time the dormitories and day rooms associated with this new ward were described as 'spacious, cheerful and well furnished with good views over open countryside'. However, as was predicted the new infirmary ward did nothing to provide additional accommodation for female patients at the institution other than those who were physically sick. Thus, as admissions on the female side of the asylum were still growing there was an inevitable increase in overcrowding on that side of the institution and the Lunacy Commissioners again suggested that a new large building must be provided, as rapidly as possible, to resolve this situation. However, true to form the Asylum Committee of Visitors again prevaricated; by deciding to enlarge the recreation hall instead of building a new large ward, which was a decision that led the Lunacy Commissioners to suggest that the beds that were already in the recreation room to accommodate additional female patients there should be moved into the new infirmary ward, so that the recreation hall could be returned to its original purpose; for 'association, recreation and school exercises' by patients. ⁴⁰¹ However, this suggested rearrangement was still unlikely to increase the accommodation available for female inmates, but it would have benefited inmates already incarcerated in the institution, who would again have a space for 'corporate recreational activities'.

At this time, on the male side of Powick Asylum, there were twenty three vacant beds. However, the Visitors still insisted that there was still a need for more storage space, and it was almost as though they needed storage space more than they needed accommodation for additional pauper lunatics. Then, to compound this impression the Visitors persisted in their decision to enlarge the recreation hall for stores, but they also asked the County Surveyor to draw up plans for a new building to accommodate an additional 100 female inmates, but they also recommended that more store rooms should be provided and that a new recreation hall should be built. Thus, the Lunacy Commission's opinion had apparently prevailed on these matters, but the Visitors now suggested other minor alterations to the asylum. They planned a new boundary wall around part of the asylum and they suggested that a covered way be constructed from the female wards to the new infirmary ward to obviate the need to go through a corridor inside the building to reach the new infirmary. In spite of this the Lunacy Commissioners objected to the planned new recreation hall, because they preferred the option of altering the existing hall so as to include additional store rooms. By the spring of 1862 the new boundary wall of the asylum was almost completed ⁴⁰² and progress had been made in levelling the land for the new buildings, to accommodate 100 additional female patients. The construction of this large building ⁴⁰³ commenced quite quickly so the original neat symmetry of the original Powick Asylum main buildings was further destroyed, but the Lunacy Commissioners had got their way.

⁴⁰⁰ Ibid.

⁴⁰¹ 9th AR January 1862.

⁴⁰² 10th AR, January 1863.

⁴⁰³ Ibid.

The increase in size of the inmate population at Powick Asylum must have been a matter of amazement to people in the area close to the asylum. In September 1862,⁴⁰⁴ the increased patient population at the asylum and the improvements and enlargement this had bought led the Lunacy Commissioners to express their own 'surprise' at the 'continued and vast extent of the new asylum buildings being erected'. They thought that all of this was evidence of the progressing increase of insanity in Worcestershire or 'the prolongation of life from the superior treatment of persons afflicted with chronic insanity, but perhaps these increased numbers was due to both of these causes.'⁴⁰⁵ However, with hindsight the increased numbers of patients at Powick Asylum were probably caused by the continued 'clogging of the asylum' with incurable patients, because idiot, imbecile and demented patients were still accepted at the institution in strict contravention of the 1845 legislation.⁴⁰⁶ However, acute cases of mania and melancholia were also still becoming chronic and incurable cases whilst they were incarcerated in the institution and this was an additional cause of the inexorable accretion of incurable patients in Powick Asylum. This tendency was further exacerbated by the Poor Law Board's insistence that no pauper lunatic should be retained in a Union Workhouse. However, a new Act of Parliament, passed in 1862⁴⁰⁷ allowed a number of innocuous 'chronic lunatics' to be taken back into Union Workhouses from Pauper Lunatic Asylums to relieve the overcrowding of these asylums, although contemporaneously this legislation was regarded as totally unworkable, but the principle enshrined in this legislation was thought 'useful' by parsimonious guardians, who wished to reduce the costs of maintaining pauper lunatics in Pauper Lunatic Asylums.

Immediately after the enactment of the 1862 legislation⁴⁰⁸ a delegation of Worcester Guardians expressed an interest in transferring innocuous lunatics they were responsible for to the Worcester Union Workhouse and they visited their patients at the asylum expressly to consult Dr. Sherlock, the asylum Medical Superintendent about the transfer of innocuous pauper lunatics to the Worcester Union Workhouse. However, before deciding which chronic lunatics from Worcester Union might transfer to the Union Workhouse the asylum Medical Superintendent suggested that it was essential to investigate the nature of the accommodation available there before any transfer of patients would be possible. Dr Sherlock believed that this investigation was necessary so that he could issue Certificates to make the transfer of such patients possible. The asylum medical man now revealed that some chronic lunatics from Worcester Union were indeed 'quiet and harmless' in the asylum, but he did suggest that it did not follow that these patients would remain in this same calm state if they were removed to the workhouse'. However, Dr. Sherlock did believe that if an area of the workhouse was made to be like a lunatic asylum then many chronic lunacy cases could indeed be removed to the workhouse. However, without alterations to the workhouse buildings the numbers of cases 'Certified for Transfer' would be small. Thus, he thought that considerable expense would be necessary for any transfer of patients to happen which would probably involve a level of expenditure by the Worcester Union Board of Guardians that would be commensurate in cost terms with continuing to maintain their pauper lunatics at Powick Asylum.⁴⁰⁹

Dr. Sherlock now outlined the conditions that he believed would be necessary to allow the transfer of innocuous pauper lunatics to the Union Workhouse. Male and female patients would have to be kept apart from each other and they were not to be allowed to associate indiscriminately with ordinary workhouse inmates, because other paupers in the workhouse would tease and irritate the lunatic patients and the other paupers might 'purloin these (lunatic) patient's extra comforts and diet'.⁴¹⁰ Male and female lunatics would also require an attendant of their own gender who would have to be a 'qualified person' and not a pauper. A

⁴⁰⁴ VM 22 September 1862 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁰⁵ Ibid.

⁴⁰⁶ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

⁴⁰⁷ 25 & 26 Vic. c. 111, s. 8. (1862) Lunatic Law Amendment Act.

⁴⁰⁸ Ibid...

⁴⁰⁹ 10th AR, January 1863.

⁴¹⁰ Ibid.

distinct airing court for lunatic inmates would also have to be provided in an area of the workhouse that was accessible for many hours a day, to allow the lunatic paupers to get outside their ward. The diet given to pauper lunatics in the workhouse would also have to be the equal of that provided at Powick Asylum and their food provided must include 'small extras' recommended by the Workhouse Medical Officer who was to visit the lunatic patients at least three times a week or more often if a lunatic patient was physically ill. Then, if one of these patients became excited or dangerous the Workhouse Medical Officer would be responsible for issuing a Medical Certificate indicating how the disturbed patient was being treated.

Pauper lunatic's clothing would also have to be warm and comfortable and a plentiful stock of these clothes must be available to meet the continuing needs of incontinent lunatic patients particularly because the wetting and soiling of the lunatic patient's bedding or their dress was thought inevitable. A suit was also to be provided for each patient to be dressed in if they went outside the workhouse and this 'going out dress' had to be different from that of other paupers in the workhouse 'lest they, (the pauper lunatics), attracted attention to themselves'. The pauper lunatic's bedding had to be comfortable with flock or horsehair mattresses, double blankets, in the summer and two extra pairs of these blankets in the winter. Any pauper lunatics returned to the workhouse were also to be provided with 'rooms that were comfortably furnished and homely with a fireplace provided in each room so that fires could be lit when the season required it'. Amusement, recreation and employment were also regarded as essential for these mentally infirm patients and their attendants were expected to encourage these patients to take advantage of the facilities available to them at the workhouse. Baths were also to be provided for lunatic patients who were to bathe once a week or more often if required. All accommodation for these patients was also to be provided on the ground floor of the workhouse with direct access to an individual airing court assigned to that class of inmate, available.⁴¹¹

If all of this was provided four males and three females from Worcester Union who had been identified by the asylum as potentially eligible for transfer to the Union Workhouse could be transferred. However, two of the patients selected were thought likely to become excited and difficult after they were transferred to the workhouse and if this happened they would quite quickly require moving back to Powick Lunatic Asylum. A few other pauper lunatics from Worcester Union might also be suitable for removal to the Union Workhouse later, although the Asylum Medical Superintendent was not hopeful that the mental diseases suffered by these people would improve sufficiently to make transfer of these individuals to the workhouse possible. What this litany of requirements made clear was that Dr. Sherlock wanted to make his summary of the changes in the workhouse necessary to accommodate pauper lunatics daunting and he appeared to succeed in doing this. The Worcester Union Delegation of Guardians now resolved that Section 8 of the 1862 Act⁴¹² appeared inoperable, although they did decide that they would investigate this matter further.⁴¹³

In October 1862 Dr. Sherlock provided, the Worcester Board of Guardians with a Special Report on the transfer of pauper lunatics from Powick Asylum, to Worcester Union Workhouse in which he repeated, in writing the advice he had given them verbally.⁴¹⁴ At this time there were twenty five male and forty female patients from Worcester Union in Powick Asylum all of whom were said by the Worcester Guardians to be 'treated there with all the care and consideration that their unfortunate condition demanded'. Each of these patients cost 10/- per week to keep at the asylum giving a total cost of £1,690 per annum paid by Worcester Union, for these pauper lunatics' treatment,⁴¹⁵ but Dr. Sherlock insisted that necessary alterations to Worcester Workhouse would be very costly for the small minority of these patients to be returned to the workhouse. However, the Medical Superintendent clearly had 'suspicions' that the Guardians would be unwilling to spend the considerable amount of money necessary to make such transfer possible and he

⁴¹¹ Ibid.

⁴¹² 25 & 26 Vic c 111 (1862) Lunacy Law Amendment Act.

⁴¹³ 10th AR, January 1863.

⁴¹⁴ VM 6 October 1862 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴¹⁵ Ibid.

believed that caring for innocuous cases of insanity in a workhouse, would be quite as expensive as keeping them in a lunatic asylum. Thus he again attempted to make the transfer of unthreatening pauper lunatics to Worcester Workhouse as unattractive as possible. Dr. Sherlock now proffered further 'helpful advice' to the Worcester Guardians, but he again made it clear that keeping pauper lunatics in a workhouse would be both problematical and costly,⁴¹⁶ The result of all of this pressure was that there was no further response from the Worcester Guardians regarding the transfer of pauper lunatics to the Union Workhouse; they simply let this matter drop.

Powick Asylum's inmate population continued to grow and in October 1862 the Lunacy Commissioners demanded that the asylum be further extended which was advice that was strenuously resisted by the Asylum Visitors who thought that if more accommodation was required they would 'prefer the option of building a new asylum to extending the existing one'.⁴¹⁷ On the female side of the institution an additional 100 beds had been provided, allowing some resolution of the 'inconvenience of overcrowding'. In spite of this the new buildings intended for female patients included new storerooms. However, the Lunacy Commissioners still demanded that more accommodation be provided for male inmates.⁴¹⁸ Then, in the Visitor's Annual Report in 1864 they were optimistic that there would be no need to increase the accommodation available for male patients.⁴¹⁹ Thus, it appeared that the Visitors were still determined to ignore the Lunacy Commissioner's oft repeated opinion about the need to extend accommodation at Powick Asylum, although the Visitor's optimism was misplaced, because although the Commissioners were generally impressed by the new female accommodation provided at the asylum they still regarded the improved facilities for the welfare of female patients as still insufficient. Indeed, the 'galleries and rooms...(in the new building were thought) spacious and cheerful...(with) the beds and bedding...of the most comfortable description',⁴²⁰ but the Commissioners were still insistent that further buildings would be necessary to accommodate male patients whose needs had been largely ignored by the Visitors.⁴²¹ A new recreation hall that was provided in addition to the existing asylum Chapel as part of the new building project was now described by the Commissioners in Lunacy as 'a noble room in every respect and excellently adapted for its purpose, where entertainments now regularly took place', but significantly they added 'without causing sacrilege'⁴²² which was presumably a rejoinder to the critics on the Visiting Committee of buildings in other Pauper Lunatic Asylums that were used as both Chapels and as recreation halls. However, it was also suggested by the Commissioners that the new recreation hall was the only concession made by the Visitors, to the need on the male side of the asylum for additional accommodation; a very overt criticism.

In 1866 the Lunacy Commissioners again demanded enlargement of the male wards at the Powick institution, although Dr. Sherlock pointed out that a dormitory belonging to female ward No. 9 was now used as a temporary male ward having been cut off from the female side of the asylum with the ward altered to provide accommodation to reduce the pressure in the male side of the institution. However, this room only functioned as a sleeping room and this was clearly an ad hoc solution to resolving male overcrowding. Thus, it was immediately criticised by the Commissioners in Lunacy because this arrangement was thought to be 'to some extent detrimental to the neat and most complete ward in the institution'.⁴²³ It now appeared likely that the Medical Superintendent and the Asylum Visitors were attempting to placate the Lunacy Commissioners by using this temporary measure to increase the male accommodation available, but it also appeared to be another prevarication intended to postpone albeit only for a short time extending the Powick

⁴¹⁶ VM 3 November 1862 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴¹⁷ VM. 6 October 1862 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴¹⁸ 10th AR, January 1863.

⁴¹⁹ 11th AR, January 1864.

⁴²⁰ *Ibid.*

⁴²¹ *Ibid.*

⁴²² *Ibid.*

⁴²³ 13th AR, January 1866.

Asylum buildings. Inevitably this suggestion got a lukewarm reception from the Lunacy Commissioners which led the Visitors to suggest that 'in absolute necessity' they would be willing to reconsider the matter of extending the asylum. The Visitors now reported that there were ten vacant beds on the overcrowded male side of the institution, but they apparently still believed that dormitory accommodation for twenty six male patients created in the ward in the new female wing of the asylum would alleviate pressure on them to extend the asylum.

The Committee of Visitors now suggested that before any more new buildings for male patients were contemplated there should be a delay because for some months in 1865 the average number of male admissions to the asylum had been more than usual and the average Death Rate reported was less than usual. Again, this approach appeared to be a ploy by the Visitors to gain time and to delay building any extension to the asylum buildings for male inmates and it was now suggested that there were a number of old male patients in the asylum who were in a 'bad state of health' so that a number of them might die shortly, thus reducing the number of male patients in the institution. This suggestion appeared to be yet another cynical attempt to resist constructing a new male extension to the asylum buildings. However, to substantiate this claim Dr. Sherlock was asked to prepare a list of male patients over 60 years old noting their state of health and their likely survival chances so that the Visitors could argue that there was still no need to enlarge the asylum because the male population of the institution would soon be drastically reduced by deaths. Thus, what was now obvious was that only if this argument failed would the Committee of Visitors further considered the provision of additions to the male side of the asylum buildings.⁴²⁴

Dr. Sherlock's Report on the state of older male patients now stated that there were eighteen older men not likely to survive for long, but the Report also included a list of younger inmates who were in a similar state of health who might also die. This list included twenty eight men which was a sufficient number to allow the Visitors to suggest that postponing consideration of building an extension to the asylum at least temporarily was logical, which was particularly the case as six other male patients had recently left the asylum. It was now clear that the Visitors were still anxious to delay any decision about an extension on the male side of the asylum buildings on any pretext.⁴²⁵ In spite of this in 1866 the Visitors capitulated and came to a 'unanimous opinion about additional accommodation for male inmates' at the asylum which they suggested was necessary because the overcrowding of the male side of the asylum was now critical. Thus, they admitted that the problem of overcrowding was indeed 'serious' and they appointed a Sub Committee to confer with the Medical Superintendent and if necessary with the Worcestershire County Surveyor about what additional male accommodation was necessary at the asylum and what accommodation if any could be provided by reorganising the present asylum buildings. However, the Visitors then 'firmly conceded that if such rearrangements were not possible additional buildings would be required'.⁴²⁶

The Worcestershire Judiciary and the County and Worcester City Authorities were already well aware of what was stated to be the 'absolute necessity' for an extension of accommodation for male patients at the asylum and of the recommendation from the Lunacy Commission that additional dormitories should be provided'⁴²⁷ which led to plans to convert the existing Medical Superintendent's house into accommodation for additional male inmates. Dr. Sherlock would then be provided with a new residence which surely indicated the urgency of the need for additional male accommodation at the asylum, The County Authorities now agreed to adopt these arrangements which were probably a cheap way to extend the accommodation for more inmates, at the asylum. The County Judiciary immediately ordered that funds be raised to finance these alterations and tenders were advertised for this building work, which led to a contractor being appointed to alter the existing

⁴²⁴ Ibid.

⁴²⁵ Ibid...

⁴²⁶ 14th AR, January 1867.

⁴²⁷ Ibid.

Superintendent's house immediately. This meant that a residence a convenient distance from the asylum was then rented as accommodation for Dr. Sherlock and his family in the interim before his replacement house was ready for him. Work commenced on the Superintendent's new house in the spring of 1866⁴²⁸ and the conversion of Dr. Sherlock's old residence into dormitories for male patients was then completed early in 1867.⁴²⁹ However, the Asylum Visitors were then more realistic when they suggested that if the male patient numbers in the asylum continued to rise in the way they had done previously the additional accommodation provided in the old Superintendent's house would still be insufficient. They then committed themselves to extend the asylum if this proved necessary because of a continuation in male Committals to the asylum. At the beginning of 1866 there were 211 male inmates at Powick Asylum, but by the end of that year, there were 237 and to add to the pressure on asylum space for men the Death Rate for male patients for that year fell below the average level and the number of male patients leaving the asylum 'recovered' was also reduced, mainly because the numbers of idiot, imbecile, epileptic, and paralytic patients which continued to further 'clog up' the institution.⁴³⁰

For this reason it was no surprise that at the end of 1866 the Lunacy Commissioners again reported that there was a need for increased male accommodation at Powick Asylum and at this juncture they even found crowding in the day rooms of the male wards. In spite of this in 1867 the Visitors still disagreed with the Commissioner's opinion about the level of overcrowding because they claimed that the problem reported in the day rooms only occurred there for part of the day and in no way did this 'compromise the health of the institution'.⁴³¹ However, the Lunacy Commissioners also believed that the male dormitories were already filled with 'as many beds as it was proper and safe to put in them' and they reiterated their opinion that the male day room accommodation available was inadequate to the point where their favourable impression of the whole institution at the time of their present visit was 'reduced'.⁴³² Significantly, this was the first adverse general comment by the Commissioners in Lunacy about Powick Asylum and they even concluded that the male day rooms were now so crowded that 'otherwise liberal arrangements for the comfort and proper treatment of the patients' at the asylum were being threatened because overcrowding gave 'an aspect of disorder to (the male) division (of the asylum) in marked contrast to that of the female portion of the asylum'.⁴³³

It now appeared that the Lunacy Commissioner's change in attitude; indicated by these criticisms, suggested that they were losing patience with the Committee of Visitor's prevarications about extending the asylum. In spite of these very negative comments the Visitors would still not agree with the Lunacy Commissioners about the need for increased accommodation on the male side of the asylum, although they were prepared to reconsider the situation if any necessity to do so arose. However, they took comfort in what they saw as the reduced rate of growth of the asylum's male population at that time because, in December 1866 there were 238 male patients in the asylum, but by the end of 1867 there were 243 male patients an increase of only five male patients in a year which they regarded as a 'much reduced rate of increase in numbers'. Indeed, there were now twenty seven vacant beds available in the male side of the asylum, but in spite of this the Commissioners still felt that the day room accommodation on that side of the asylum was inadequate⁴³⁴ and the Commissioners were clearly not convinced that the problem of overcrowding at Powick Asylum had been resolved. They now described the asylum at this time as 'generally very quiet and (the patients) well behaved' and they commented that it was 'difficult to praise too highly the greater part of the female accommodation especially in the new building' where everything was done to provide comfort and cheerfulness'. However,

⁴²⁸ Ibid.

⁴²⁹ 15th AR, January 1868.

⁴³⁰ 14th AR, January 1867.

⁴³¹ 15th AR, January 1868.

⁴³² Ibid.

⁴³³ Ibid.

⁴³⁴ Ibid.

whether these comments counterbalanced some of the adverse comments made about the male side of the asylum was surely doubtful.⁴³⁵

In spite of this perceived slowing of the increase of male numbers at Powick Asylum and a relatively high Death Rate there the inmate population of this institution still increased inexorably and again the Commissioners in Lunacy began to demand that more accommodation for male patients be provided. This was suggested again in August 1868 which led the Visitors to call a Special Meeting⁴³⁶ where the Lunacy Commissioner's Report for June 1868⁴³⁷ was further considered. However, even now the Visitors remained unconvinced that the numbers of male patients in the asylum warranted any extension to the accommodation provided there for male patients and they were still not prepared to take immediate action to remedy this situation. Instead they again attempted to placate the Lunacy Commissioners by promising that they would not 'lose sight of the subject' and if their 'anticipations' were not correct they would indeed raise the matter at the next Quarter Sessions Meeting of the Worcestershire Justices.⁴³⁸ This was a statement that made the Lunacy Commissioners even more frustrated at the Visitor's prevarications over the enlargement of the asylum buildings and they now insisted that a decision about extending the asylum should not be delayed again and they reiterated their view that space on the male side of the asylum was 'decidedly inadequate' even for the patients already at the asylum.

In 1870 the issue of overcrowding on the male side of Powick Asylum may have led the Visitor's to investigate an arrangement at Nottingham County Asylum that they thought might be adopted at Powick Asylum. At Nottingham Asylum 52 chronic imbecile patients had been placed in several different workhouses 'on trial' which was said to be 'allowed under Section 79 of the 1862 Lunatic Asylums' Act.⁴³⁹ This idea inevitably interested the Powick Asylum Visitors who continued to receive questions from Worcestershire Poor Law Guardians about the possibility of 'transfers' for non-threatening patients to Union Workhouses. The Visitors now wrote to the Nottinghamshire Asylum authorities asking about their experiment and particularly seeking confirmation that this development was approved of by the President of the Poor Law Board. They also asked whether this experiment was conducted under the 1862 Lunatic Asylums' Act⁴⁴⁰ apparently because the Powick Asylum Visitors thought that this arrangement might instead have been made under the 1853 Act and they wanted clarification of this matter⁴⁴¹ The Visitors also enquired about the conditions specified in the 18th Annual Report of the Lunacy Commission⁴⁴² for 1862 about such transfers and if this was the case whether the Nottingham experiment was conducted with the 'cognisance of the Commissioners in Lunacy'.⁴⁴³ A swift reply was received to these enquiries that confirmed that the experiment at Nottingham Asylum was indeed, conducted under the 1853 Act⁴⁴⁴ which allowed patients to be sent 'on trial' which the Visitors were legally empowered to do as such patients were allowed 'to go 'at large either on trial, or to (be) discharged...absolutely'.⁴⁴⁵ The Nottingham Asylum Visitors simply had to inform a Board of Guardians that it was their intention to send harmless imbeciles to their home Union's workhouse and to ask whether the Union was willing to receive them or not with the proviso that such patients could be returned to the lunatic asylum if this proved necessary. Whilst some Nottinghamshire Poor Law Unions had accepted these arrangements willingly some other Unions were reluctant to cooperate, but the Nottingham Asylum Visitors suggested that the Poor Law conferred the power to enforce the discharge of all such patients, although they

⁴³⁵ *Ibid.*

⁴³⁶ VM 5 August 1868 and eventually 7 September 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴³⁷ VM 5 October 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴³⁸ VM 2 November 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴³⁹ 25 & 26 Vic. c. 111, s. 8 (1862) Lunatic asylums' Act.

⁴⁴⁰ *Ibid.*

⁴⁴¹ 16 & 17 Vic. c. 97, s. 79 (1853).

⁴⁴² 18th Report of Commissioner in Lunacy, 1862, pp. 72-3.

⁴⁴³ VM 1 November 1869 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁴⁴ 16 & 17 Vic. c. 97, s. 79 (1853).

⁴⁴⁵ VM 1 November 1869 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

thought it better to do this with consent They also stated that the Commissioners in Lunacy had expressed themselves perfectly cognisant with the situation at Nottingham Asylum and they had even recorded their approbation for these arrangements in the Visitor's Book at Nottingham County Asylum, describing these discharges as 'experimental'.⁴⁴⁶ However, in spite of receiving this information the Powick Asylum Visitors decided not to adopt Nottinghamshire Asylum's approach because they thought it likely that it would be too costly to implement. In spite of this experiment not being successful enough, to warrant its adoption at Powick Asylum the Visitor's interest, in the adoption of this approach in Worcestershire led them to send a questionnaire about this approach to other County Lunatic Asylums to investigate how the issue of harmless, uncured, chronic and incurable patients was dealt with elsewhere in the country.

The Lunacy Commissioner now sought to apply pressure on the Powick Asylum Visitors to extend the male side of Powick Asylum by concentrating on the 'space of air'⁴⁴⁷ in cubic feet, provided for each patient at Powick Asylum. This institution certainly did not conform to contemporary expectations about the volume of air per patient that should be provided⁴⁴⁸ which led the Asylum Visitors to appoint a Sub Committee to consider the best way to provide the additional accommodation necessary to provide the necessary 'space of air' regarded as essential at the asylum, which led them to consider either building an extension to the existing building or to amending the classification of patients so that they might be differently accommodated in the asylum. However, another very real alternative considered, was to arrange with the County's Poor Law Unions to take harmless inmates back into the workhouses of their home Unions. The Visitors now persisted in their disagreement with the Commissioners about the need for any construction of new extensions to the asylum, but they did hold another Special Meeting to discuss this matter further which led them to inform the Commissioners that they had 'given attentive consideration to the recommendation for an immediate extension of the male side of the asylum'. However, they were still not satisfied that the numbers of male patients in the asylum was permanent, which they claimed meant that a further extension of the asylum was not necessary. However, they did again agree to consider the subject of increasing the size of the institution 'whenever this was necessary'.⁴⁴⁹ The fact that there were only sixteen vacant beds in the male dormitories at the asylum and that the day rooms were still overcrowded, now led Dr. Sherlock to suggest in a Report in late 1869 that building an extension, to accommodate 125 male patients was a possibility⁴⁵⁰ and shortly after this the Asylum Visitors considered 'plans and estimates' that suggested that a ward of this size would cost only a little more than a ward for one hundred inmates.⁴⁵¹ The Committee of Visitors then adopted a plan to accommodate 134 additional male patients in a new building after the County Surveyor had estimated that a building to accommodate 108 patients would cost about £6,000 or £55 per head, but for an extra £750 an additional twenty six patients could be accommodated which was only about £50 per head extra. This matter was now held over for consideration, at the Worcestershire Quarter Sessions Meeting of the Committee of Justices in the spring of 1870.⁴⁵²

In spite of this apparently firm decision to accede to the Lunacy Commission's demands such an extension was not immediately proceeded with and in November 1870 Dr. Sherlock was asked to write a Report on the harmless male patients in the Asylum who could be removed to the homes of their friends or families⁴⁵³ and the Medical Superintendent now suggested that some patients might indeed be removed from the asylum in this way which he believed would reduce overcrowding on the male side of the asylum to some extent. Thus, although only thirty four male patients were considered suitable for transfer; of these men only four

⁴⁴⁶ Ibid.

⁴⁴⁷ In modern terms 'the volume of air'.

⁴⁴⁸ 16th AR, January 1869.

⁴⁴⁹ Ibid.

⁴⁵⁰ VM 6 December 1869 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁵¹ VM Min. 18 December 1869 Adjourned Meeting WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁵² 17th AR, January 1870.

⁴⁵³ VM 7 November 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

individuals could be transferred to their 'friends'. In spite of this no similar Report was contemplated on the female side of the asylum presumably because the arrangements for male patients to be transferred would alleviate overcrowding on the male side of the asylum and there was no comparable need for this amongst the women patients. None the less, for comparison Dr. Sherlock revealed that only five female patients could possibly be removed to friends in this way. In spite of such transfers of male patients to friends being possible the Committee of Visitors decided not to use this approach to reducing male patient numbers presumably because the effect on the overall numbers of patients would be too small. Instead, they contacted Boards of Guardians to ask them whether they would allow 'uncured harmless patients' to return to Union Workhouses 'on trial'. However, it should be remembered that the Medical Superintendent had already demonstrate to the Worcester Guardians the problems of adopting this approach. In December 1870 Dr. Sherlock cautioned the Asylum Visitors that some such patients, if sent on trial to Union Workhouses, would doubtlessly be returned to the asylum because the patient's symptoms of insanity would return. Thus, whilst this approach to reducing male patient numbers would probably alleviate overcrowding sufficiently to satisfy the Commissioners in Lunacy in the short term the Medical Superintendent believed that patients sent on trial to Union Workhouses in this way would inevitably require more 'attentive care and a better diet' than was usually supplied to other workhouse inmates. Indeed, this was an opinion that Dr. Sherlock insisted the Guardians of Unions contemplating taking pauper lunatics 'on trial' should be made aware of.⁴⁵⁴ Then, later in December 1870 six patients were sent 'on trial' to their home Union Workhouses for four weeks with the possibility that this arrangement would eventually be made permanent. Three of these patients were sent to Droitwich Union, two to Upton on Severn Union and one to Cleobury Mortimer Union, in Shropshire. These patients were then transferred and they apparently then remained in the workhouses of their home Union. However, Stourbridge Union declined to receive any of their harmless pauper lunatics 'on trial' in spite of the supposed attraction of saving asylum expenses by agreeing to this arrangement.⁴⁵⁵ By now it was also clear that there were no male patients at Powick Asylum from the other Worcestershire Poor Law Unions considered suitable to return to the workhouse in their home Union which explained why there were no transfers to nine of the thirteen Worcestershire Poor Law Unions.

In February 1870 the Medical Superintendent was invited to express his opinion on a plan the Visitors had developed to house idiot male patients in the planned large new ward where they would be treated differently from other patients. At this juncture, Dr. Sherlock provided an extremely cogent and interesting argument about treating idiot patients in a less expensive and separate system to the rest of the pauper lunatic patients at Powick Asylum. In his Report on this matter the Medical Superintendent showed both humanity and compassion. He began by stating the position at Powick Asylum on 1 January 1870⁴⁵⁶ where there were 81 idiotic patients forty three males and thirty eight females out of a total asylum population of 644; 365 females and 279 males. Dr. Sherlock then reported that several idiots in the institution were also epileptics who were kept in a special ward so they were separated from other inmates. However, other quieter and milder idiotic cases were placed in other wards amongst patients suffering from other mental afflictions where Dr. Sherlock believed the idiotic patients might improve by undertaking employment which he saw as beneficial particularly as these patients came into contact with more intelligent patients and they were 'consequently less exposed to suffering the 'degradation of their mind' caused by mixing with 'patients of offensive habits...whose minds were thought (to be) a perfect blank'.⁴⁵⁷ On the basis of these comments Dr. Sherlock now concluded that the proposal to create:

A simply constructed ward admitting of no separation or classification of its resident lunatics, would 'not be a desirable arrangement...(because he thought that) quiet, cleanly and industrious idiots

⁴⁵⁴ VM 5 December 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁵⁵ VM 10 December 1870 Adjourned Meeting WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁵⁶ VM 7 February 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁵⁷ Ibid.

could not be forced to live day and night with less adequate noisy, dirty and vicious individuals who needed constant hospital care.⁴⁵⁸

Thus, Dr. Sherlock clearly recognised two distinct classes within the 'idiot class' which meant that creating a ward for the whole 'unified class of idiots' would be very expensive rather than cheaper which was the expectation of the Committee of Visitors. Then, the Medical Superintendent suggested that in any case he considered that this approach would be 'undesirable' because such a ward would require additional facilities like a new distinct airing court which would add to the expense of providing such accommodation. Considering idiot paupers at Powick Asylum Dr. Sherlock thought that adopting a reduced dietary for these inmates would cause serious injury to their health and condition. Indeed, he believed that many such patients already had 'supplemented diets' and reducing their diets would lead to chronic debilitating diseases. He also considered that idiot patients would need constant attention from staff regarding their cleanliness as they could not do much for themselves and this had implications for staffing levels in the whole asylum particularly if such patient's needs were to be satisfied and this would be even more the case if the rudiments of education were to continue to be provided. Thus, Dr. Sherlock believed, the proposed new scheme for male idiot patients to be separated into the new ward would increase maintenance costs for these patients rather than reduce them. However, the Medical Superintendent also believed that if this idea of separate accommodation for idiots was then to be adopted for female idiots there were too few of this class of inmate to make the provision of similar separate accommodation for these women practicable even if all such 'fatuous female patients' were sent to a ward specially created for the purpose.⁴⁵⁹

In February 1870 when the Medical Superintendent presented his Report on a separate ward for male idiots he rejected the proposal to use the new ward for patients suffering from long term idiocy who would be placed on a reduced diet because he considered that this arrangement was likely to cause 'degeneration of these patients' minds'.⁴⁶⁰ However, he now also claimed that

in every asylum there was a large class of patients, moderately calm in mind, quiet under discipline and in the mode of life they practiced...(who were) generally industrious and useful...(and they) could be safely associated in considerable numbers were clean in their habits (they) could be trusted to some extent and could exercise sufficient control over themselves so as not to require ever present supervision which was necessary with the more grave and acute cases.⁴⁶¹

Dr. Sherlock now suggested that many other inmates, as well as idiots were long term chronic cases who could not be released from the asylum, but these inmates were quite easily supervised and managed with the many delusions they suffered on admission, generally mitigated by their treatment in the asylum. Then, there were other inmates of weak mind who had improved in the asylum environment and they had 'learned to control their morbid habits and impulses'⁴⁶² so that they too were no longer seriously disturbed. Indeed, such inmates could then advantageously associate with patients in a similar condition to themselves and at this time such patients were regarded as the least afflicted members of the 'Asylum Community'⁴⁶³ so that these patients were often removed from the severe restrictions placed on other patients because they required less supervision and attendance than did their more disturbed contemporaries. Such people were thus also able to do things for themselves and they gave substantial assistance to the work of the asylum and its staff, thus diminishing rather than increasing the costs of maintaining the whole 'Asylum Community'. Indeed, unless these patients were ill or injured they required fewer extras and less medical attention than did their less able

⁴⁵⁸ Ibid.

⁴⁵⁹ Ibid.

⁴⁶⁰ Ibid.

⁴⁶¹ Ibid.

⁴⁶² Ibid.

⁴⁶³ Significantly this was the phrase that Dr. Sherlock's used.

contemporaries and these inmates caused less wear and tear to the furnishings, bedding and clothing of the asylum. These patients also required fewer 'necessaries' and less extras and stimulants all of which led them to be the least costly class of patients to maintain in any asylum, which Dr. Sherlock claimed meant that these patients 'more than repaid the asylum for the amount expended in (their) maintenance' ⁴⁶⁴ By divulging this information the Medical Superintendent was clearly attempting to justify improving the condition of idiotic patients rather than neglecting them.

The patients the Medical Superintendent had identified in his Report required no great 'subdivision of classification within the institution' as they were happiest in 'plain and homely surroundings' which was an arrangement already successfully adopted on the female side at Powick Asylum; guided by the principles adopted by the Tukes, at 'York Retreat'. Thus, Dr. Sherlock wanted to adopt a similar treatment régime in the planned large new male ward. Thus, he was unable to recommend a 'reduced dietary' for any group of the asylum's patients because he believed this would cause discontent which would lead the patients to refuse to employ themselves so they would then become unruly which in turn would necessitate their removal to their old wards; thus invalidating the very purpose of the new ward. However, Dr. Sherlock also believed that if the new ward was used in this way it would increase the numbers of male patients profitably employed which in turn, would make them more subdued and controlled and in turn, this would reduce the costs of their attendants. Indeed, Dr. Sherlock contemplated that the only staff necessary in the new ward for 134 men organised as he suggested would be a man and his wife with some assistance in the morning and evening, and at mealtimes. The Medical Superintendent also felt confident that the cost per male patient in the new ward under his suggested arrangements would be about a third less than the average rate for the whole asylum which he suggested was the case for the female ward organised on the basis he was recommending for the new male ward. He also believed that his scheme would reduce overcrowding in the rest of the asylum and improve the 'subdivision of patients' and their classification elsewhere which in turn he suggested would lead to the acute wards in the asylum, being cleared of many patients so that pressures on the hospital wards would also be reduced which, in turn would lead to improvements in the health and Recovery Rates amongst all classes of inmate at Powick Asylum. He also believed that this arrangement would lead to acute cases in the asylum recovering more quickly with reduced suffering. However, the Medical Superintendent also believed that: 'Where overcrowding existed amongst the insane there was always a great increase in, avoidable irritation produced which retarded recovery and rendered the insanity of those permanently afflicted more unmanageable and expensive'. ⁴⁶⁵ He further suggested that accidents and violence were increased by such overcrowding and that this would be eradicated, by the arrangements he contemplated. At this juncture, Dr. Sherlock made a very humane, and far sighted, assertion. He stated:

It should always be borne in mind that the patients in asylums are not voluntary recipients of relief, but are placed there by the Community for their own, and others protection and that it becomes the duty of those having control of their care to avoid exposing them to influences of such a prejudicial character as overcrowding which if any epidemics occurs, might be followed by disastrous results and is at all times known to result in a low, and deteriorated, degree of health which leads to increased expenditure in care and nursing, medical comfort and extras, and a diminished returns in terms of profitable labour. ⁴⁶⁶

At the Easter Quarter Session Meeting in 1870 the Asylum Visitors stated that the new asylum building was 'the most suitable...(scheme which could) be devised to provide the additional accommodation required on the male side' of the institution ⁴⁶⁷ and at this juncture it was apparent that the Medical Superintendent's

⁴⁶⁴ VM. 7 February 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁶⁵ Ibid.

⁴⁶⁶ Ibid.

⁴⁶⁷ Easter Quarter Sessions 1870.

opinions had been influential because it was suggested that the classification that was to be adopted in the new ward would be much the same as that used in the female No. 9 ward.⁴⁶⁸ Thus, the Committee of Visitors clearly considered that the scheme suggested by Dr. Sherlock would indeed 'answer admirably, the great proportion of...(the needs of patients, including) the convalescent, quiet, industrious, and orderly of the patients who were brought together under circumstances more conducive to their requirements'.⁴⁶⁹ However, the County Committee of Justices now asserted that the character of insanity of the inmate to be placed in the new wards required them to be treated as 'a mass to reduce the requirement for constant supervision' and that such patients would also be regularly and usefully employed in the separate building.⁴⁷⁰ However, Earl Beauchamp a very prominent member of the Committee of Visitors who lived close to the asylum was even more concerned about the additional maintenance costs in this new ward because he was not convinced by the arguments contained in Dr. Sherlock's Report. Thus, Earl Beauchamp proposed that patients in the intended new asylum wing should be placed on the same dietary as patients in the County's Union Workhouses⁴⁷¹ which would largely invalidate the analysis of the situation in the new wards that the Medical Superintendent had gone to such pains to promote.

In spite of Earl Beauchamp's intervention the majority of the asylum's Committee of Visitors had no doubt been influenced by Dr. Sherlock's advice, but when the plans for a new male ward, at the asylum were considered at the Easter Quarter Session Meeting of the Justices when a further mortgage for £8,000⁴⁷² was to be applied for to complete the new building the Asylum Visitors present at the Meeting found themselves in a difficult position. Thus, when the Report explaining the need for additional accommodation for male patients at the asylum together with the County Surveyor's plans for the new building and Dr. Sherlock's suggestion that the new ward be used for a mixture of harmless patients was presented the Asylum Visitors who were also members of the Committee of Justices were told to reconsider the matter of the 'classification of patients'. It now became clear that some of Worcestershire's Committee of Justices had been influenced by Earl Beauchamp and by other proponents of his Lordship's approach. This group was insistent that the male 'idiot class' at Powick Asylum should be separated from the other patients and that they should then be fed a reduced diet, in an effort to reduce the costs of their treatment. The Quarter Session Meeting now decided that in order to emphasise this point the money for the new ward would only be available with 'strings attached' and they now considered it desirable that 'patients inhabiting the new asylum wing should be placed on a scale of diet more in accordance with that used in 'workhouses within the County'⁴⁷³ which was a decision in line with discussions held previously in 1869 before Dr. Sherlock had made his influential, intervention.⁴⁷⁴ Within a few days of the Committee of Justice's decision, at the Easter Quarter Session's Meeting Worcester City Council had strongly agreed with the demand for the separation of idiot patients into a new asylum ward and they had passed a Motion in support of this approach. However, in spite of an apparent impending impasse on this decision and an obvious need to reconsider this matter the plans of the new asylum wing and the estimates for its construction were quickly forwarded for the approval of the Secretary of State⁴⁷⁵ who quickly approved the plans and advertisements for tenders for the construction work on the new ward were published in the local Worcester newspapers. However, this was surely a premature action given that a final decision on the precise use of the new ward had yet to be made. However, the plans, sent to the Secretary of State would inevitably need amending after the advice of the Lunacy Commissioners had been sought and received. This 'further delay' meant that these plans were not finally approved for approaching six further weeks which gave the Medical Superintendent and the supporters of his

⁴⁶⁸ Ibid.

⁴⁶⁹ Ibid.

⁴⁷⁰ Ibid.

⁴⁷¹ Ibid.

⁴⁷² 18th AR, January 1871.

⁴⁷³ Relating to 17th AR, January 1870.

⁴⁷⁴ Ibid...

⁴⁷⁵ 18th AR, January 1871.

scheme for the new ward time to further organise themselves. When the plans were eventually agreed Henry Lovatt a builder from Wolverhampton was contracted to build the new ward for £7,134, but the contractor now demanded additional charges that meant that the total building costs were now £8,539.⁴⁷⁶ The contract and the costings for the new ward was then signed in August 1870 and because of the size and complexity of the new extension a Clerk of Works was immediately engaged to oversee this building work.⁴⁷⁷ Then, in September 1870 it was reported that the contractor was proceeding with the building in an entirely satisfactory manner,⁴⁷⁸ but the building being constructed was still amenable to a variety of uses and the decision as to what class of pauper lunatics would be accommodated there was still far from settled.

In pursuance of the Committee of Visitors's investigation of the proposal to segregate idiot male patients, into the planned new ward in March 1870 the Chairman, and one member of the Powick Asylum Visitor's Committee visited Warwickshire County Lunatic Asylum at Hatton to enquire of Dr. Parsey the Medical Superintendent there about plans to be adopted in that institution for a separation of idiot and harmless chronic patients and also asked whether any reduced scale of dietary was envisaged for these patients. However, the two members of the Powick Asylum Visiting Committee were unequivocally informed that the Warwick Asylum Visitors had no intention of adopting any such plans on economic grounds and rather they were more likely to adopt any plan on philanthropic grounds where there would be no lowering of the patient's dietary.⁴⁷⁹ When Warwick Asylum's Medical Superintendent's opinions were reported to the Powick Asylum Committee of Visitors this had some impact, although the Worcester City Council Representatives on the Committee still demurred and insisted that an experiment must be conducted at Powick Asylum, using the segregation of idiots with their dietary reduced to diminish the costs of running the institution. Worcester City Council itself clearly believed that the dietary of idiot patients in the new ward being constructed at Powick Asylum must be identical to that fed to male adult inmates at Worcester Union Workhouse.⁴⁸⁰ Then, the Asylum Visitors Committee as a whole again discussed lowering the scale of dietary for idiotic and incurable patients, and now in spite of Dr. Sherlock's earlier advice they determined that the dietary fed to idiotic and imbecile patients in the new ward at Powick Asylum must be the same as that used for male inmates at Worcester Union Workhouse.⁴⁸¹ This decision was taken at a Special Meeting of the Asylum Visitors in April 1870 and the Union workhouse dietary was to be adopted 'experimentally' when the new ward was commissioned.⁴⁸²

A few weeks after this decision was taken the Asylum Visitors examined the Digest of Costs of keeping idiot patients in other County Lunatic Asylums that had been collated for them about a year earlier by the Medical Superintendent using a questionnaire circulated to all other County Pauper Lunatic Asylums. In May 1870, the Powick Asylum Visitors were provided with material very pertinent to their deliberations about using a reduced dietary for idiot and imbecile patients which revealed the average cost of upkeep of such patients at Pauper Lunatic Asylums elsewhere in England and Wales exclusive of the wages paid to the Officers and attendants who cared for these patients. This evidence was then printed and widely distributed in Worcester City and County⁴⁸³ although there was a delay in this process while the average figures provided by other Pauper Lunatic Asylums were tested by the auditor.⁴⁸⁴ This meant that a month elapsed before the Asylum Visitor's could again discuss the dietary for the idiotic patients to be housed in the new ward being constructed at the asylum, although it was also now suggested that the delay in disseminating this

⁴⁷⁶ These additions were for Architect's costs and expenditure, employing a Clerk of Works, and building an extension to the gas works

⁴⁷⁷ VM 1 August 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁷⁸ VM 5 September 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁷⁹ VM 4 March 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁸⁰ All Worcestershire Union Workhouses had adopted the No. 1 dietary, from the six alternatives suggested by the Poor Law Board.

⁴⁸¹ VM 11 April 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁸² VM 19 April 1870 Special Meeting WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁸³ VM 9 May 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁸⁴ VM 6 June 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

information, was because it was rumoured that the cost of keeping male patients segregated in the new ward at the asylum using the normal lunatic asylum dietary had proved to be less expensive than the cost of maintaining inmates in Worcestershire's Union Workhouses. However, in spite of such rumours the County Committee of Justices still resolved to adopt the Quarter Session Meeting's proposal to use the Worcester workhouse dietary for male idiot patients in the new asylum ward; thus ignoring the advice of Dr. Sherlock. However, the Medical Superintendent's advice had been a powerful influence on many of the asylum's Committee of Visitors. In spite of the uncertainty about experimenting with a workhouse dietary for male idiot patients in the new ward; the Asylum Visitors appeared afraid of the actions of the Committee of Justices if the Visitors refused to take the Justices' advice that the male patients in the new ward should be fed a workhouse diet.

It would be an understatement to suggest that Powick Asylum's Medical Superintendent was not enthusiastic about the 'experiment' of placing certain male idiot and imbecile patients at the asylum on a Union workhouse dietary and he now strengthened his earlier Report by using the evidence he had obtained from returns from thirty seven Union Workhouses in different parts of the country which showed the average cost of maintaining ordinary paupers and idiots in these institutions. This evidence revealed that the average cost of maintenance for patients per head per week in these institutions was 4s. -4¼d. with imbeciles and idiots inmates said to cost slightly more than this average in twenty two of the Unions questioned. However, in these institutions the ordinary expenditure on food for imbecile and idiot patients was the only sum used in calculating, the average costs, for these patients. However, in Pauper Lunatic Asylums the food consumed by the Asylum Officers, attendants and servants who cared for these patients, was included with the cost of food for patients in calculating the averages expenditure on these inmates' food.⁴⁸⁵ What was revealed by Dr. Sherlock's analysis confirmed the rumours circulating in Worcestershire that the costs of maintaining idiot and imbecile patients in Powick Asylum was cheaper, than the costs of maintaining them in a Union Workhouse. Dr. Sherlock now raised these matters with the Asylum Visitors because he believed that a 'considerable misapprehension existed', regarding the actual average cost of the dietary of idiot and imbecile patients at Powick Asylum where the average costs calculated had been in part, based on the Dietary Tables then in use in the asylum, but these calculations had now separated the food consumed, by Officers, attendants and other asylum staff from that consumed by the patients to make comparison with Workhouse Average Costs fair. The Medical Superintendent's new calculations revealed an average cost of food, at Powick Asylum for both male and female inmates to be 3/- per week so that the average cost per patient for food, at the asylum was substantially less than that for Union Workhouses.

Dr. Sherlock the asylum's Medical Superintendent's case in opposing the segregation and differential treatment of male idiot and imbecile patients had clearly been strengthened by this new evidence and in May 1871 the Visitors reconsidered their Resolution about keeping male patients of the idiot class on a workhouse dietary.⁴⁸⁶ However, in spite of the new evidence that Dr. Sherlock had provided some of the Committee of Visitors still wanted to accede to the County Justice's Committee demands that a workhouse dietary must be adopted, for these idiotic patients which conclusively demonstrated the relative power of the local Committee of Justices compared with the Asylum Visitors regarding operating the County Lunatic Asylum. However, such a decision was likely to have an 'uncertain effect' on the idiot patients' health so the Asylum Visitors now sought the Commissioners in Lunacy's advice on this matter. In July 1871, the Commissioners responded that the plan envisaged by the Worcestershire Committee of Justices would be 'most injudicious' and the Visitors should not sanction any such action which meant that the Visitor's Committee now had no alternative, but to vote to rescind their earlier decision to adopt an 'idiotic patient's dietary' similar to that used in Union Workhouses. However, the Visiting Committee did not reveal their correspondence about this matter with the

⁴⁸⁵ 18th AR, January 1871.

⁴⁸⁶ VM 1 May 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

Lunacy Commissioners to the Committee of Justices and instead they cited the relatively lower cost of the asylum diet compared with that of a workhouse, as their reason for their decision to reject the Committee of Justice's advice rather than the fact that the Visitors, had been advised by the Lunacy Commission, to take this course of action.

In spite of this the Lunacy Commissioner's advice was clearly influential with the Committee of Visitors because several members of this Committee who were also members of the Committee of Justices were well aware that the Lunacy Commission had essentially demanded that the decision to feed idiots a workhouse diet should be altered. However, when the Asylum Visitors reported to the Worcestershire Committee of Justices at the next Quarter Sessions Meeting that they 'could not adopt any alteration in the dietary, currently in use, without endangering the health and wellbeing, of (the idiot) class of patients' no mention was made of the Lunacy Commissioner's advice.⁴⁸⁷ Whilst this decision once again clearly, demonstrated the primacy of the Lunacy Commission's opinion over the prejudiced and incorrect opinions of the Committee of Justices and over the opinion of Worcester City Council regarding the care of pauper lunatics it also demonstrated that the Poor Law Board played no part in decisions about Powick Asylum which was still a Poor Law institution. However, it was still odd that the Committee of Visitors felt unable to cite the Commissioners in Lunacy's opinion to the County's Committee of Justices and thus it appeared to be Dr. Sherlock's balanced and well-argued case against the notion of segregating idiots and feeding them an inadequate diet that had won the day. When the new ward for 134 male patients at Powick Asylum was completed and opened, male patients with a mixture of mental maladies were residents of this new facility.

In August 1871 Dr. Sherlock reported that he had visited the Metropolitan Asylum for Imbeciles at Leavesden in Kent that was operated by the Metropolitan Asylums' Board⁴⁸⁸ for the reception of incurable, chronic and harmless pauper lunatics where he had conferred with Dr. Straw the Superintendent there about his management of idiotic patients. The dietary of the patients there was rather better and more nutritious, than the one used at Powick Asylum and the average cost was 3/9½d. per head per week for patients with attendants meals costing 5/8½d a week making the total charge for maintenance in that institution 9/2d. a week for the 1,650 patients incarcerated there.⁴⁸⁹ Clearly, this gave Dr. Sherlock additional evidence to vindicate him in retaining the usual asylum dietary for similar idiotic patients at Powick Asylum instead of adopting the workhouse dietary that had been demanded, by the Committee of Justices. In October 1871, the Visitor's again justified their decision about the 'idiotic patient's dietary' to the Quarter Session Meeting indicating that whilst they were still perturbed at going against the local Justices advice they had the evidence to justify their decision, This was provided by Dr. Sherlock who had proved by comparing, the average cost of feeding ordinary paupers in Union Workhouses with the costs of feeding idiot patients on the ordinary diet in use at Powick Asylum that the costs at the County's Union Workhouses were considerably more than that at Powick Lunatic Asylum. This both justified the Visitor's decision and was beneficial in reducing the level of Worcestershire's Poor Rates. Whilst the Committee of Justices made no further recommendation on this matter at this time there was apparently still some pressure amongst some the Justice's Committee's Membership to adopt the dietary suggested by the Quarter Sessions and almost unbelievably the Committee of Visitors held yet another meeting to consider this matter. Then, having reconsidered, the relative costs of the diets, the likely deleterious effect on the health of the idiotic patients of a workhouse diet and the advice of the Commissioners in Lunacy the asylum Visitors finally resolved that they could not adopt the reduced workhouse dietary in the new ward at the asylum.⁴⁹⁰

⁴⁸⁷ VM 3 July 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁸⁸ The Metropolitan Asylums' Board was set up after the 1867 (30 Vic. c. 6 (1867) Metropolitan Poor Act. It created two asylums for idiots and imbeciles at Leabesden and Caterham as part of a number of institutions created by this Board to cope with groups of the sicj ooir of the Metropolis.

⁴⁸⁹ VM 7 August 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁹⁰ VM 2 October 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

At their next Meeting the Committee of Justices referred this matter back to the Committee of Visitors⁴⁹¹ and in December 1871 the Visitor's original Report was amended and then resubmitted to the Committee of Magistrates. This Report now cited 3/2d a week as the average cost of the diet for male patients and 2/10d, for female patients at Powick Asylum which were facts borne out by independent auditors who examined the previously submitted evidence again. A Visitor's letter to the Committee of Justices, repeated the Medical Superintendent's assertion that a reduction of diet for the incurable inmates in the planned new ward would cause serious injury to these idiotic patients; facts that they believed would influence the Justices and this data certainly did increase rather than decrease the certainty of most Visitor's Committee members about not adopting the 'suggested experiment'.⁴⁹² At the next Quarter Session Meeting in Spring 1872 the Committee of Justice's original Motion to adopt a workhouse dietary for male idiot patients at Powick Asylum was finally withdrawn.⁴⁹³ This episode demonstrated well the quality of Dr. James Sherlock the Medical Superintendent of Powick Asylum who had been consistently praised by the Commissioners in Lunacy every time they visited the Powick Asylum from his appointment in 1854, but this episode also clearly strengthened Dr. Sherlock's authority, with the asylum's Visiting Committee. Indeed, previously the Committee of Visitors had felt able to ignore the advice of this accomplished practitioner of psychological medicine who they employed; but now things were to change.

By September 1871 it was obvious that at last the Powick Asylum authorities were taking the provision for more accommodation for male patients at the asylum seriously. At this stage the Visitors believed that their institution would accommodate 750 patients.⁴⁹⁴ Then, once the new buildings were open the Commissioners in Lunacy described the new rooms provided as 'satisfactory' and their construction was said to be 'well executed' with the arrangements adopted 'generally suitable'.⁴⁹⁵ Now, for the first time since Powick Asylum opened the Lunacy Commissioners were able to compliment the asylum authorities on the male side of the institution. The cost of the newly constructed male accommodation was as expected between £50 and £60 per patient and the Medical Superintendent's decision to fit out and appropriate these new rooms for occupancy by patients was clearly regarded as appropriate particularly because this accommodation alleviated the male patient overcrowding that had dogged the asylum from soon after Dr. Sherlock's arrival as Medical Superintendent in 1854. Now, the Commissioners in Lunacy's sole recommendations about the new rooms related to an improved means of ventilation and the need to improve the inadequate lighting provided in the dormitories on the first floor of the lodge building where the only light provided was from small fanlights in the ceiling.⁴⁹⁶ However, in spite of complimenting the Visitors on the new male accommodation the Commissioners were still concerned because they still felt that almost all of the day rooms and many of the dormitories in the asylum were 'overcrowded', but they did give the Asylum Visitors the benefit of believing that this situation would be remedied, by the opening of the new building for male inmates. In spite of this the Commissioners still believed that some structural changes in the asylum building were still necessary.⁴⁹⁷

The completion of the new ward for 134 male patients now gave the Asylum Visitors an opportunity to make a profit by taking a limited number of male pauper lunatics from other Counties Asylums 'Under Contract' to fill up vacant places at Powick Asylum.⁴⁹⁸ Dr. Sherlock clearly approved of extending the asylum buildings because he still thought that the existing buildings at Powick Asylum were in some senses inadequate for the purpose of detaining certain seriously disturbed inmates. For instance, in September 1870 he suggested that

⁴⁹¹ *Ibid.*

⁴⁹² VM 23 December 1871 Special Meeting WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁴⁹³ *Ibid.*

⁴⁹⁴ 19th AR, January 1872.

⁴⁹⁵ *Ibid.*

⁴⁹⁶ *Ibid.*

⁴⁹⁷ 19th AR, January 1872.

⁴⁹⁸ 19th AR, January 1872.

more single rooms were needed for the reception of 'excited patients'⁴⁹⁹ and then, he welcomed the potential improvement offered by the Committee of Visitor's plans⁵⁰⁰ to build eight single rooms on the male side of the asylum each 10 feet by 7 feet with a 7 foot wide approach corridor; rooms that were to be constructed between the end of one of the existing wings of the asylum and the boundary wall around the refractory airing court at a maximum cost of £450. These rooms were to be constructed and occupied by September 1871⁵⁰¹ and at about this same time additional sleeping accommodation in the entrance lodge was provided⁵⁰² in a building that now had a new boundary wall to create an airing court for the patients housed there.⁵⁰³ This accommodation was now occupied by 60 male patients with forty additional patients imminently to be transferred there.⁵⁰⁴ Additional single rooms to house difficult patients were now also being built at the asylum at a cost of £660, by the same contractor who had constructed the new male ward.⁵⁰⁵ However, such piecemeal expansion of Powick Asylum was proving costly.

The Visitors now asked, the Commissioners in Lunacy if money from the 'Maintenance Account' could be used to pay for additions to the asylum buildings, but the Lunacy Commissioners retorted that this was impossible under section 54 of Lunatic Asylums' Act of 1853;⁵⁰⁶ legislation that had stipulated that an asylum's 'maintenance account' could not be used other than to pay maintenance expenses with such money kept as a 'working balance' for this purpose. For this reason the County Justices ordered the County and City Treasurers to finance these new single rooms and to provide a further £2,400 to complete the new wards and to furnish them. These expenses were then, paid for by County and City Ratepayers so that the asylum's 'Maintenance Account' that at this time contained about £1,000 after defraying the ordinary maintenance expenses of the asylum was now sustained entirely from the profits of 'Contract Patients' which had been made possible under Section 6 of the 1862 Lunacy Laws Amendment Act.⁵⁰⁷ However, perhaps oddly the Medical Superintendent had not mentioned the furniture necessary, in the new buildings, to the Asylum Visitors who eventually gave Dr. Sherlock 'up to £900' to spend on furniture.⁵⁰⁸ Instead, typically he spent £882 14 0 on wood so that craftsmen employed in the asylum to instruct the patients in carpentry and joinery could use inmate labour to make this furniture demonstrating the importance that the Medical Superintendent attached to developing craft skills amongst the asylum's patients. However, it also appeared possible that the expenses of this venture came from the asylum's Maintenance Account, because this furniture was an addition to an existing building. Then, carpets and linen thought necessary by the Medical Superintendent were also purchased from this money.⁵⁰⁹

A concomitant problem to overcrowding caused by the growth in the Powick Asylum population was the huge pressures placed on the asylum staff because there were simply not enough people employed in the asylum to cope with the additional pauper lunatics admitted there. The staffing of Powick Asylum remained an issue from the outset. In 1854 the Commissioners in Lunacy described the conduct of the Officers and servants at this institution, as 'satisfactory', although there had been two accidents caused whilst patients were being prevented from committing acts of violence, by being restrained by attendants. However, on inquiry the attendants involved in both of these incidents were proved to have used no more force than was necessary to prevent the inmates from causing damage or injury.⁵¹⁰ About a year after this in May 1855 Dr. Sherlock

⁴⁹⁹ VM 5 September 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰⁰ VM 3 October 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰¹ VM September 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰² VM 5 June 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰³ VM 3 July 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰⁴ VM 4 September 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰⁵ VM 10 April 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰⁶ *Ibid.*

⁵⁰⁷ 25 & 26 Vic. c. 111, s. 6 (1862) Lunacy Laws Amendment Act.

⁵⁰⁸ VM 10 April 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁰⁹ *Ibid.*

⁵¹⁰ 3rd AR, December 1855.

reported that the asylum attendants were 'generally attentive to their duties'⁵¹¹ although within the previous six months Edwin Dexter and George Haslam two attendants, were discharged from their posts for drunkenness, However, Edwin Dexter was, also committed for trial for stealing a pair of trousers and several pieces of wearing apparel from the asylum⁵¹² which demonstrated well that 'insobriety and dishonesty' were not acceptable amongst the Powick Asylum staff who were expected to show 'perfect moral rectitude' at all times. These cases possibly prompted action in cases of unacceptable behaviour by ordinary asylum staff and the Lunacy Commissioners now began to make regular enquiries about the asylum attendants and their behaviour and discipline. During the period from 1852 to 1872 the Commissioners in Lunacy often asked about staff numbers, duties and wage rates so in January 1856 when it was reported that no regular night attendant kept watch on either side of the asylum so that the attendants there sat up until midnight and then retired to bed. A 'night watch' was only provided if there was severe illness present in an asylum ward although it was always provided in the infirmary wards which the Commissioners noted.⁵¹³

In the late 1850s the Lunacy Commissioners directed most of their criticisms about the asylum staff at the dearth of numbers of attendants employed at Powick Asylum and their attention was particularly directed to the inadequate number of female attendants employed a number that was said to be 'lower than that in all comparable County Asylums in the Country' which was a situation that the Lunacy Commissioners believed would 'scarcely ensure that good nurses would be employed' at Powick Asylum. Clearly this was a justifiable criticism because there were three wards containing between twenty eight and thirty four patients in part of the Powick institution where only one nurse was available. However, across the whole asylum the average staff to patient ratio was one nurse per seventeen patients a proportion that was considered 'sufficient' by Dr. Sherlock However, the Lunacy Commissioner's held a directly contrary view to this, but the Committee of Visitors still claimed that they were being parsimonious in considering the wages paid at Powick Asylum because they believed that work at the asylum 'provided 'satisfaction' to the attendants' employed there. Thus, it was unnecessary to revise the wages paid there and the conditions of work at the institution were already considered sufficient to attract attendants of the 'right calibre' to apply for posts there. This was because the wages paid by the asylum to its attendants were more than those paid to domestic servants and agricultural labourers locally and it was these groups who apparently provided the 'pool of labour' from which the asylum attendants were drawn. Thus, whilst the Powick Asylum Visitors knew that the wages they paid at Powick Asylum were below the average paid in other County Asylums they believed the remunerations paid at the Worcester County Asylum were sufficient to attract suitable local people to work in the asylum. Indeed, this led the Visitors to 'regret' the Lunacy Commissioner's comments about the attendant's wages at Powick Asylum because they thought that if this opinion about low wages leaked out, this would make the asylum's ordinary staff dissatisfied with their wages. Clearly the asylum's Visiting Committee believed that the Commissioners in Lunacy should make their comments about the attendant's wages directly to Dr. Sherlock in private so as not to 'promulgate dissatisfaction'; a situation they knew all too well from the circumstances of Dr. Grahamsley's untimely death.⁵¹⁴

Dr. Sherlock was sometimes innovative, in the treatment of patients at Powick Asylum so in 1862 two female nurses were employed on the male side of the asylum and a third woman nurse was later, introduced in that part of the institution in the hope that these women would improve the habits of the 'worst class of inmates' in Powick Asylum who were housed there. These female nurses were accommodated in the ward where they worked and what was hoped was that the presence of these nurses might reduce disputes and quarrels amongst the male patients there.⁵¹⁵ This arrangement was based on an experiment previously conducted at

⁵¹¹ VM May 1855 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵¹² VM 31 January 1856 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵¹³ 4th AR, January 1857.

⁵¹⁴ 6th AR, January 1859.

⁵¹⁵ 10th AR, January 1863.

Powick Asylum when three married male attendants together with their wives who acted as nurses were employed which did immediately improve the male patient's behaviour, This arrangement also increased the adequacy of the care available in the wards where these couples worked and lived as man and wife ⁵¹⁶ in rooms adjacent to the wards on which they worked.

When the Commissioners in Lunacy inspected Powick Asylum in 1865 they were pleased to report that they had received no complaints from the inmates about 'harsh, or rough, usage by the attendants' and they also commented very favourably on the general condition of the institution which they described as 'creditable to the skill and assiduity of the Medical Superintendent'. ⁵¹⁷ However, a year later in 1866 the Lunacy Commissioners felt it necessary to call attention to, the need for some Printed Regulations to be hung up 'for the information of the attendants' particularly in the bathrooms, where accidents were thought likely to easily occur ⁵¹⁸ which was a comment based on recent accidents in bathrooms in other Pauper Asylums although there were no such accidents reported at Powick Asylum. In 1868 the Commissioners in Lunacy repeated that the female side of Powick Asylum was under staffed so for instance there were only two attendants employed in female ward No. 3 where the staff dealt with forty five, potentially problematical patients, many of whom were epileptic. At this time the Commissioners also suggested that as many as thirty of these women patients were unable to wash or dress themselves so that this ward definitely required additional staffing to improve the situation there. However, even after this direct criticism, the Committee of Visitors demurred from the Commissioner's view as they thought that the situation in this ward could easily be alleviated by moving more than twenty of the female inmates out of the ward to sleep. However, in spite of this alternative solution to this problem being suggested the Commissioners persisted in their belief that the only solution to problems in female ward No. 3 was for three attendants to work in this ward at all times instead of two with at least one additional 'supernumerary day attendant to be provided if any nurse was absent from duty. Inevitably this was not advice that the Visitors wanted to hear and they apparently ignored it.

In June 1868 the Lunacy Commissioners again commented that the number of staff on the female side of Powick Asylum was insufficient which led the Visitors to ask the Medical Superintendent to make a detailed Report on this issue. ⁵¹⁹ In his Report Dr Sherlock revealed that in 1866 the asylum had 344 female patients whereas previously there had been as many as 360 such patients and during 1867 the average number of female patients, was between 355 and 360 which gave a staff: patient ratio of 1 to 19 on the female side of Powick Asylum. However, Dr Sherlock had surveyed the situation in forty two other Pauper Lunatic Asylums in England and Wales at this time and he was able to assert that Powick Asylum had below the average staff to patient ratio reported, by other Pauper Lunatic Asylums. In gross terms the forty two Pauper Asylums surveyed, contained 12,923 patients with 794 staff employed, to care for them giving an average staff to patient ratio of 1 to 16 which meant that Powick Asylum would need to employ twenty one or twenty two, additional staff if the female inmate population at the institution reached 360 female patients the greatest level of female patient numbers at the asylum to that date.

Soon after this in August 1868 in the newest female ward, of Powick Asylum there was a Head Attendant, and three other attendants to look after 117 female patients giving a staff: patient ratio of 1 to 29 which was in the asylum Medical Superintendent's opinion was 'quite sufficient' as the patients in this ward were, 'picked cases' chosen because they were the most easily managed inmates. Thus, if these patients were excluded from calculations, of staff to patient ratios for the institution as a whole there were 230 other female patients cared for by 15 attendants which gave a staff to patient ratio of 1 to 15½ which was above the average for other comparable Pauper Lunatic Asylums in England and Wales. However, Dr. Sherlock now claimed that in

⁵¹⁶ 11th AR, January 1864.

⁵¹⁷ 13th AR, January 1866.

⁵¹⁸ 14th AR, January 1867.

⁵¹⁹ VM 1 June 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

addition to the female attendants employed in the asylum there were four laundry maids working for seven to eight hours a day in the laundry with the 70 female patients employed there and the cook employed two kitchen maids and a housemaid who took care of another eighteen to twenty patients thus relieving the asylum's day attendants of responsibility for approaching 100 patients. Thus, Dr. Sherlock suggested that whilst 'at certain periods the attendant staff was inadequate in the female department' of the asylum 'supernumerary attendants' were then sometimes employed because of special cases that needed 'separate attention'.⁵²⁰ On this basis Dr. Sherlock asked the Visitors to agree to employ, two additional female attendants who were to be used where 'he (the Medical Superintendent, thought fit' so as to increase flexibility in the asylum's staffing. Thus, in female ward No. 5 there were twenty patients, and two attendants, but this ward sometimes required a third attendant whilst the female hospital ward, with forty five to 55 patients and four attendants had a staff to patient ratio of 1 to 15.75. However, the Medical Superintendent now confirmed that in the winter months this number of staff was sometimes insufficient. For instance in female ward No. 3 two attendants were sufficient staff in the summer months dealing with 'useful patients' who often assisted in the ward, but in the winter months when there were many patients indoors because of inclement weather and when more patients than usual confined to bed additional attendants would be useful there. Then, in cases of absence of staff or their illnesses the Matron or the Head Female Attendant, had to visit the wards where staff were absent to give assistance there. Indeed, these 'emergency duties' often included, ensuring that all patients were regularly bathed.⁵²¹ At this time there was also no night attendant to visit the 117 female patients in the very large new ward, that had been created for relatively harmless patients, but because there were 'no wet, dirty, epileptic or acute cases' in this ward this situation was thought acceptable. However, if a patient was dangerously ill other inmates were instructed to go for help if they felt this was necessary and the infirm patient would then be immediately removed to another ward where an attendant was present. The single female night attendant's duties on the very large new ward terminated her duties at about midnight leaving the ward unattended, with only very limited care available there for a total of 230 patients. Thus, it was sometimes thought desirable to attach a supernumerary attendant to work with this night attendant in this area of the asylum if there were special reasons for such additional assistance to be employed and sometimes these additional attendants were present throughout the night.⁵²²

The parsimonious Powick Asylum Visitors again resisted the idea of additional asylum staff probably because they regarded such suggestions as 'preposterously extravagant'. However, the Commissioners in Lunacy now strengthened their demand for additional staffing at Powick Asylum by 'strongly recommending' an additional night attendant should be provided, in the female division of the asylum and they also believed that the duties of the Head Female Attendant should be extended to include supervision of the ward, in the main asylum building instead of just in the newly constructed ward block.⁵²³ Again, the Visitor's response, to what they clearly regarded as 'extravagance' was to immediately seek to compare the number of female attendants at Powick Asylum with the numbers employed at other comparable Pauper Asylums. However, they were surely aware that this was the basis for the Lunacy Commissioner's demands for additional staff in the first place. The Asylum Visitors response was probably a prevarication, to delay taking action for as long as possible and once their ploy failed the Visitors had to admit that additional attendants were indeed required on the female side of the asylum, but they still attempted to 'save face' by insisting that the additional staff they would employ would be assigned specific duties by the Medical Superintendent⁵²⁴ although there was some doubt about whether these additional staff were ever appointed in this area or if additional staff were deployed in that part of the institution where the Commissioners deemed this necessary. It was also not apparent, how

⁵²⁰ VM 5 August 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵²¹ *Ibid.*

⁵²² *Ibid.*

⁵²³ 16th AR, January 1869.

⁵²⁴ *Ibid.*

these extra staff were employed, because on their next visit to Powick Asylum the Commissioners in Lunacy still criticised the staffing in this part of the female side, of the asylum. However, in spite of these adverse comments the Commissioners still felt able to express a positive view of the overall condition of Powick Asylum which they stated 'afforded the best evidence of active and judicious government on the part of the Visitors...(and of the) effective management of the asylum and of the success of its Medical Superintendent'.⁵²⁵ In January 1870 the Visitors sanctioned another 'experiment' based on the appointment of married couples to live on asylum wards because such a venture previously had worked 'most satisfactorily'. Three of the five male wards of the asylum chiefly those treating acute and idiotic male patients together with the male hospital ward now appointed married couples who cared for the male patients in these wards which proved a very satisfactory arrangement.⁵²⁶

The overcrowding of Powick Asylum and the inadequate staffing levels at this institution had a great effect on the conditions in the asylum and the 'quality of life' of the inmates there. After 1854 male patients, at Powick Asylum were increasingly employed on the land and in the asylum's workshops with about the same number of women employed in the central kitchens, the laundry and in household work around the asylum. However, this was not surprising because the 'Moral Treatment Régime' on which Powick Asylum's efforts to 'cure' insanity depended included the employment of the patients as a central part of their treatment because work was considered to have its own curative effect. The plenitude of inmate labour available in the institution also ensured that the wards and the rest of the asylum buildings were always fully maintained, clean and 'well orientated'. The asylum building was also free from offensive odours, but employment also meant that most of the asylum's patient population were out of their wards during work hours which meant that the staffing of the wards where they slept and spent their leisure time could then be minimised during the day a situation that also reduced discipline problems caused by patients who were idle and sitting about in their wards. Thus, it became normal for patients who were fit for work to be employed although there were some other patients who required much more attention from staff in the wards and where possible, these inmates were given menial tasks to occupy them whilst a few other patients who in modern terms might be described as, 'high maintenance' who were unable to go out to work or be occupied in their own wards were, if possible got out of bed, and sat in chairs in the ward. Only the most physically infirm patients were left in bed where they demanded much attention. Even by the beginning of 1855 Powick Asylum had developed a 'quiet and orderly clientele' demonstrating the efficacy of the 'Moral Treatment Régime' used at this institution and of the approach to 'patient management' already adopted by that time.

An 'agenda of issues' needing attention was provided following inspections by the Commissioners in Lunacy; suggestions that were intended to improve the asylum. This was well illustrated in 1854⁵²⁷ when Dr. Sherlock reported on the ventilation of the buildings at the asylum in response to comments from the Lunacy Commissioners who had been critical of the windows in wards Nos. 1 and 2 on both the male and female sides of the asylum. The Commissioners suggested that alterations were needed to improve ventilation in these wards and these comments resulted in double window casements being fitted to the windows to better ventilate the galleries and dormitories, an alteration that had already been made, in some other wards. These alterations improved the flow of air in this part of the asylum building and these improvements soon led to an inspection of the ventilation in the wards for dirty, noisy, epileptic and idiotic patients where the ventilation was also found to be faulty. The window casements in these rooms were then also changed to provide bigger window apertures so that much greater volumes of fresh air could now enter these wards. These alterations resolved some of the problems, created by 'stale foul air' in the asylum not just in the places highlighted, in the Lunacy Commissioner's Report. In spite of this success the Asylum Visitors were not always willing to act

⁵²⁵ Ibid.

⁵²⁶ 17th AR, January 1870.

⁵²⁷ VM 25 September 1854 contained a Report on the Commissioners in Lunacy's visit made by M Lamplugh and J Turner WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

on the Commissioners in Lunacy's comments. Thus, when the Commissioners suggested that new and larger dormitories with more attendants employed, were needed particularly on the male side of the asylum the Visitors disagreed and they decided to resist any such alteration because they clearly thought the Commissioner's suggested arrangement was 'undesirable' probably because of the costs involved. However, the Visitors claimed that these alterations would result in several classes of patient being 'congregated together' which the Visitors believed would destroy the 'system of treatment by classification'⁵²⁸ that had been assiduously created, at Powick Asylum. However, what the Powick Visitors did not appear to recognise was that after over a decade of administering Pauper Lunatic Asylums after the passing of 1845 Lunatic Asylums' Act⁵²⁹ the Lunacy Commissioners had allowed institutions treating the insane, to reorganise the placement of individual patients so that patients were now often grouped together in wards according to the behavioural problems the inmates exhibited, rather than according to the nature of the mental affliction diagnosed when the individual was first Committed to the institution. Thus, by the mid-1850s patients were often grouped, according to the threat their behaviour posed to the 'Asylum Community' and this had proved to be a more satisfactory mode of organisation than 'strict segregation' according to the nosology of mental afflictions; a categorisation that was itself already changing. However, it was likely that tacitly the Powick Asylum Visitors had already recognised that some of the pauper lunatics in their care were more vulnerable than others which meant that these individuals required greater care in their treatment. Thus, for instance inmates suffering from epilepsy were by now thought more vulnerable than most of the other patients in the institution. Thus, at Powick Asylum these vulnerable patients were placed together in the same wards, which was an arrangement that the Commissioners in Lunacy clearly approved of. Indeed, they had already suggested that patients with epilepsy should be visited every hour during the night⁵³⁰ which was thought to be more practicably undertaken if all epileptic patients were housed in the same ward.

The physical conditions of Powick Asylum's buildings much influenced the inmates of the institution which was a fact that sometimes informed the Commissioners in Lunacy's Reports. In 1858 they clearly found the entrance hall to the asylum not well ventilated with odours from the kitchen and other places very noticeable there. Thus, the Commissioners recommended that this area required better ventilation although the Visitors reacted quite strongly to this suggestion by stating that 'odours from kitchen in the entrance hall (were) not continuous (and were) no more offensive here than in a private house',⁵³¹ but they also insisted that these odours did not pervade the wards or the rest of the asylum buildings which meant that they did not affect the patients who were seldom in the entrance hall of the asylum. This led the Visitors to suggest that they did not feel it possible for these odours to be altogether avoided and they were thus unwilling to make any other 'necessary provision for the health, comfort and security of patients (or) to make large outlays (of funds) placing Ratepayers in further debt for such a trivial matter'.⁵³² At this time the Lunacy Commissioners also found fault with other aspects of the asylum buildings so they suggested that the single bedrooms in the asylum were in need of ventilation.⁵³³ In June 1858 this led Dr. Sherlock to suggest some alterations to these wards.⁵³⁴ However, in spite of these criticisms the Lunacy Commissioners again stated that Powick Asylum appeared to be in, a 'very creditable state'.⁵³⁵ At other times the asylum buildings were criticised because they were in need of internal redecoration particularly on the male side, but in June 1859 it was reported that 'several male dormitories and galleries were being painted and coloured'⁵³⁶ work that took about eight weeks

⁵²⁸ Discussed in Lynn Hollen Lees' book *The Solidarity of Strangers*, Cambridge, 1998.

⁵²⁹ 5 & 6 Vic. c. 83 (1845) Lunatic Asylums' Act.

⁵³⁰ VM 25 September 1854 contained a Report on the Commissioners in Lunacy's visit made by M Lamplugh and J Turner WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵³¹ 5th AR, January 1858.

⁵³² *Ibid.*

⁵³³ *Ibid.*

⁵³⁴ VM 4 June 1858 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵³⁵ *Ibid.*

⁵³⁶ VM 2 June 1859 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

to complete ⁵³⁷ an action that indicated that more care was being taken with the living conditions of the inmates of the asylum than previously. The Commissioners in Lunacy now found the women's side of the asylum overcrowded with the beds there far too close together which they believed was because of the use of several rooms on the female side of the asylum for 'domestic purposes'. ⁵³⁸ At this time it was also recommended that more wash stands be provided in the female dormitories and more hair brushes were also deemed necessary there together with additional looking glasses that could be attached to the walls 'for safety's sake'. There was also a call, at this time, from the Commissioners in Lunacy, for more seats in female bed rooms and dormitories.

In the late 1850s it was apparent that the ordinary attendants at Powick Asylum had their problems. For instance in December 1859 George Jeffs ⁵³⁹ a Criminal Lunatic received severe injuries over various parts of his body which were supposedly inflicted by an attendant called Charles Knight. However, when this matter was thoroughly investigated, by the Asylum Visitors in early December 1859 ⁵⁴⁰ the accused attendant was not disciplined and the case was not mentioned again which suggested that the George Jeffs had been injured in some other undisclosed way. In spite of such occurrences the Asylum Visitors 'expressed (their) unbounded confidence in Dr. Sherlock' ⁵⁴¹ who they now felt was overworked so he could not 'do the patients justice' without an assistant. Thus, in January 1859 the Visitors authorised the appointment of an Assistant Medical Superintendent and they appointed Mr. Henry Jackson of Birmingham Hospital, but for some undisclosed reason this man refused the post. The Visitors then offered the post to Mr. Leigh a 'medical gentleman' whose qualifications were not revealed and he accepted. ⁵⁴² Meanwhile, the Officers and ordinary staff of the institution continued to be stressed by overwork. This was a situation that persisted because in November 1861 Dr. Sherlock reported that James Turner an attendant, had been caught shaking a patient which not surprisingly led to this attendant being discharged ⁵⁴³ which again made it obvious that violence against a patient by attendants and other staff would not be countenanced under any circumstances. However, in January 1862 ⁵⁴⁴ when a very serious assault on a patient, named James Mc Kenna ⁵⁴⁵ was reported that had taken place in February 1861; this case was regarded more seriously than other incidents discussed above. However, there was no reason given for the long delay of eleven months before any action was taken to investigate this very serious case of assault. The attendant involved in this incident, was Samuel Vick who was found guilty by a Visitor's Inquiry and he was immediately dismissed from his post. However, he was also successfully prosecuted and sentenced to twelve months imprisonment with hard labour for 'common assault'. The punishment of Samuel Vick in this way was clearly intended to provide an exemplary outcome that would indicate to other asylum attendants that where patients were assaulted by staff members at the asylum the outcome would be dismissal and possibly prosecution to dissuade other attendants from maltreating patients. ⁵⁴⁶ There were some other cases of violence by attendants at Powick Asylum but all of these incidents were not as serious as that of Samuel Vick's assault. Thus, when Samuel Stevens an attendant was seen by the Head Attendant to strike a patient named James Nash ⁵⁴⁷ with a broom in January 1862 the attendant immediately admitted his action at a subsequent Visitor's Inquiry where in mitigation this attendant

⁵³⁷ VM 29 July 1859 WCRO Ref.: b. 125, Acc. No. 710, Par 1(i).

⁵³⁸ 7th AR, January 1860.

⁵³⁹ PN 147, George Jeffs was from Blockley in Shipston-on-Stour Union. He was 44 years old and there was no indication of his marital status recorded. He was a labourer, who was according to the AR of the Asylum Visitors was a criminal lunatic. He was committed to the asylum on 13 September 1852 suffering from dementia. He died in the asylum on 20 February 1884.

⁵⁴⁰ VM 2 December 1859 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁴¹ 7th AR, January 1860.

⁵⁴² Ibid.

⁵⁴³ VM 22 November 1861 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁴⁴ 9th AR January 1862.

⁵⁴⁵ PN 1041. James Mc Kenna Was from Kidderminster workhouse, but he was then found chargeable to Worcester Union. He was 41 years old and was a widower, who worked as a currier. He was committed to the asylum suffering from melancholia on 2 February 1861 and he died in the asylum on 4 May 1861.

⁵⁴⁶ 9th AR January 1862.

⁵⁴⁷ PN 70 James Nash was from Droitwich workhouse. He was a married miller and labourer who was 70 years old when he was committed to the asylum suffering from melancholia on 24 August 1852. He died on 6 March 1868

claimed that he had been aggravated and in these circumstances the Visitors strongly cautioned and reprimanded James Nash after Dr. Sherlock had stated that this attendant had not been guilty of such an offence previously.⁵⁴⁸

In February 1860 the comfort of the Powick Asylum patients was an issue when the Medical Superintendent requested that coconut matting be laid along the centre of several of the female wards with additional carpeting also provided in some of these wards to 'add much to the comfort of patients'⁵⁴⁹ and this led the Visitors to comment that the appearance of these wards was much improved by the carpets, mats and curtains that had now been provided there.⁵⁵⁰ Other mundane matters continually arose in the institution and these issues had to be dealt with. For instance, the middle and upper classes including the asylum's Committee of Visitors and the Senior Management, of the asylum clearly had a keen sense of smell so that in May 1860 the Visitors sensed with their noses that the crowded state of the female infirmary; a ward on the upper floor of the asylum building had air that was 'very impure' which was considered 'unhealthy' for the patients there and the air there was 'insufficient'⁵⁵¹ so that measures were suggested to improve the quality and quantity of the air available there. However, the Visiting Committee's keen sense of smell also led this group of elite individuals to discover that in several parts of the asylum coal gas was escaping which caused an offensive smell, but it also indicated a danger of poisoning and explosions. This led to the gas pipes and fittings in the institution to be properly examined and necessary repairs were then made.⁵⁵² Six months after this in February 1861 the Visitors commented that they no longer perceived 'any offensive smell from the (coal) gas'.⁵⁵³

The approach adopted to heating and ventilating the new female infirmary in the asylum was by using open fires with an air chamber above each fire communicating with the air outside the building' which was intended to encourage the circulation of air in the day rooms, corridors and associated dormitories of this ward although this arrangement was not considered enough. Thus, ventilation was now also facilitated by creating openings above the doors in this part of the asylum buildings although the Commissioners in Lunacy believed that even this was 'unlikely to remove vitiated air' from these rooms.⁵⁵⁴ However, the Commissioners also considered that the drying ground for the asylum laundry was in an 'objectionable place' as it was far too close to the main asylum buildings which could make it difficult to prevent contact there between male and the female patients who worked in that area and for this reason the drying ground was moved further from the asylum buildings.⁵⁵⁵ Then, in spite of these minor criticisms as on previous occasions the Lunacy Commissioners expressed themselves, pleased with the 'cheerful aspect of wards, on both sides' of Powick Asylum, particularly wards where the 'worst and most disorderly classes' of patients, were housed;⁵⁵⁶ wards which the Commissioners felt had been 'brought up to standard'. However, the Commissioners did again draw the Visitor's attention to the 'noxious effluvia arising from time to time from a 'manure tank which...infected the area around the chapel'⁵⁵⁷ and they also suggested that the comfort of female patients would be improved if a covered way to the chapel was provided from the female side of the asylum; a suggestion that was quite quickly adopted.⁵⁵⁸

⁵⁴⁸ VM 30 January 1862 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁴⁹ VM 30 March 1860 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁵⁰ Ibid.

⁵⁵¹ VM 25 May 1860 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁵² VM 3 August 1860 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁵³ VM 1 February 1861 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁵⁴ 8th AR, January 1861.

⁵⁵⁵ Ibid.

⁵⁵⁶ Ibid.

⁵⁵⁷ Ibid.

⁵⁵⁸ Ibid.

Clearly, as the Powick Asylum buildings got older increasing care had to be taken to ensure that they were kept in good order. Thus, in May 1861 when the ceiling of the foul linen drying closet collapsed presumably because of the constant dampness there it was immediately replaced. The need for this repair indicated to the Visitors that the area for drying clothing from the laundry was now insufficient because of the increasing inmate population of the asylum that created a 'mountain of soiled clothing and bedding' to be dealt with that was produced by patients some of whom were doubly incontinent. Thus, the Committee of Visitors recommended that the laundry's drying area be extended.⁵⁵⁹ In September 1861 defective ventilation was again reported in female ward No. 3 which required immediate attention⁵⁶⁰ as did the windows in the new female infirmary which needed to be made to fit properly.⁵⁶¹ Then, in January 1862 so impressed were the Asylum Visitors with the condition of the asylum that they referred to it as being 'clean and in beautiful order'⁵⁶² and at this time extra curtains and valances were in place in the wards and carpets had now been provided in most dormitories. There were also new washbasins in many of the female patient's rooms which the Visitor's regarded as an improvement although the Lunacy Commissioners, rather than complimenting the Visitors on these improvements responded by suggesting that similar facilities, should also be provided on the men's side of the institution.

However, the Commissioners did note with approval that 'more comforts were now provided for patients in both the epileptic and infirmary wards'⁵⁶³ and they also appreciated that a covered way to the new female infirmary had been provided; which was an improvement that they had suggested in their previous Report. However, the Commissioners now demanded a similar canopy to be constructed in male airing court No. 5 to protect patients there against both the sun and rain.⁵⁶⁴ In spite of the criticisms made by the Commissioners in Lunacy in the 1862 Annual Report about some aspects of Powick Asylum the Commissioners still praised the Medical Superintendent as a 'man of ability and experience with a manifest personal interest, in the patients, of whom he had the charge which was said to be, of great advantage to the Powick Asylum'.⁵⁶⁵ The Commissioners then commented on the conduct of the asylum Officers and servants⁵⁶⁶ who they described as 'satisfactory' although they did regret that three attendants had been discharged for acts of violence towards patients but they greatly approved of the Asylum Visitor's continued punishment of offences in which patients were assaulted.⁵⁶⁷

As the population of Powick Asylum grew expansion of various facilities in the institution was inevitably necessary so that in 1863 two new brick ovens with flues and fittings were built in the central kitchens and this arrangement seemed to work extremely well as the consumption of fuel was now 'comparatively smaller'.⁵⁶⁸ At this juncture, the Visitors also ordered that at no time should bath water be used for more than two patients which was a demand that had been regularly made by the Commissioners during their Inspections of the asylum from the time it opened.⁵⁶⁹ In 1864 the Lunacy Commissioners found all of the asylum's wards clean and in good order, but they did now suggest that some dormitories were still very imperfectly ventilated which was in part caused by many of the mechanisms for opening the windows being 'out of order'.⁵⁷⁰ However, the Commissioners did note with satisfaction that blinds had been supplied in some of the dormitories.⁵⁷¹ However, they did now suggest that proper standings should be laid in the washhouse to

⁵⁵⁹ VM 31 May 1861 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁶⁰ VM 2 September 1861 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁶¹ VM 22 November 1861 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁶² VM30 January 1862 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁵⁶³ 10th AR, January 1863.

⁵⁶⁴ *Ibid.*

⁵⁶⁵ *Ibid.*

⁵⁶⁶ *Ibid.*

⁵⁶⁷ *Ibid.*

⁵⁶⁸ 11th AR, January 1864.

⁵⁶⁹ *Ibid.*

⁵⁷⁰ 12th AR, January 1865.

⁵⁷¹ *Ibid.*

prevent the female patients who worked there standing in wet conditions whilst working at the washtubs⁵⁷² which was thought 'injurious to their health'. Furthermore, the Commissioners believed that the foul odour of the washing of soiled linen and bedding was still a problem both inside and outside the laundry in spite of the alterations made in that area.⁵⁷³ A year later in 1866 the Commissioners found the asylum wards in a very clean state and well supplied with furniture,⁵⁷⁴ but they were also pleased with the measures taken to improve the ventilation of the rooms and galleries. Inevitably, they made an adverse comment about the state of the workshops which they considered 'most close and oppressive' which they thought was a situation that could be resolved by constructing new windows in the north wall in each of the workshop rooms which would make these places more 'airy and light'.⁵⁷⁵ During their next three visits, to Powick Asylum the Lunacy Commissioners reported 'most favourably on the cleanliness and good order of the several wards and rooms',⁵⁷⁶ and they also found the corridors, day rooms and dormitories throughout the asylum to be clean and in the best order with the 'atmosphere everywhere untainted'.⁵⁷⁷ They also liked the furnishings and decoration in the asylum corridors.⁵⁷⁸ In 1871 the Commissioners again recommended an improved means of ventilating the asylum rooms and they thought that the lighting of all of the dormitories on the first floor of the buildings was inadequate because light only entered these rooms by small fanlights in the ceiling.⁵⁷⁹ However, the Commissioners did find that male ward No. 2 had only one closet and one small bathroom to serve all of the patients there so they demanded improved bathing arrangements there with fresh water available for each patient as an essential improvement in this ward.⁵⁸⁰

The Records, at Powick Asylum were generally well kept, but in 1871 the Lunacy Commissioners regretted that the Case Books kept by one of the Assistant Medical Officers were 'very much in arrears' not only regarding old cases, but also regarding patients admitted during the previous twelve months. These Records which were regarded as crucial to the effective running of any Pauper Lunatic Asylum were 'very scant'. However, the Admission's and Discharges Registers for the institution kept by an asylum clerk were properly kept whereas the Patients' Notes; definitely the responsibility of the Assistant Medical Officers were inadequate with many pages of these notes only recording the patient's name, age, the diagnosis of the patient's mental affliction and their date of committal to the asylum, but beyond this the pages were left blank. Whilst the task of keeping up these records was 'laborious' and 'onerous' the Lunacy Commissioners inevitably strongly felt that these Records were essential to the effective treatment of lunatic patients at Powick Asylum and that it was the duty of the Assistant Medical Officers to keep these Records assiduously and they could 'never safely be neglected'. Thus, they stated, that they hoped that there would be no recurrence of this 'record keeping deficiency'.⁵⁸¹ Clearly, after this incident the offending Medical Officer was admonished for his failings and this warning apparently worked, as the quality of the Patient's Records then improved. However, the Assistant Medical Officer responsible for not reporting these patients' condition and treatment was clearly not dismissed from his post for his negligence, whereas it appeared likely that an ordinary member of the asylum staff who came from a working class rather than a middle class background would have been dismissed from their post for this level of negligence which possibly provided an interesting contrast in the way that the Asylum Officers were regarded compared with the 'ordinary staff' of the institution who were their contemporaries.

⁵⁷² Ibid.

⁵⁷³ Ibid.

⁵⁷⁴ 13th AR, January 1866.

⁵⁷⁵ Ibid.

⁵⁷⁶ 16th AR, January 1869.

⁵⁷⁷ 17th AR, January 1870.

⁵⁷⁸ 18th AR, January 1871.

⁵⁷⁹ 19th AR, January 1872.

⁵⁸⁰ Ibid.

⁵⁸¹ 19th AR, January 1872.

The matter of a good water supply at Powick Asylum continued to concern the Committee of Visitors. Thus, about three months after the asylum opened Dr. Grahamsley the first Medical Superintendent, reported that the water in the asylum's wells was 'not fit for the patients or for the purposes of the institution'⁵⁸² and he could have added the question why was a large institution ever established on a site where the water supply available was obviously insufficient and inappropriate? In response to this lack of a viable water supply the asylum well was sunk 'ever deeper'. In 1852 the well was 132 feet deep and it soon reached a depth of 275 feet deep, but still the quantity of water was 'insufficient'.⁵⁸³ Then, in September 1854 Dr. James Sherlock the new Medical Superintendent again suggested that using water from Carey's Brook or elsewhere on, or near the asylum site and adding rain water, and even 'surface water' a source of water very liable to be polluted with sewage⁵⁸⁴ would improve matters until a water works was constructed to filter water from this variety of sources, which would make the water available at the institution relatively safe to use. This filtered water could then be pumped into the tanks on the roof of the asylum buildings and although this solution would take some time to achieve it was thought likely to be a more successful approach than any other scheme contemplated previously.⁵⁸⁵ The idea of a hydraulic ram was again discussed at this time, but the supply of water in Cary's Brook was still totally inadequate so this solution was not feasible. However, the problem of supplying water to the institution was now further exacerbated by a 'quite massive growth in demand for water' caused by the burgeoning population of the institution although there were now also said to be objections from neighbouring landowners about the possibility of water being taken from Carey's Brook because potentially it would 'almost exhaust the flow of water downstream from the asylum'.⁵⁸⁶ In October 1855, suddenly there was 'a large amount of water in the asylum's wells which encouraged the Committee of Visitors to order the sinking of even more wells, on the asylum site which in the short term provided an 'adequate water supply for the institution's use',⁵⁸⁷ but this supply then failed.

Rainwater from tanks on the roofs of the main asylum building was now used for washing and cooking purposes⁵⁸⁸ at the asylum and when added to the well water this provided an 'adequate water supply' for the asylum. However, ironically, at this time the asylum drains were found to be too shallow and they were defective so that the additional water being used in the institution which was then jettisoned caused large puddles of stagnant water to form. This in turn fuelled the contemporary preoccupation with water borne diseases which at this time was particularly thought to accentuate a local outbreak of cholera. This panic was also aided by 'a continuous and offensive effluvia' from these drains;⁵⁸⁹ in what contemporaneously was often described as 'malodorous drains' which added to concerns about threats to health on the asylum site. The old drains were taken up and relaid deeper with wider dimension pipes used and with a greater 'fall' to make the drains flow more effectively. The asylum's water supply now improved, but was still considered inadequate particularly because of the continuous growth in the institution's patient population. New 100,000 gallon rainwater tanks were provided which was a measure that it was suggested 'would solve the asylum's water supply problem for good'.⁵⁹⁰ However, by 1856 the main well at the asylum was again deepened with a 'headway' constructed to carry water to the new water storage tanks. Thus, the Visitors could now claim that there was 'abundant water...for cleaning, closets and drains'⁵⁹¹ and rainwater now provided soft water for cooking and washing, but the water from the newly deepened well was now found to be hard so that it encrusted pipes and caused corrosion damage that was expensive to repair although this water was 'quite palatable to drink'. Water from the underground drains was now used to increase the supply of soft water

⁵⁸² VM 5 October 1852.

⁵⁸³ Ibid.

⁵⁸⁴ VM 25 September 1854.

⁵⁸⁵ Ibid.

⁵⁸⁶ Ibid.

⁵⁸⁷ Ibid.

⁵⁸⁸ 2nd AR, January 1855.

⁵⁸⁹ 3rd AR, December 1855.

⁵⁹⁰ Ibid.

⁵⁹¹ 4th AR, January 1857.

that would not corrode the plumbing or the water powered machines in the laundry and kitchens. The pipes in the asylum were now either made of lead or were lead lined which made these fittings so heavy that it was necessary to strengthen the buildings where these pipes were used.,⁵⁹² Two additional tanks containing 120,000 gallons of water each were also provided to collect the water from this source.⁵⁹³

By 1857 both the soft and hard water supplies at Powick Asylum were described as 'ample',⁵⁹⁴ but a year later⁵⁹⁵ it was decided to drain all of the asylum gardens through pipes that fed into a very large underground tanks to provide additional soft water for the institution's use. However, after only forty eight hours of heavy rainfall the newly constructed underground tanks were entirely full, but these tanks were also designed to receive water that overflowed from the storage tanks on the roof of the asylum via down pipes connecting the roof tanks to the ungrounded tanks which were unable to cope with this huge flow of water. Thus, this excess water simply flowed away and then caused extensive 'localised flooding' on the asylum site. In spite of this the new arrangement was regarded as relatively successful in conditions of normal rainfall, but there was still insufficient water for the asylum's use in 'unusually dry weather ...(experienced) in recent weeks...(which) led to a water shortage'.⁵⁹⁶ Water now still had to be hauled by heavy horses towing tanks from Carey's Brook. In spite of the 'inadequate supply of water' at the asylum the Commissioners in Lunacy still concluded that the Visitors should, enlarge the asylum buildings because of overcrowding of the women's side of the institution.⁵⁹⁷ The Visitors again resisted these suggestions from the Lunacy Commission because they believed that additional buildings would put even more pressure on the institution's water supply which was still thought 'deficient'. They now asked, Mr. Leader Williams who had previously given advice on the water supply when the institution was initially planned, for suggestions on improving matters regarding the supply of water and he recommended providing a second steam engine to pump water to the asylum's roof tanks.⁵⁹⁸ Thus, a new steam engine was ordered although the legality of taking water from Carey's Brook which was considered doubtful was again reconsidered. Whilst the Committee of Visitors believed they had a legal right to take water from Carey's Brook; the view of the owners and tenants of land on the brook adjacent to the asylum site was thought to be hostile to the idea. However, perhaps surprisingly when asked these local residents assented to the extraction of more water from the brook by the asylum in spite of the depletion of water in the brook that would result.⁵⁹⁹

In January 1861⁶⁰⁰ the Visitors developed another plan for improving the asylum's water supply and the Lunacy Commissioner's water engineer made an assessment of this new plan which was to build a water works that it was believed would resolve any deficiency in the asylum's water supply and put an end to water shortages at Powick Asylum. However, ironically excavations in preparation for a water tunnel for the new filtration plant hit a spring that proved so strong that it now appeared likely that there would be no need to take water from the brook at all.⁶⁰¹ The Visitors now suggested that there be a long delay in completing the 'new (water) works...(and it was) recommended that the old steam engine should not be parted with until the new water sources had been fully tried and (found) reliable'.⁶⁰² The new spring now failed and the Visitor's caution in not getting rid of the steam engine was well justified, although in spite of a lack of water for cleaning purposes the wards on both the male and female sides of the institution were always said to be

⁵⁹² Ibid.

⁵⁹³ Ibid.

⁵⁹⁴ 5th AR, January 1858.

⁵⁹⁵ 6th AR, January 1859.

⁵⁹⁶ Ibid.

⁵⁹⁷ 7th AR, January 1860.

⁵⁹⁸ Ibid.

⁵⁹⁹ Ibid.

⁶⁰⁰ 8th AR, January 1861.

⁶⁰¹ Ibid.

⁶⁰² VM. 24 July 1861.

'clean and in good order' and the laundry now used 'ground water' collected on the asylum site and whilst this water was probably polluted with sewage it was usable for the washing of clothes.

Usually, Powick Asylum patients now washed in rainwater from the tanks on the roofs of the asylum building.⁶⁰³ However, at this time a single bath full of water was used by as many as ten patients which was totally unacceptable to the Commissioners in Lunacy who also deplored the fact that two patients at a time were sometimes placed in the same bath together, The Lunacy Commissioners aim was now to ensure that each Powick Asylum patient had fresh bath water, but the Visitor's excused the sharing of baths, by suggesting that work on the new water works was still under way so that this problem would be resolved as soon as this plant was complete. It took another two years to complete the planned water works so sponge baths were by then recommended to replace baths as an interim measure⁶⁰⁴ which was not to the liking of the Lunacy Commissioners. Later in 1862 when the new water works was finished and in use Dr. Sherlock expressed his satisfaction with the new water supply system which he believed was adequate even if Powick Asylum was enlarged which was inevitable. The new waterworks provided sufficient water for all of the asylum's purposes, but most importantly the Lunacy Commissioners could be satisfied that dirty patients could now be bathed alone with each patient having fresh water. However, even now the parsimonious Powick Asylum Visitors were convinced that bath water for individual patients would cause an additional cost for fuel.⁶⁰⁵ Even in April 1871 the Lunacy Commissioners still focused concern on the issue of the quality of the water supply at Powick Asylum⁶⁰⁶ and Dr. Sherlock was again asked to write a Report on this aspect of the institution.⁶⁰⁷ In spite of this the water works constructed on the asylum site did resolve the problems of adequate water at the asylum until piped water from off the asylum site was provided late in the nineteenth century.

In 1871 the Visitors considered the provision of gas lighting that had been recommended by the Commissioners in Lunacy for the new buildings to increase the safety of that part of the asylum at night⁶⁰⁸ at a time when the existing gas works were thought inadequate for the needs of the expanded asylum and when the existing gas plant was worn out anyway. The Worcestershire Committee of Justices provided a £300 grant⁶⁰⁹ to pay for a redeveloping the institution's gas works; a sum that was paid out of the £2,400, already provided by the City and County Treasurers to complete new wards at the asylum. Clearly gas manufacture was not something that the Visitors understood so Mr. Young a gas engineer gave them advice. He intended to make certain that the redeveloped gas works were the most appropriate solution to the problem of lighting the asylum and the Visitors also approached the Worcester Gas Light Company as they had done before the asylum opened in 1852 about laying a gas main to the asylum, to supply gas, with fourteen candles power luminosity. However, when the estimate for the cost of a gas main from Powick Bridge to the Powick Asylum arrived it was for between £600 and £800 and the gas provided would provide only twelve candlepowers instead of the fourteen suggested by the Lunacy Commission which the Visitors considered a disadvantage. The cost of gas made in the asylum gas works in the year prior to this discussion, was only £213-9-9 and the fact that the gas making process also created valuable by products, such as 123½ tons of coke valued at 14/- per ton that could be used to provide heat to the drying closets in the asylum laundry and to heat the gas retorts used to produce more coal gas, was seen as a huge advantage. Other by products of the coal gas manufacturing process included gas lime and ammoniacal liquor that were used as fertilisers and gas tar that was then used to seal the sides of the asylum roads. Thus, all of these by products were useable and valuable commodities produced by gas manufacture. These materials were valued at £95 17 0. Thus, if the value of these by products was taken into account the true cost of gas, produced in the asylum gas works was only

⁶⁰³ Ibid.

⁶⁰⁴ 9th AR January 1862.

⁶⁰⁵ 10th AR, January 1863.

⁶⁰⁶ VM10 April 1871.

⁶⁰⁷ VM10 April 1871.

⁶⁰⁸ Ibid.

⁶⁰⁹ Ibid.

£117-12-9, which included no labour charges for the work that was undertaken by patients. For these reasons, purchasing town gas from the Worcester Gas Light Company appeared to be very much more expensive than producing coal gas in a refurbished gas works at the asylum site which ironically exactly confirmed the conclusions drawn by the Asylum Visitors when the original gas works were constructed at the asylum in 1852. The Committee of Visitors now agreed to build a new gas works at the asylum at a cost of £250 with additional piping costing a 4/2d. per yard and a new tank which was also required adding another £345 to the costs of the gas plant.⁶¹⁰ The new gas works were completed in September 1871.

Another matter that was a problem for Powick Asylum from its outset in 1852 was where to bury pauper lunatics who died in the asylum. Initially, when a patient died at the institution their relatives were contacted and told of the individual's demise, and they were then informed that if they wanted to have the deceased person taken home for burial they would be responsible for any expenses incurred. Then, if the relative could not raise the money necessary or if the dead patient had no relatives the deceased inmate was buried in Powick Parish churchyard, with the minimal expense incurred paid for by the deceased patient's home Poor Law Union. However, in 1854 the issue of whether an Asylum Burial Ground should be provided at the asylum was raised and the Worcestershire Committee of Justices agreed to allow the Visitors to provide a burial ground, at the asylum if that was what they wanted.⁶¹¹ Over forty patients died at Powick Asylum, during 1855, but the idea of an asylum cemetery was quickly rejected and deceased pauper lunatics continued to be buried in the Parish churchyard. However, no comments about this arrangement was made by the local Community, but suddenly, this practice was questioned, by the Vicar of Powick. However, why this apparent protest was made was unclear. This situation then caused something of a quandary for the Asylum Visitors, who clearly did not want to create a dedicated burial ground for the asylum on the institution's site and neither did Dr. Grahamsley initially, and Dr. Sherlock, later. They clearly considered it inexpedient to annex a graveyard to the asylum and both Medical Superintendents urged the Visitors to abandon all thought of having a cemetery on the asylum site. The Visitors now believed that legislation was currently being considered by Parliament that might force them to provide an asylum graveyard. However, the Bill before Parliament in 1854 suggested that land be procured, close to all Pauper Lunatic Asylums to be set up as a burial ground although there was no provision, in the Bill that gave powers to the Visitors to purchase land for this purpose which was an omission that concerned the Committee of Visitors who had no intention of assigning land within the existing asylum site as a graveyard.⁶¹² Whilst it may have been the proposed legislation that had instigated the Powick Vicar's apparent opposition to the continuance of pauper lunatics being buried in the Parish churchyard the Visitors could not be certain of this and the Chairman of the Committee of Visitors believed that the Vicar might be persuaded to allow paupers to continue to be buried in the parish churchyard instead of in a dedicated graveyard at the asylum an arrangement that the Visitors still found 'objectionable'. They wrote to the Home Office, to inform them of their opinion and to suggest that a Clause in the Bill before Parliament, should allow, but not compel the purchase of land for the purpose of establishing a Pauper Lunatic Asylum Burial Ground. However, Sir George Grey the Home Secretary immediately informed the Powick Asylum Visitors that he was not disposed to do this.⁶¹³

It now appeared possible that the reason for the concerns of the Vicar and Parishioners of Powick were reports that had been circulating suggesting that sometimes two dead pauper lunatics had been buried in the same grave in the churchyard whilst another problem about continuing to bury dead paupers, in the Parish churchyard was the suggestion that the burial ground was full. In October 1862 the Medical Superintendent wrote a Report on the possible extension of the Powick churchyard⁶¹⁴ and he reported, later in 1862 after

⁶¹⁰ VM 1 May 1871.

⁶¹¹ 2nd AR, January 1855.

⁶¹² Whilst Powick Asylum did not develop a graveyard on the asylum site at this time, eventually a cemetery was created within the asylum grounds on a rise above the pig styes – later known by everyone in the asylum a 'pig sty bank'.

⁶¹³ 3rd AR, December 1855.

⁶¹⁴ VM 6 October 1862.

discussing this matter with the Earl of Coventry's Land Agent ⁶¹⁵ that a 'conference' had been held, between the, tenant of the land on which the church graveyard extension would have to be built and the Vicar of Powick. Gratifyingly for the Asylum Visitors the outcome of this 'conference' was a unanimous decision to extend the church graveyard for the use of both the Parish and the asylum. The covert fears previously held by the Visitors that the Vicar was opposed to the continued use of the churchyard were not well founded. The tenant farmer, of the land bordering the present Powick churchyard was also quite willing to give up an area of land to extend the graveyard; on a line parallel to the church chancel to create an enclosure that added an additional three fifths of an acre to the existing burial ground. It was thought that this would benefit the Parish because it put the church building in the middle of the new graveyard, but the Parish authorities now asserted that there would have been plenty of room in the existing church graveyard anyway and the increasing demand for space for burying deceased pauper lunatics, meant that a graveyard extension was not essential. The Asylum Visitors originally had estimated an extra acre of the land would be necessary for the graveyard extension, but they now agreed that the area of land envisaged by the Parish authorities would be adequate. The tenant farmer's only stipulation about vacating the land to allow the new extension to the graveyard to be constructed was that a drain from his house to a nearby dingle needed diverting. ⁶¹⁶ The Earl of Coventry's Land Agent was now confident that his employer would 'have satisfaction in rendering every facility in his power to whatever course shall be deemed best by the Powick Asylum and Parish authorities having regard to the inhabitants of Powick as well as to the interests of the public at large'. ⁶¹⁷ However, the Asylum Visitors now decided that until the price of the land necessary for the graveyard extension had been agreed and only when certain other related matters had been settled could they agree to pay for the churchyard extension. ⁶¹⁸ In January 1863 the land for the new graveyard extension was costed at £100 per acre, but it was now stipulated by the Earl of Coventry Land Agent that a wall must also be built around the graveyard which must be made of Malvern stone and that this wall must also be paid for by the Asylum Visitors. ⁶¹⁹ The total cost of extending Powick Parish churchyard was now estimated, at £150, but the Visitors now decided that a 'very strong iron fence' would be a suitable alternative to the Malvern stone wall which was agreed by the Earl of Coventry.

The planning of the graveyard extension at Powick churchyard went well and in May 1863 the Secretary of State wrote asking the Visitors several questions about the burial ground extension many of which the Visitors considered inappropriate. However, they told the Visiting Committee's Clerk to 'answer such questions as well as he could' ⁶²⁰ which he clearly did because the Secretary of State immediately, approved the Powick churchyard extension and the Visitors felt able to complete the purchase of the necessary land for the extension from the Earl of Coventry; to arrange for the new iron fence to be erected and to ask the Bishop of Worcester to consecrate the land as a new burial ground. However, inevitably the Secretary of State now insisted that the requisite Regulations for 'Pauper Lunatic Asylum Burial Grounds' be followed, ⁶²¹ but these Regulations were complex and were contained in five different Acts of Parliament passed in the 1850s so the task of sorting out these matter proved quite difficult. ⁶²² In August 1863 Lord Coventry's Land Agent suggested that if the Visitors acquired the land for the new burial ground a small additional piece of land would be made available at no extra cost if the Visitors financed building new gates to the churchyard and this arrangement was agreed. ⁶²³ Then, in October 1863 there was a surprising development, in matters surrounding the joint burial ground when the Vicar of Powick wrote suggesting that the existing churchyard

⁶¹⁵ VM 3 November 1862.

⁶¹⁶ Ibid.

⁶¹⁷ Ibid.

⁶¹⁸ VM 1 December 1862.

⁶¹⁹ VM 12 January 1863.

⁶²⁰ VM Min. 4 May 1863

⁶²¹ VM 1 June 1863.

⁶²² Ibid referring to 15 & 16 Vic. c. 85 (1852), 16 & 17 Vic. c. 134(1853), 17 & 18 Vic, c. 97 (1854), 18&19 Vic. c. 128 (1855) and 20 & 21 Vic. c. 81 (1857).

⁶²³ VM 3 August 1863

was already big enough for Parish use so there would be no need to bury Parishioners in the 'extension graveyard' immediately although there was no prohibition of Parishioners being buried in the graveyard extension alongside pauper lunatics. By this time, the Deeds of Covenant for the new churchyard extension had already been drawn up so that because of the Parish's new decision, about making no demarcation between Parishioners and asylum inmates in the burial ground made the Deeds produced inappropriate because they related to an extension to a Pauper Lunatic Asylum Burial Ground, under the requisite Act of Parliament of 1862,⁶²⁴ At this juncture, the Bishop of Worcester who it was intended should consecrate the new graveyard on the afternoon of Wednesday 4th October 1863, was apprised of these facts.

Another facet of the problems relating to the churchyard extension now arose when the Vicar of Powick reported that there was 'disquiet' amongst his Parishioners who were 'quite agitated' by an issue relating to the burial of paupers in the new churchyard extension'.⁶²⁵ Clearly, the Asylum Visitors were now fearful that this comment indicated public opposition to the new burial arrangements, but when a deputation of Powick Parishioners attended the next Asylum Visitor's Meeting in November 1863 it transpired that the Parishioners were not concerned about deceased pauper lunatics being, buried in the Parish graveyard; rather Lord Coventry and the rest of the Parishioners of Powick were 'very anxious that 'some means be found to allow...(the burial of pauper lunatics) to happen.'⁶²⁶ They now insisted that there should be no separate area for lunatic asylum patients in the graveyard, but the reason for this insistence was surprisingly because, the ordinary inhabitants of Powick saw the pauper inhabitants of the County Asylum as being as much Powick Parishioners as they were. This surprising insight into local opinion led the Asylum Visitors to promote this notion by cancelling the Deed of Covenant for the graveyard extension⁶²⁷ an action that provided Powick Asylum with a perpetual right to inter its deceased patients, in Powick Parish churchyard which was a decision that would resolve the situation, where space in the Parish graveyard was being used up for the burial of deceased pauper lunatics.⁶²⁸ The Asylum Visitors now asked their legal counsel's advice on these matters⁶²⁹ and they were assured that there was no need to rush to get the graveyard extension Consecrated as the present conveyance could be cancelled and replaced by another document, to allow the common use of the graveyard at any time. Accordingly, the Visitor's counsel suggested that this was also the situation at Littlemore Asylum at Oxford where a similar arrangement had been adopted. However, a new Deed was thought absolutely necessary for such an arrangement to proceed.⁶³⁰ Fortuitously these decisions taken about the graveyard, concurred with Lord Coventry belief that the burial 'ground should be consecrated in the ordinary form'⁶³¹ and it was unanimously agreed to delay Consecration of the extended graveyard. Then, in March 1864 after a new Deed for the burial ground had been prepared that allowed the burial ground to be Consecrated for the general use of the parish including the lunatic asylum the Secretary of State consented to these arrangements.⁶³² In January 1865 the Visitor's legal counsel asserted that the Deed of Conveyance of the graveyard, that had already been drawn up, could legally be cancelled and the land could now be conveyed to the Parish of Powick as part of their churchyard with the land effectively purchased by the Asylum authorities and contributed to Powick Parish, together with the cost of fencing that land and providing a gate.⁶³³ The extended burial ground was now consecrated for 'general use' with Parishioners being buried alongside pauper lunatics and it was clear that the revelation that Parishioners wanted to make, no distinction in death between themselves and deceased pauper lunatics from Powick Asylum took the Visitors aback,

⁶²⁴ 25 & 26 Vic (1862), c 11 s. 9.

⁶²⁵ VM 5 October 1863.

⁶²⁶ 11th AR, January 1864.

⁶²⁷ Ibid.

⁶²⁸ Ibid.

⁶²⁹ VM 2 November 1863.

⁶³⁰ VM 7 December 1863.

⁶³¹ Ibid.

⁶³² VM 7 March 1864.

⁶³³ 12th AR, January 1865. Interestingly Powick churchyard in the 21st century has a swathe that is devoid of headstone, which appears the likely place where deceased pauper lunatics were interred. Few pauper graves were marked with anything other than a temporary wooden marker.

In June 1869 the new Vicar of Powick asked for a contribution, from the Asylum Visitors, towards the upkeep of the churchyard and this request was readily agreed to by the Asylum Visitors who offered to contribute, 'whatever sum the Vicar required'.⁶³⁴ A month later, this sum was confirmed to be £3⁶³⁵ and then in September 1869 the Vicar asked the Asylum Visitors for their consent to relinquish the 'Commonable Rights' they held on a small piece of land where a new parochial school was to be built. The Visitors agreed to do so immediately⁶³⁶ and a month later the Vicar asked for a contribution towards the cost of building a new, additional, schoolroom which was, partly necessary, because many of the asylum attendants' children attended this school.⁶³⁷ In November 1869, the Vicar's decision to ask for this contribution was explained when Earl Beauchamp suggested that the H.M.I. for Elementary Schools had threatened to remove the Powick School's Certificate unless additional accommodation was provided, because the schoolroom was so crowded. Thus, Earl Beauchamp supported the view that much of the overcrowding at the school was indeed caused by additional asylum attendant's children attending the school so that the decision to contribute to the extension of the elementary school was fully justified. The Visitors now contributed £50 towards the new schoolroom⁶³⁸ and, in October 1871 they decided to subscribe £6 a year to the School.⁶³⁹ Then, in March 1870 Powick Parish's Churchwardens asked the Visitors to contribute money in lieu of the Church Rates to pay for repairs and services, at the Parish church, which was also immediately acceded to and a similar payment was then repeated regularly.⁶⁴⁰ In June 1871 it was reported that the Asylum Visitor's Committee gave £1 in lieu of Church Rates, but in 1872 they doubled their contribution after an additional 60 acres of land had been taken by the asylum to extend the institution's farm.⁶⁴¹ The graveyard shared by the Parish and asylum continued until almost the end of the nineteenth century when a burial ground was created on the Powick Asylum site at what was generally referred to, by the asylum inhabitants as 'Pig Sty Bank' which was near the centre of the asylum site⁶⁴² and the burial of pauper lunatics at Powick Parish churchyard ceased. With the redevelopment of the Powick Asylum, mainly for residential and farming purposes, the Pig Sty Bank graveyard has been very carefully identified and protected.

This Chapter was intended to explain how Powick Asylum developed in the two decades after it opened on 11 August 1852, so that readers of this book are aware of the precise situation when pauper lunatic patients were committed to the asylum. The remaining Chapters relate to the lives of patients at Powick Asylum.

⁶³⁴ VM 7 June 1869.

⁶³⁵ VM 5 July 1869.

⁶³⁶ VM 6 September 1869.

⁶³⁷ VM 4 October 1869.

⁶³⁸ VM 1 November 1869.

⁶³⁹ VM. 2 October 1871.

⁶⁴⁰ VM 11 April 1870.

⁶⁴¹ VM 3 June 1872.

⁶⁴² This graveyard is still demarked at the site of the, now demolished, asylum, so that no development will ever take place there.

CHAPTER 4.

Pauper, Private, Contract and Criminal Patients at Powick Asylum 1852 to 1872.

In his Panopticon Paper of 1782⁶⁴³ Jeremy Bentham envisaged specially designed institutions based on his 'Panopticon Principle' built in all parts of England to care for problem groups like paupers and pauper lunatics. As part of his plans for these institutions Jeremy Bentham envisaged that the probity of treatment in these institutions would be ensured by having all such Panoptica open to public inspection. Thus, the 'viewing platform' in the middle of the panopticon would offer unfettered access to members of the general public who wanted to see the institution in operation thus ensuring that the standards of treatments at the institution were appropriate. In making this suggestion Jeremy Bentham had, hit on an approach that was attractive to those planning the new Pauper Lunatic Asylums to be established after the Lunatic Asylums' Act in 1845.⁶⁴⁴ The legislators drafting the new Poor Law Policy after 1845 were anxious to ensure probity in the treatment of pauper lunatics in the Pauper Lunatic Asylums. Thus, they created a system that allowed visits to patients incarcerated in the asylums by their relatives and friends who were encouraged to visit these institutions for this purpose. However, these visitors were only given access to 'special rooms' set aside for pauper lunatic inmates to meet their friends and relatives which meant that these 'lay visitors' saw little of the internal workings of the asylum beyond the rooms where it was intended such meetings would take place. However, from the outset, in 1845 Delegations of the members of Boards of Guardians who were responsible for the welfare of pauper lunatics sent to Pauper Lunatic Asylums from their home Unions were given access to the asylums to inspect the treatment that their Union's pauper lunatics were receiving there. This was an arrangement that at least, approached Jeremy Bentham's ideal because such visits could, theoretically be made at any time by day or by night and without prior warning. Whilst Worcestershire Guardians had a legal right to enter any lunatic asylum, where pauper lunatics from their home Union were incarcerated, after the 1834 Poor Law Amendment Act⁶⁴⁵ they only rarely made such visits.⁶⁴⁶ However, if a problem was reported with a pauper inmate in some Private Lunatic Asylum often referred to as a mad house before the opening of Powick Asylum in 1852⁶⁴⁷ be it in a private institution a Licensed House or a Public Lunatic Asylum one or two Guardians representing the patient's home Union could visit the problematic individual to investigate their situation and condition which was an impromptu arrangement, that continued after the new Powick Asylum opened.

After a long delay of over fifteen years in 1868 Delegations of Guardians were appointed by each Worcestershire Poor Law Union to make formal Annual Inspection visits to Powick Asylum where the Asylum Visiting Committee were bound to respond to any comments these Delegation of Guardians representing the County's Poor Rate payers in a specific Poor Law Union made. Whilst it appeared likely that visits by family members to relatives who were patients in Powick Asylum saw one individual pauper this would not provide evidence about the condition of the asylum's inmate population as a whole which meant that it was impossible to assess the probity of the treatment of all inmates in the institution from these personal visits. However, when Delegations of Poor Law Guardians consisting of two, three, or even four men representing

⁶⁴³ Bentham, Jeremy, 'Panopticon or Inspection House' in *The Works of Jeremy Bentham*, (ed. Bowring, J.), 1859, Vol. IV.

⁶⁴⁴ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

⁶⁴⁵ 4 & 5 Will. IV, c. 76 (1834) Poor Law Amendment Act.

⁶⁴⁶ *Ibid.* The right of Guardians to enter the asylum to inspect patients from their Union there was implicit in this Act.

⁶⁴⁷ Powick Asylum opened on 11 August 1852.

the Poor Law Union where they were Guardians visited inmates from that Union incarcerated in Powick Asylum these Guardians were treated differently from relatives and friends. These groups of Guardians were taken on a special tour of inspection of the institution and they then focused on meeting and inspecting inmates, from the Poor Law Union they represented as Guardians.

During the first year of operation of visits by these Delegations, Bromsgrove,⁶⁴⁸ West Bromwich, and Worcester Guardians all visited Powick Asylum to inspect the lunatics from the Union that the Delegation represented,⁶⁴⁹ In October 1868 Worcester Guardians found their patients generally in a reasonable state physically and being 'well cared for'. However, these Guardians also commented on the 'great order and effective management of the asylum' which they thought 'reflected great credit on the Medical Superintendent and his assistants'.⁶⁵⁰ Dudley Guardians visited their seven male and eighteen female pauper lunatic patients incarcerated in Powick Asylum, in November 1868 and they were shown round the asylum by the Medical Superintendent. This Delegation then concluded that the asylum arrangements were of a 'very superior character...(and the patients) appeared to be most kindly treated...(with) all cases sent from...(Dudley Union then) in the asylum...chronic ones'.⁶⁵¹ When Bromsgrove Guardians visited the same institution, in August 1869⁶⁵² they reported on the 'kindly manner in which their Delegation was received by the Medical Superintendent and his assistant Dr. Elliott who allowed the members of this Delegation to examine all patients Chargeable to Bromsgrove Union most of whom had 'little hope of recovery'. However, four of the pauper lunatics, from this Union who the Guardians saw were 'improving', but the Guardians then reported their 'desire to express their highest satisfaction (at) the management of the asylum' which they clearly believed carried out everything with a 'view to afford comfort and cheerfulness to patients'.⁶⁵³ Kidderminster and Pershore Unions' Guardian's Delegation also visited the Asylum, in 1869⁶⁵⁴ when the Kidderminster Guardians saw twenty four male and thirty two female inmates from their Union which was amongst the largest total number of pauper lunatics from any single Worcestershire Union at Powick Asylum. These Guardians found that all of these inmates 'seemed to be well cared for and kindly treated'. They also expressed themselves satisfied with the 'general arrangements of the asylum and the efficiency of Dr. Sherlock and his assistants'.⁶⁵⁵ Worcester Union's Delegation of Guardians revisited the asylum in 1869 when they again expressed great satisfaction with the institution which they thought was under the 'very excellent management of Dr. Sherlock'.⁶⁵⁶ Thus the earliest appraisals of Powick Asylum in the late 1860s were generally very satisfactory.

For some undisclosed reason Bromsgrove Guardian's Delegation returned to inspect Powick Asylum in July 1870 which was earlier than expected. They found the patients 'clean and comfortable', although Dr. Sherlock did suggest to them that no more than four or five of these mentally infirm individuals were, ever likely to recover their sanity sufficiently to enable them to be discharged from the asylum.⁶⁵⁷ In October 1870 a Delegation of Guardians from Alcester Union⁶⁵⁸ made their first inspection visit to the asylum⁶⁵⁹ from a Poor Law Union that was mainly in Warwickshire that sent insane paupers to Powick Asylum from the parts of their Union that were in Worcestershire which they were legally obliged to do. At this same time West Bromwich Guardians reported that seven male and nineteen female patients from the Worcestershire part of that Union

⁶⁴⁸ Powick Asylum Visitor's Committee Minutes (VM) VM 5 August 1868.

⁶⁴⁹ VM 7 September 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁶⁵⁰ VM 5 October 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁶⁵¹ VM 2 November 1868 WCRO Ref: b. 125, Acc. No. 710, Par. 1(i)

⁶⁵² VM 2 August 1869 WCRO Ref: b. 125, Acc. No. 710, Par. 1(i)

⁶⁵³ Ibid.

⁶⁵⁴ VM 6 September 1869 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁶⁵⁵ Ibid.

⁶⁵⁶ Ibid.

⁶⁵⁷ VM 4 July 1870 WCRO Ref: b. 125, Acc. No. 710, Par. 1(i)

⁶⁵⁸ Inkberrow in Worcestershire was in Alcester Union, hence patients from here were sent to Powick Asylum.

⁶⁵⁹ VM 5 December 1870 WCRO Ref: b. 125, Acc. No. 710, Par. 1(i)

which was divided between Worcestershire and Staffordshire were 'clean, well clothed and comfortable',⁶⁶⁰ although three inmates namely. Harriett Corah,⁶⁶¹ Lucy Bond⁶⁶² and Lavinia Parkes⁶⁶³ were said to have been 'improving' and it was suggested that Lucy Bond would soon be recovered and fit enough, for discharge from the asylum. However, most of the rest of the patients from West Bromwich Union were thought 'unlikely to recover'. Worcester Guardians reinspected Powick Asylum, in December 1870 when there were thirty nine male and forty nine female, patients from that Union incarcerated in the institution. Thus, Worcester Union like Kidderminster Union had a very large number of pauper lunatics in Powick Asylum. The Worcester Union Delegation, saw all of the cases from Worcester Union on this occasion and generally found these patients to be, in the same state both mentally and bodily as they had been on these Guardians previous inspection visits, to the Powick institution. Thus, it appeared that while pauper lunatics from all of the Worcestershire Poor Law Unions inspected in 1870 were well treated all of the individuals seen added substantially to the numbers of incurable patients at the asylum which made this institution less effective than it might have been had incurables not been housed there and inevitably this had a deleterious effect on all of the patients incarcerated at the asylum.

In September 1871 a Delegation of Kidderminster Guardians again visited Powick Asylum to inspect patients there from that Union⁶⁶⁴ and they stated at this time that there were 80 patients from Kidderminster Union in the asylum which was exactly the same large number of individuals as from Worcester Union. This Delegation inspected all of these patients and they found that only a 'very limited number' of these inmates were likely ever to recover.⁶⁶⁵ These Guardians then stated that the Powick institution was 'efficiently administered...(with the) comfort of patients always carefully ensured' and they also drew attention to the extreme cleanliness of the asylum where 'good order...followed from kind, but firm discipline'. This Delegation of Guardians was also informed that the average attendant to patient ratio at the institution was 1:15.⁶⁶⁶ Then, before this Delegation of Guardians had left the institution Dr. Sherlock promised to list all Kidderminster patients who he thought had 'improved' so that these individuals were likely to be released from the asylum. However, it then transpired that the reason for such a Report being demanded by the Guardians was specifically because the visiting Delegation of Guardians felt that the number of pauper lunatics from their Union who were in the asylum was much too large. Thus, they wanted to reduce the number of pauper lunatics at the institution reducing the cost of these inmates to Kidderminster Poor Rate payers if that was at all possible. However, when the asylum Medical Superintendent reported on this matter he pointed out that as a proportion of the population of Kidderminster Union which was very large the numbers of pauper lunatics incarcerated, in the asylum was relatively small which led the Kidderminster Guardians to become more sanguine about this matter. However, at 8/2d. a week, per patients maintenance fee the total costs to Kidderminster Union of caring for their pauper lunatics was about £1,700 a year an amount that was only slightly reduced by payments made by relatives for Private Patients from Kidderminster Union who had been declared insane. These private payments accrued a sum of about £133 per annum into the Union coffers so that the cost to Kidderminster Union of treating their pauper lunatics in Powick Asylum was £1,567 which was still thought a very large sum of money. Indeed it was an amount that shocked the Kidderminster Board of Guardians and this inevitably led them to make further enquiries into the circumstances of some of their patients at the asylum in a further attempt to reduce these costs. However,

⁶⁶⁰ Ibid.

⁶⁶¹ Patient No. (PN) 1760. Harriett Corah was a 40 year old married washerwoman, from Talbot Street, Oldbury, committed to the asylum on 13 February 1866, suffering from melancholia. She was discharged recovered, from the asylum, on 2nd October 1876.

⁶⁶² PN 2279, Lucy Bond, was a 33 year old married domestic servant, from Green Street, Oldbury, committed to the asylum on 10 June 1869, suffering from melancholia. She died at the asylum on 10 April 1872.

⁶⁶³ PN 2313, Lavinia Parkes, was a 20 year old single woman, for whom no occupation was recorded, presumably because of her imbecility. She was from Oldbury, and was admitted to the asylum, suffering from imbecility with epilepsy, on 17 August 1860. She died at the asylum on 15 June 1881. .

⁶⁶⁴ VM 4 September 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁶⁶⁵ VM 2 October 1871 WCRO Ref: b. 125, Acc. No. 710, Par. 1(i)

⁶⁶⁶ Ibid.

there was no way that the Guardians could reduce this Union's expenditure on uncured mentally infirm paupers in the institution because the 'Poor Law of Lunacy' stated that any pauper individual who was Certified insane must be incarcerated in a County Lunatic Asylum where their maintenance charges would be paid by their home Poor Law Union.

Delegations from several other Poor Law Unions visited Powick Asylum during 1872 and all expressed 'unqualified approval of its management' of the institution.⁶⁶⁷ Thus, when Guardians from Kidderminster Union revisited the asylum, they again saw all the inmates from their Union who they stated were, 'scrupulously clean'⁶⁶⁸ and in an 'establishment' they described as 'admirably kept regarding neatness and cleanliness'.⁶⁶⁹ Such comments leavened the previous comments made, by the Kidderminster Guardian's Delegation which, unfortunately suggested that these Guardians, were only interested in the cost to the Poor Rates of mentally infirm individuals who for no fault of their own were afflicted, with a mental affliction. However, this was certainly not the case as some of the comments in Kidderminster Board of Guardian's Minutes now showed great compassion about the plight of such pauper lunatics. Worcester Guardians inspected the asylum again in May 1872 when they reported that the walls of asylum were 'profusely decorated with pictures...(and there were) live birds, and flowers in the wards'⁶⁷⁰ with bagatelle boards to amuse male patients. This led these Guardians to conclude that 'in short, everything that could attract and please the eyes, or amuse the mind...(of patients was provided) so far as...(the patients) were capable of such enjoyment'.⁶⁷¹ At this time Dr. Sherlock suggested that if proper arrangements were made at the Union Workhouse some twenty of Worcester Union's harmless patients might be transferred back to their home workhouse which was an arrangement that, as suggested previously, Worcester Guardians had long contemplated, but which had proved impossible because of the alteration to the workhouse that would be necessary before these transfers could happen.⁶⁷² King's Norton Guardians also visited Powick Asylum in July 1872 and they expressed themselves 'favourably impressed with the condition of the institution where they believed 'every care and attention was given to the inmates'.⁶⁷³ By October 1872 the number of pauper lunatics from Worcester Poor Law Union at Powick Asylum had increased to 94 consisting of forty four men and 50 women inmates with each individual patient still costing 8/2d. a week to maintain in the asylum making a total cost to the Union of £2,072 14 -0 a year which was clearly a sum of money that represented a huge outlay, for any Poor Law Union to afford. It was therefore obvious and not surprising that the Guardians often appeared preoccupied by the cost of maintaining pauper lunatics in institutions like Powick Asylum. However, Inspection Visits by Delegations of Guardians also sought to investigate the mode of treatment of individual paupers to assess their condition and to ascertain the probity of the treatment they received in the asylum. Kidderminster Guardians revisited Powick Asylum in November 1872 at about the same time as a Delegation of Guardians, from West Bromwich Union who, uniquely had arrived to inspect the institution without any prior warning which was an action that was specifically allowed under the Local Government Board Regulations,⁶⁷⁴ but was seldom acted on. Following their unannounced visit the West Bromwich Delegation of Guardians found the asylum to be in a 'very orderly state' with the pauper lunatics there from the West Bromwich Union, well cared for.

There were twenty seven male and thirty female, patients from Dudley Union, at Powick Asylum in 1872 and when a Guardian's Delegation from that Union visited the institution they found that five male and two female, patients had died since their previous visit a year earlier and that seven males and nine, females had

⁶⁶⁷ 19 Powick Lunatic Asylum Annual Report (AR), January 1872.

⁶⁶⁸ VM 6 May 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁶⁹ Ibid.

⁶⁷⁰ Ibid.

⁶⁷¹ Ibid.

⁶⁷² Ibid.

⁶⁷³ VM 8 July 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁷⁴ The Poor Law Board became the Local Government Board in 1871.

been discharged in that time who had been sent home or back to the Dudley Union Workhouse. Thus, there were now 62 pauper lunatics from Dudley Union in Powick Asylum most of whom were 'incurables'. However, Dr. Sherlock did express the opinion that a few of Dudley Union's other patients might shortly be allowed to leave the asylum, but in spite of this advice the Dudley Guardians like their contemporaries from other Worcestershire Poor Law Unions were concerned about the cost of maintaining pauper lunatics from their Union in the asylum. Thus, they enquired whether the number of patients in the asylum might be reduced by sending some individuals to friends who the Union would then wholly or partly support in caring for these individuals.⁶⁷⁵ Again, the Guardian's attitude suggested a pecuniary as opposed to a humanitarian motivation for their interest in the outcome of the treatment of individual pauper lunatics in Powick Asylum from Dudley Union. These Guardians now carefully examined the bedding, clothing and general arrangements of the institution; all aspects of which, they found to be in 'most satisfactory order' and they also stated that the management of the asylum was 'excellent' and that it was a great credit to Dr. Sherlock the Medical Superintendent who the Guardian's Delegation thought demonstrated, 'a deep knowledge of all of the patients in his asylum' all of whom were treated in a 'kind affable manner' which was of great benefit to them.⁶⁷⁶ This Delegation then explained their motivation in making their enquiry by expressing the opinion that:

It is unjust to Society and to the rate payers that persons should be permitted, to endeavour to shift the burden of responsibility and care of their friends from their own on to the shoulders of others whose conduct it is feared has in some cases tended to bring about that state of mind which has compelled their removal to the asylum.⁶⁷⁷

However, this was the only indication of this sentiment existing in Worcestershire, but arguably Dudley was a unique area of the County regarding its density of population and the level of industrialisation present in the area. In November 1872 Bromsgrove Guardians expressed their 'entire satisfaction, with the appearance of their patients, at Powick Asylum and with the order and regularity of the institution. However, these Guardians particularly commented on the 'kindness to patients' that was offered there. These views were an endorsement of earlier comments about the 'excellent management of the institution made by these Guardians at previous visits to Powick asylum.'⁶⁷⁸ Then, at about this same time Worcester Guardians Delegation revisited the institution⁶⁷⁹ as did the Dudley Guardians Delegation and both groups stated that the 'general management of the asylum was excellent with the inmates clean, orderly, and well cared for'.⁶⁸⁰ Quite clearly at this time the asylum was approved of by all of the Poor Law Unions who sent their insane pauper residents to this institution, although all of the Worcestershire Poor Law Unions were inevitably concerned at the cost of treatment in Powick Asylum.

Occasionally someone who was assumed to be a pauper was taken to Powick Asylum when they became insane, but they were later found not to be a pauper and officially, a non-pauper should not be treated in a Pauper Lunatic Asylum. However, such patients were still a potential threat to the Communities where they lived if they were 'at large' so that sometimes such mentally infirm individuals were detained in a Pauper Lunatic Asylum where they were then basally referred to as a Private Patient, but their asylum expenses were not paid by the Poor Law Unions. Such patients either paid their own maintenance expenses or they were paid for by a relative, or friend. However, many Pauper Lunatic Asylums were encouraged by the Lunacy Commission to take Private Patients who paid fees to receive similar treatment as that given to pauper lunatics, but the patients were then charged fees in excess of those paid by Poor Law Unions for their pauper patients. This arrangement had the advantage that the Poor Law Board Regulations allowed the profits made

⁶⁷⁵ This implied that Outdoor Poor Relief would be paid to relatives and friends to support some of these patients.

⁶⁷⁶ VM 7 October 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁷⁷ VM 4 November 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁷⁸ Ibid.

⁶⁷⁹ Ibid.

⁶⁸⁰ Ibid.

from such Private Patients to be used by the Pauper Lunatic Asylums towards the maintenance costs of the institution's buildings. The Powick Asylum Committee of Visitors based their opinions about Private Patients on two attempts made by the institution, to admit such patients. As discussed earlier in Chapter 1, in July 1857 the Visitors had developed 'Rules for the Admission of Private Patients' when they had decided to admit up to twenty male and twenty female Private Patients from Worcestershire. Such patients could legally be admitted into a Pauper Lunatic Asylum at the same fee rate as pauper patients whereas some of these patients were charged more fees than this. However, very few patients were admitted to the institution under this Scheme. To be admitted to the institution such patients had to be approved by the Committee of Visitors with their fee payments demanded on a monthly basis paid in advance and Private Patients were also expected to provide 'sureties signed by relatives to ensure payment of the fees'. In fact, only four patients availed themselves of the opportunity that this Scheme provided. Thus, in September 1858 James Perry⁶⁸¹ a grocer from Cradley in Dudley Poor Law Union was directly admitted to Powick Asylum as a Private Patient after he was considered to be 'not suitable for a private asylum' probably because the fees in such an institution were not affordable or because this man was thought to be such a dangerous lunatic that he was unacceptable in a private asylum.⁶⁸² James Perry's case was certainly an urgent one, but he was then discharged from the asylum and later readmitted there as an ordinary pauper patient in July 1877 when he was 67 year old presumably because he was now a pauper. He was then described as a 'grocer' from Two Gates, Cradley, in Stourbridge Poor Law Union. He was then discharged from the asylum again as 'recovered'. In October 1858 the Committee of Visitors rescinded these 'Private Patient arrangements' ostensibly because the number of ordinary pauper patients admitted to the institution had increased so there was no longer space for such Private Patients to be accommodated in the asylum. However, there was also undoubtedly some disappointment at the small number of Private Patients attracted to Powick Asylum under these arrangements. In spite of this some 'marginal cases' still arose after the abandonment of this Scheme where someone was erroneously admitted to the asylum as a pauper who the Committee of Visitors then allowed to remain in the institution. However, the Visitors now set the charges, for all such patients at a slightly higher level than that charged for pauper patients so that the asylum made a small profit on all such patients which the Poor Law Board still allowed to be applied to the maintenance of the asylum buildings.

In 1860 the Commissioners in Lunacy expressed regret that the Powick Asylum Committee of Visitors now refused to receive Private Patients at the institution and they even suggested that when expansion of the asylum accommodation was next considered the needs of this class of the poor insane individual who were slightly above the 'Pauper Class' but who was likely at some stage to become Chargeable to the Poor Law locally might be considered.⁶⁸³ In fact the Committee of Visitors heeded this advice when they used surplus spaces created in the asylum when the institution's buildings were extended. Some 'Private Patients were again admitted to the asylum; a development that made it possible to accommodate impecunious insane individuals who were not pauperised. The excess of accommodation that had been created at Powick Asylum was initially on the female side of the institution, but when a new male ward was built and Private Patients were no2 accepted on both sides of the institution. Then, the Visitors decided to advertise again in the local Worcestershire press the possibilities of admitting Private Patients to the asylum, although this publicity only attracted a 'modest level of interest'. However, by now the usefulness to the asylum of the revenue accrued from accommodating Private Patients even in small numbers was recognised by the Visitors because the profits from this endeavour certainly reduced the expense of maintaining the asylum buildings, but it also allowed special equipment to be purchased without the cost being borne by the Poor Rates. Thus, the principle of accepting Private Patients was undoubtedly appreciated by the local Poor Rate payers. In January

⁶⁸¹ Private Patient. Pri.4 and PN 3596, James Perry, a 47 year old married grocer, from Two Gates Cradley, in Dudley Poor Law Union, was originally committed to the asylum as a Private Patients, on 1 October 1858, suffering from melancholia, and he was discharged recovered on 19 November 1858. He was readmitted to the asylum on 5 July 1877, at the age of 62, he was suffering from melancholia, and he was still a grocer at the same address. He was discharged recovered, on 6 June 1881.

⁶⁸² VM 30 September 1858WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁸³ 7 AR, January 1860WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

1861 when there were twenty three vacant beds on the female side of Powick Asylum Dr. Sherlock reported on how these places might be utilised. He suggested that at a time when there had been considerable local interest in accommodation for Private Patients at the asylum the process of admitting such patients had proved complex. This admissions process had also caused considerable delays in dealing with admitting these patients to the institution and there had been frequent refusals to admit such individuals there because they were felt unsuitable for admission by the Committee of Visitors. In spite of this the Medical Superintendent was unabashed and he now suggested that two classes of Private Patient might be admitted to Powick Asylum; those who could only afford the same rate of fees as pauper lunatics and then those who could pay at a slightly higher rate of fees. The Commissioners in Lunacy now advised the Visitors that in their view there was no legal reason why all Private Patients should not be charged a higher rate of fee than the pauper lunatics with the only stipulation being that Private Patients were required to have 'absolutely identical accommodation to the pauper patients' at the asylum. Thus, it was the fee charged that designated an individual as a Private Patients and not the mode of their treatment in the institution, which was the situation of many patients at Droitwich Lunatic Asylum before the Powick institution opened in 1852. The Committee of Visitors now decided to admit ten private patients at 15/- a week with the fees to be paid a month in advance at a time when the fee for paupers patients was 9/- a week so that the asylum made a 'handsome profit' on Private Patients which made this Scheme an attractive proposition for the parsimonious Visitors.⁶⁸⁴ However, local interest in placing Private Patients in Powick Asylum was at best sporadic, but it did now appear that for over five years before 1866 the matter of Private Patients, at Powick Asylum was left in abeyance until in October 1866 a Scheme for such patients was restarted.

Contract Patients were pauper lunatics from Pauper Lunatics Asylums sometimes a long distance from Worcestershire that were overcrowded. Thus, patients who could not be accommodated and treated in the Pauper Lunatic Asylum in their home area were transferred into vacant spaces at Powick Asylum with the asylum fees for this arrangement paid to Powick Asylum by the transferees' home institution. The Joint Four Counties Asylum situated at Abergavenney which served the Welsh Counties of Brecon, Monmouth and Radnor together with the English County of Hereford sent some such Contract Patients to Powick Asylum, but they then decided to remove some of them. However, Dr. Sherlock claimed that this was 'fortuitous, at this time', because there was now a need to accommodate more Worcestershire pauper patients in the institution. However, the 'down side' of this withdrawal of these Contract Patients was that it created a gap in Powick Asylum's revenues, which the Committee of Visitors now sought to recoup. To do this, they wrote to the Lunacy Commission to apprise them of this new situation and the Commission now suggested that they considered it unjust that patients who were not paupers were, effectively subsidised if they became Private Patients at Powick Asylum because such patients had previously usually paid the same amount for their treatment as ordinary pauper patients. Thus, the Commissioners suggested that if the Private Patients Scheme', at Powick Asylum, was to be recommenced; patients who could afford to pay their fees should not occupy space in the asylum without paying a substantial additional fee compared with the pauper patients there.⁶⁸⁵ The Asylum Visitors now illustrated the reason why some Private Patients should pay higher fees than the pauper patients at the institution by citing the facts of seven patients who had been discharged from Powick Asylum recently. They had all been 'Private Patients at the institution and one such inmate who had been discharged supposedly had an annual income of £400 and another of £200 per annum which the Visitors felt meant that some of the Private Patients at the asylum, ought to be paying substantially more fees than the fees paid by Poor Law Unions for their pauper patients at the institution. The Visitors then also asserted that the Private Patient arrangement would in future be justifiable because whilst some of the Private Patients at the institution might not be able to afford the costs of a Private Lunatic Asylum they were certainly able to afford more than the Poor Law Unions were charged for their pauper patients at the Powick institution.

⁶⁸⁴ VM. 6 February 1861 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁶⁸⁵ VM 1 October 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

Indeed, the Visitors now suggested that some non-pauper individuals who were declared insane would be willing to pay such excess fees to be accommodated at Powick Asylum.

In December 1866 the Committee of Visitors drew up a 'Formal Agreement' for Private Patients to be admitted to Powick Asylum, but again the Asylum Authorities had overestimated the demand for such places and only four lunatics who were only 'somewhat above the Pauper Class' were admitted to the institution.⁶⁸⁶ However, it was now suggested that the Visitor's object in reintroducing Private Patients at the institution, at this time was to admit individuals 'properly' who otherwise might have been 'improperly admitted' there. This was supposedly done to prevent Poor Law Union Officials from making 'improper arrangements' with the relatives of lunatics who were not legally paupers although no evidence of such fraudulent arrangements was provided at this time. However, it was also evident that the profits accrued by these new arrangements could then still legally be applied to financing repairs to the asylum buildings which was something the Powick Asylum's Visitors still clearly wanted to do. The Visitors now determined that they would advertise for Private Patients in the Worcestershire newspapers and the Medical Superintendent was asked by the Visitors to produce 'specific Forms of Undertaking' that demanded payment in advance for any new 'Private Patients at the asylum. The draft notice for insertion in the local papers read:

COUNTY AND CITY OF WORCESTER PAUPER LUNATIC ASYLUM.

PRIVATE PATIENTS.

Notice is hereby given that the Committee of Visitors are prepared to receive a limited number of Private Patients at a weekly charge of _____ Applicants will be required to pay one month's charges in advance on admission and to sign an agreement for the payment of future charges monthly in advance. The Private Patients will have the same accommodation in all respects as the paupers.

Applications to be made to Dr. Sherlock, Medical Superintendent at the Asylum. The undertaking to be signed will be simple and will bind the applicant:

1. To pay the weekly charges monthly in advance.
2. To pay for the burial expenses of the patient should they die.
3. To remove the patient on 6 days' notice.⁶⁸⁷

It was the surety demanded in these arrangement which proved to be a problem because if a patient or their friends or relatives defaulted on the payments of these fees; an eventuality that the Visitors thought 'quite likely' to occur then removal of the defaulting patient might not be an option and they felt that this would be particularly so if the patient's state of health was poor and any relatives they had were dead or untraceable. In this circumstance the erstwhile Private Patient who had defaulted on paying their fees became Chargeable to Upton on Severn Poor Law Union the Union where Powick Asylum was located where the defaulting inmate now officially resided. Thus, the Committee of Visitors felt that transferring a patient's Legal Place of Settlement to Upton on Severn Union in this way would be completely unfair.

⁶⁸⁶ VM 3 December 1866 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁶⁸⁷ Ibid.

A 'Private Patient Scheme' of this sort certainly had the advantage that pauper patients already in the asylum could easily be transferred to the 'Private Class' if their circumstances changed. Thus, for instance if an inmate was found not to be a pauper then that individual's home Union would be informed that the patient concerned would be discharged back to their home Union Workhouse unless a relative or friend came forward and signed a legally binding agreement to pay the fees for that inmate allowing them to remain as a Private Patient at the asylum.⁶⁸⁸ In spite of the drawbacks to this scheme the Committee of Visitors suggested that the Regulations be accepted immediately with a weekly fee of 15/- adopted for accommodating Private Patients. In January 1867 an explanatory circular letter about this Scheme was issued to all County Boards of Guardians and the Scheme was ready to commence immediately.⁶⁸⁹ However, the Lunacy Commission now responded by suggesting that the arrangements adopted at Powick Asylum had been used at other Pauper Lunatic Asylums who had raised the same matters regarding Private Patients and that these issues had been fully considered in the Lunacy Commission's 1866 Annual Report⁶⁹⁰ where it had been suggested that the charges for Private Patients should be limited to 14/- a week. This led the Powick Asylum Authorities to demand that all County Boards of Guardians with pauper patients at Powick Asylum inform the Committee of Visitors of any persons sent to that asylum as pauper lunatics whose friends paid the whole or part of the costs of residence at the asylum to their Parish Authorities and to specify the 'pecuniary circumstances of these patients'. Although not to have done this previously was illegal there had been no check kept on this practise and it was presumed that money had been received by some Parishes illegally. Clearly the new 'Private Patient Scheme' was premised on the belief that insane poor individuals who were not paupers should pay their own asylum fees.⁶⁹¹ Indeed, when the first tranche of responses to this circular letter arrived in March 1867 Pershore, Stourbridge and West Bromwich Unions identified one case each of a patient illegally paying fees to their Parishes and Worcester Union revealed two such cases, whilst Upton on Severn Union indicated four such cases making a total of nine cases in the County where asylum fees should have been paid by individuals or their relatives or friends.. The Asylum Visitors now informed the friends and relatives of patients paid for in this way that they had been breaking these Regulations and that such illegal patients would be discharged from the asylum, if proper arrangements to pay the asylum fees of these inmates as Private Patients' were not made. The Visitors now also stated that they would be glad to listen to any reasons against adopting this course of action in individual 'special cases'.⁶⁹²

Clearly, receiving insane individuals who were not paupers directly into Union Workhouses had caused some non-pauper lunatics to be sent to Powick Asylum and then if a relative or friend reimbursed their home Union for the treatment received these patients were obtaining a cheaper rate for their asylum treatment Private Patients paying the inflated fees expected from such inmates which was both unfair and illegal. Thus, one man, of very 'ample means' who was thought quite able to be maintained in a private asylum was discharged from the Powick institution because of illegal payments being paid to his home Union. Following this other 'unsuitable cases for incarceration' at Powick Asylum as pauper patients were transferred to the 'Private Class' so that proper fees for their incarceration were then paid. The Committee of Visitors obviously felt pleased with their endeavours to clear up these financial irregularities and they then announced: 'We have now in the asylum under this arrangement 6 male and 4 female patients paying sums varying from 10s. to 15s. per week' and the profits from this source were then applied towards the repair of the asylum buildings.⁶⁹³ Thus, by developing this more rigorous approach to Private Patients the Visiting Committee were clearly attempting to minimise the cost of Powick Asylum to local Poor Rate payers. Then, in March 1867 the Medical Superintendent wrote to all Poor Law Unions outside Worcestershire who maintained patients at Powick Asylum including Alcester and Solihull Unions to say that their patients would be discharged unless their home

⁶⁸⁸ VM 6 December 1866WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁸⁹ VM 7 January 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹⁰ 18 AR, January 1866.

⁶⁹¹ VM 7 January 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹² VM 4 March 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹³ 15 AR, January 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

parishes were willing to pay 12/6d a week maintenance fees which was an amount that was less than the fees demanded for Private Patients, but still sufficient to make a good profit for the asylum. Dr. Sherlock also emphasised that Powick Asylum was only bound to keep patients from outside Worcestershire whilst there was room for them in the institution.⁶⁹⁴ In April 1869 the Committee of Visitors raised the charge for these pauper patients from outside Worcestershire to 14/- a week⁶⁹⁵ so that these patients were now like individual 'Contract and Private Patients'. These fees continued to contribute to the profit used to finance the repair of the asylum buildings and to purchase other equipment.

Whilst the Asylum Visitors were clearly intent on making their institution as cost effective as possible in April 1867 it also became obvious that the Visitors were both flexible and compassionate about the fee levels they demanded for Private Patients from within Worcestershire when they accepted various fees according to the patient's ability to pay and in the case of one patient whose friends were particularly impecunious they charged no fees at all, although in the case of most other Private Patients the fee charged remained at 15/- a week.⁶⁹⁶ However, the Visitors now demonstrated that they continued to be objective about cases of need when, in May 1867 Elizabeth Clinton's⁶⁹⁷ husband who was a farmer appeared before the Committee of Visitors after they had demanded that he pay 15/- a week for his wife, as a 'Private Patient. However, Mr. Clinton positively refused to pay any more than 8/- a week because he claimed that was all he could afford. Thus, in July 1867 Sir Henry Lambert reported to his fellow Asylum Visitors on the circumstances of Elizabeth Clinton and then having heard this evidence the Visitors suggested that her husband pay 12/- a week, but then a month after this the woman's spouse again declined to pay these maintenance fees which led the Visitors to threaten to sue Mr. Clinton for the outstanding money he owed which led to this unfortunate woman being discharged into her husband's care.⁶⁹⁸ However, in December 1870 Elizabeth Clinton was again in the asylum this time with her maintenance paid by her home Union. However, this matter still concerned Mr. R, of Ledbury the man who had originally raised the matter of Mr. Clinton's ability to afford the fees demanded by the Visitors to retain this woman in the asylum. This issue was raised again with Sir Henry Lambert.⁶⁹⁹ However, this poor woman remained in the asylum until she died there in March 1904.

The case of Eliza Huddart illustrates well the difficulties caused by a person committed to the asylum in an incoherent state being committed as a pauper case when they were not pauperised at all so that they should have been committed to the Private Class in the asylum. This female was living at 56 St Swithins Street, Worcester, and she was said to be just 14 years old when she was first sent to Powick Asylum, on 12 April 1862⁷⁰⁰ although later entries in the Asylum's Admission's Register suggests that she was probably older than this, perhaps even twenty years old. She, had no occupation recorded when she was first committed to the asylum and she was suffering from acute mania. She was then apparently discharged from the institution 'relieved' which meant that this young woman had not recovered from her mental affliction when she was discharged from the institution. She was recommitted to the asylum on 2 November 1866⁷⁰¹ still suffering from acute mania, but this time she was placed in the Pauper Class. At this time she was residing at 15 St Swithins Street, Worcester and she still had no occupation recorded. She was admitted to the asylum again with acute mania when she was said to be 24 years old and was discharged from the asylum again 'relieved' on 12 April 1867, which meant that she had still not recovered her sanity; but where she went when she left

⁶⁹⁴ VM 4 March 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹⁵ VM 12 April 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹⁶ VM 1 April 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹⁷ PN 1332, and PN 6097, and Pri18, Elizabeth Clinton, was a 42 year old farmer's wife from Welland, in Upton on Severn Union, who was admitted to the asylum on 29 June 1863, when she was suffering from Melancholia. She was transferred to the 'Private Class' on 2 December 1863, and then back to the Pauper Class on 3 October 1892, and she died in the asylum in 12 March 1904.

⁶⁹⁸ VM 6 May 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁶⁹⁹ VM 5 December 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁰⁰ Private Patient 14 See below.

⁷⁰¹ PN 1865 See below

the institution was not recorded. She was recommitted to the asylum again on 23 April 1868,⁷⁰² but this time she was said to be suffering from chronic mania complicated by chorea⁷⁰³ and she was a pauper patient, then living in George Street, Worcester who was now said to be a spinster aged 26 years old. However, this woman was then transferred to the Private Class on 1 June 1868⁷⁰⁴ when she was paying 15/- a week maintenance fees after the Visitors had contacted a Mr. P. who was Eliza Huddart's Trustee who arranged for her to be transferred to the 'Private Class'⁷⁰⁵ which was a fairly straight forward administrative process and a logical way for a patient known by the Asylum Authorities to be not a pauper was dealt with. However this case re-emerged in August 1872, when Mr. P. from Goodrich Cottage, Malvern Wells who was responsible for the maintenance of Eliza Huddart⁷⁰⁶ wrote to the Committee of Visitors to say that due to a reversal in his fortunes he was unable to continue to pay for this woman's maintenance. This man was then asked to attend the next Visitor's Meeting to explain the precise reasons for his inability to pay the arrears of this woman's asylum fees,⁷⁰⁷ but he chose not to attend the Meeting which led the Visitors to inform him that Eliza Huddart would be discharged from the institution unless some alternative arrangement was made.⁷⁰⁸ In October 1872 this man paid one third of the arrears he owed for Eliza Huddart's maintenance which amounted to £5 -2 -0, up to 1 September and £3 for that month. He also promised to make two other payments of £5 -2 -0 which would discharge his arrears and he then agreed to pay 12/- a week maintenance for this woman in future.⁷⁰⁹ However, he again paid the arrears for Eliza Huddart's asylum care in December 1872 when he stated that he could no longer afford to pay 12/- a week and he offered 10/- a week which the Visitors accepted.⁷¹⁰ Eliza Huddart eventually died in the asylum on 17 May 1887 having been incarcerated in the institution for over nineteen years. She was probably forty five years old at the time of her death.

There were other cases where transfer between the Pauper and Private Classes in Powick Asylum occurred. Thus, in May 1869 Mary Ann Hawkes⁷¹¹ was believed to have an income of £30 a year, but when this claim investigated by the Asylum Authorities⁷¹² this woman was reported to have had £700 invested at 3%, yielding an income of £21. However, she died before the Visitors could move her to the 'Private Class'.⁷¹³ In other cases the fees for Private Patients were not paid. Thus, in July 1869 George Andrews, signed an undertaking to pay 15/- a week maintenance, for his wife Elizabeth Martha Andrews⁷¹⁴ to prevent her being discharged from Powick Asylum⁷¹⁵ and he was also ordered to pay £5 towards the arrears he owed with the remainder of the

⁷⁰² PN 2090 See below

⁷⁰³ Chorea caused uncontrolled shaking of the limbs.

⁷⁰⁴ Private Patient 22. There are four references to this patient in the Admission's Register; PN 1865, Private Patient 14, PN 2090 and Private Patient 22, Eliza Huddart, was originally admitted to the asylum on 2 December 1866, suffering from acute mania, when she was 24 year old. She had 'no occupation' recorded at this stage, and was living at 15 St. Swithin's Street, Worcester. She was discharge 'relieved', from the asylum on 12 April 1867, which meant that she had not recovered her sanity, but who discharged her, or where she then went, was not recorded. This woman returned to the asylum on 23 April 1868, when she was living in George Street, Worcester, the on 4 July 1868, she was transferred to the 'Private Class'. She was now described as a 'Spinster' from George Street Worcester and she was suffering from chronic mania with chorea. This woman died in the asylum on 17 May 1887.

⁷⁰⁵ VM 4 May 1868 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁰⁶ PN 1865, then PN 2090 and finally Pri22. Eliza Huddart, See footnote 57 above.

⁷⁰⁷ VM 5 August 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁰⁸ VM 2 September 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁰⁹ VM 7 October 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹⁰ VM 2 December 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹¹ PN 1777, then PN 1861, Mary Anne Hawkes from Moseley in King's Norton Union, was admitted the asylum on 23 March 1866. This woman was a married housewife who at the age of 49 years was committed to the asylum suffering from recurrent mania. She was discharged 'recovered' on 9 July 1866. However, this woman was readmitted to the asylum on 19 October 1866, this time suffering from mania, and she died at the asylum on 3 June 1867.

⁷¹² VM 3 May 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹³ VM 7 June 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹⁴ PN 2130, then Pri28, and PN 4097, Elizabeth Martha Andrews, who was a 51 year old agricultural manufacturer's wife, from Yardley, in Solihull Union, in Warwickshire. She was admitted to the asylum on 13 June 1868 suffering from dementia. She was then transferred to the 'Private Class' on 5 July 1869, with her husband now described as an agricultural manure manufacturer. This woman left the asylum 'relieved, which meant that her mental condition had not been alleviated 17 January 1869. She was recommitted to the asylum on 12 November 1880, this time with the address 'Tripe House', Warwick Road, Acocks Green, which was still in Solihull Union. At this time this woman was 67 years old, and she was said to have no occupation, and be suffering from chronic mania. This patient died at the asylum on 15 June 1887.

⁷¹⁵ VM 5 July 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

debt to be paid in instalment, but also he had to sign an agreement to pay 12/- a week maintenance.⁷¹⁶ By February 1872 George Andrews owed £19 14 -2; with payment demanded immediately.⁷¹⁷ Two months later this led Mr. Andrews and his solicitor from Birmingham, to sign an agreement to pay 12/- a week maintenance, with sureties that lasted for two further years for Elizabeth Martha Andrews' maintenance.⁷¹⁸ This case re-emerged in August 1872 when Mr. Andrews was said to owe arrears of £13 -1 -4 for the maintenance of his wife in Powick Asylum.⁷¹⁹ This man now made an application to reduce the amount he paid for his wife's maintenance, to 10/- a week, but the Visitors decided to demand immediate payment of the full amount,⁷²⁰ although the outcome of this case was never recorded this woman clearly remained in the asylum because she died in the institution on 15 June 1887. In another case in December 1868 Harriett Farmer⁷²¹ was reported by an informant to have 'friends in good circumstances' and this led the Asylum Visiting Committee to order that she pay 10/- a week as a Private Patient. However, Mr Hemming one of the Visitors who was from this woman's home area was asked to make enquiries about this case. He reported that this woman's friends were not 'in good circumstances' at all and were unable to pay anything towards this woman's upkeep.⁷²² Thus, the requirement for them to pay this patient's fees was rescinded and the informant was regarded as 'malicious'. Such wrongful suggestions of patient's ability pay led the Asylum Visitors to be cautious. After 1870 inquiries were now always made about a patient's ability to pay fees as Private Patients. However, not all of patients paid their maintenance fees easily. Thus, Esther Butcher⁷²³ who was sent to the asylum by her employer who was from Eardiston in Herefordshire. In December 1870 he was asked to pay 15/- a week maintenance for his maidservant,⁷²⁴ but he refused to do this⁷²⁵ so that Esther Butcher was admitted to the asylum as a pauper patient, but after about a year this woman was discharged 'recovered' from the asylum. Then, within months she was readmitted to the institution again, but by now it was obvious that she had been dismissed by her erstwhile employer and was unemployed. She was discharged recovered again on 11 December 1872 and this time she did not return to the asylum.

In many cases, the Asylum Visitors tempered their desire to minimise expenditure on the maintenance of poor patients at Powick Asylum with some understanding. In January 1871 the husband of Fanny Poole⁷²⁶ who worked for Hill Evans and Co., as a cooper where he earned 30/- a week was told to pay only 8/2d. a week fees which was the same rate of maintenance paid by pauper lunatics. Whilst it was not recorded what Mr. Poole's reaction was to this demand his wife apparently never became a Private Patient so presumably her husband never paid these fees.⁷²⁷ Two months after this Jane Gumery's husband⁷²⁸ who worked as a carpenter, earning 23/- a week was told to pay 5/- a week towards his wife's maintenance⁷²⁹ which he also apparently never did as his wife died within seven weeks of her committal to the asylum and she too was

⁷¹⁶ VM 4 November 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹⁷ VM 5 February 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹⁸ VM 2 December 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷¹⁹ VM 5 August 1872. PN 2130 then Pri28, and finally PN 4094. Elizabeth Martha Andrews, See footnote 65 above.

⁷²⁰ VM 7 October 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷²¹ PN 2351, Harriett Farmer, from Mitton, in Kidderminster Union, was admitted to the asylum on 23 December 1869, when she was a single 20 year old milliner's assistant, and was suffering from acute mania. She was discharged from the asylum 'recovered' on 9 May 1870.

⁷²² VM 7 February 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷²³ PN 2509, then PN 2707, Esther Butcher, who was committed to the asylum on 3 December 1870, when she was said to be a servant, with Settlement in Worcester, but who was working in Eardiston, near Tenbury Wells. She was said to be suffering from acute mania, and was discharged from Powick Asylum 'recovered' on 7 August 1871. However, this same woman was readmitted to the asylum on 14 December 1871 when she was described as a 'domestic servant', suffering from dementia. She was now a pauper patient and was discharged 'recovered', from the asylum, on 11 December 1872.

⁷²⁴ VM 5 December 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷²⁵ VM 9 January 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷²⁶ PN 2546, Fanny Poole, was a 32 year old, and a cooper's wife, from Claines, in Droitwich Union, who was committed to the asylum on 6 March 1871, suffering from melancholia. She was discharged 'recovered' from the asylum on 2 October 1871.

⁷²⁷ VM 5 February 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷²⁸ PN 2543, Jane Gumery, was a 32 year old, carpenter's wife from Claines, in Droitwich Union, who was committed to the asylum on 13 March 1871, suffering from acute mania. This woman died at the asylum on 1 May 1871, and was never transferred to the Private Class.

⁷²⁹ VM 5 February 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

certainly never transferred to the 'Private Class'. In other cases reduced maintenance fees were charged from the outset as in February 1871 when the friends of Fanny Coombs⁷³⁰ a fourteen year old girl were asked to pay 14/- a week maintenance for her as a Private Patient,⁷³¹ However, in May 1871 the Upton on Severn Board of Guardians wrote to the asylum to say that this girl's father could no longer afford to pay for her maintenance at the, asylum so his daughter was transferred to the Pauper Class. This girl was eventually discharged 'recovered, from the asylum in October 1871 after about twenty four weeks incarceration there and there was no indication that she ever returned to the asylum. In May 1871 Kidderminster Guardians wrote to the Asylum Visitors to say that someone was willing to pay 11/- per week for the maintenance of their daughter Mary Ann Green⁷³² to be maintained as a Private Patient at Powick Asylum although this offer was clearly refused as this patient was never transferred from the Pauper Class⁷³³ and she eventually died at Powick Asylum in March 1906 having spent about thirty seven years in the asylum..

When the new ward for 134 male patients was completed and occupied, in later 1870 the Visitors thought it would be profitable to take a limited number of male pauper lunatics from other counties 'Under Contract' so as to fill up vacant places at Powick Asylum.⁷³⁴ Thus, in February 1872 the Asylum Visitors advertised for Private Patients under Section 43 of the Lunatic Asylums' Act of 1853⁷³⁵ in the local Worcester newspapers. Their advertisement read:

NOTICE is hereby given that the Committee of Visitors are prepared to admit a limited number of Private Patients into the asylum at the rate of 15/- per week. A responsible surety will in all cases be required to secure the due payment of maintenance monthly and in advance. For particulars and forms apply at the Asylum Powick, near Worcester.

By Order of the Committee
Martin Curtler – Chairman of the Visitors.⁷³⁶

In spite of this endeavour this advertisement had a limited success. Some Private Patients did enter Powick Asylum, but not in the numbers that the Visitor's Committee hoped.

Arrears owed on the maintenance of Private Patients' at the asylum continued after 1872 and friends sometimes attended the Committee of Visitor's Meetings to explain why they should not pay the full Private Patients' fee. Thus, in April 1872 a man from Feckenham received a demand for 15/- week maintenance for his daughter, Ann Dolphin⁷³⁷ although why he was responsible for his daughter's support was not obvious. However, he attended the Visitor's Meeting to explain his situation which led to the maintenance fee for this woman being reduced to 12/- a week.⁷³⁸ Ann Dolphin was subsequently committed to the asylum on three

⁷³⁰ PN 2553, Pri36, and then PN 2628, Fanny Coombs, was a fourteen year old child, from Upton on Severn Union, who was committed to the asylum with acute mania, on 19 January 1871. She was transferred to the Private Class on 16 March 1871, and was then transferred back to the Pauper Class, on 1 May 1871, and she was then discharged 'recovered' on 2 October 1871.

⁷³¹ VM 5 February 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷³² PN 754, and PN 2236, Mary Ann Green, was first admitted to Powick Asylum, when she was 31 years old, when she was an unmarried schoolmistress, from Stourport, in Kidderminster Union. She was then suffering from acute mania. She was discharged from the asylum 'recovered', on 5 December 1861. She was readmitted to the asylum, on 23 February 1869, when she appeared to be employed as a schoolmistress, in Arley Kings, in Martley Union. She was now suffering from chronic mania, and she now remained in the asylum for over thirty six years. She died on 6 March 1906. This patient was never transferred to be a 'Private patient'.

⁷³³ VM 1 May 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷³⁴ 19 AR, January 1872.

⁷³⁵ VM 8 January 1872 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁷³⁶ VM 5 February 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷³⁷ Private Patient Pri45Ann Dolphin, from Astwood Bank, in Bromsgrove Union, was 18 years old, when she was committed to the asylum on 16 March 1872, suffering from mania with epilepsy. There was no entry made regarding her occupation in the Admission's Register. This young woman was discharged relieved from the asylum on 6 May 1872, which probably indicated that she had been taken by her parents to be cared for at home. Please note there is another older woman called Ann Dolphin incarcerated at Powick Asylum at the same time as this young woman.

⁷³⁸ VM 1 May 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

further occasions and she died in the institution having spent a total of sixteen years incarcerated there, but she was a Private Patient for only part of this time which indicated well that some inmates at Powick Asylum were Private Patients whilst relatives could pay their fees, but they became pauper patients where relatives died, leaving the afflicted individual to languish in the institution.. In other cases the Visitors were informed that patients had 'private means', but sometimes this proved untrue. In June 1872 Sarah Pitt ⁷³⁹ was reported to have friends who could pay for her as a Private Patient, but when the Visitors enquired into this woman's circumstances they found that her friends were in no a position to pay for her as a Private Patient. ⁷⁴⁰ However, on this occasion, the Visitors knew who the informant was who had provided these 'facts' and this man who had told his doctor that this Sarah Pitt had friends able to pay for her maintenance when asked by the asylum Visitors where his 'misleading information' had originated ⁷⁴¹ the provider of this 'tittle tattle' stated that he now did not believe that Sarah Pitt's friends were in a position to support her as a Private Patient. ⁷⁴² In spite of this Sarah Pitt's friends still agreed to pay 15/- week maintenance for her possibly because of the shame they felt about the publicity of this case which was certainly the subject of gossip in the Upton on Severn Area where Sarah Pitt lived. In another case in July 1872 the Committee of Visitor's wrote to Stephen A. Crump a timber dealer to inform him that unless he undertook to pay 15/- week maintenance for his daughter Anne Crump ⁷⁴³ she would be discharged from the asylum if the fee arrears were not paid. ⁷⁴⁴ This led Mr. Crump to attend the next Visitor's Meeting to explain his circumstances which resulted in his daughter's asylum fees being reduced to 10/- per week. ⁷⁴⁵

In July 1872 Florence Elizabeth Burberry ⁷⁴⁶ who was a governess was admitted to Powick Asylum, but she had no friends able to pay for her maintenance so she was in the Pauper Class. ⁷⁴⁷ However, in December 1872 Miss Frances Burberry; Florence's sister came forward and asked to have her sister transferred to the 'Private Class', but whilst Frances Burberry offered to pay her sister's maintenance in advance she declined to give any undertaking about future payments. However, the Visitors appeared to accept this offer and Florence Burberry was transferred to the 'Private Class', ⁷⁴⁸ but this woman apparently left the asylum with no improvement to her mental condition., but where she went was not clear. However in December 1888 Florence Elizabeth Burbury was readmitted to the asylum, but for some unexplained reason in December 1894 this woman's address was given as Powick Asylum so possibly she had remained at the institution in the interim, but not as a patient and she died at the asylum in August 1898. In another case in August 1872 the Asylum Visitors wrote to a doctor, about the arrears of £13 -1 11, for the maintenance of William Saunders

⁷³⁹ PN 2781, Sarah Pitt of Longdon, in Upton on Severn Union, was a 54 year old unmarried domestic servant, who was sent to the asylum, on 11 April 1872. She was suffering from melancholia, and she died in the asylum on 2 December 1872.

⁷⁴⁰ VM 3 June 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁴¹ VM 8 July 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁴² VM 5 August 1872q.

⁷⁴³ PN 1410, PN 2285, then Private Patients Pri73, and finally Pri203, Ann Crump, of Hawthorne Bush, Bewdley, in Kidderminster Union, aged 23 years old, where she was said to be a 'domestic servant, and was suffering from mania. She was discharged 'recovered' from the asylum on 9 March 1865. This woman was committed to the asylum again, on 24 June 1869 suffering from acute mania. She was now said to be living in Bewdley, and undertaking 'domestic duties' there, She was soon discharged again, from the asylum 'recovered' on 6 August 1869. This woman returned to the institution as a Private Patient on 18 June 1874. She was now again living at Hawthorne Bush, and was simply described as a 'Spinster, who was suffering from chronic mania. She was again discharged 'recovered' on 1 January 1877, .However, on 24 May 1882 this woman who now had no occupation recorded on the Admission's Register, was again committed to the asylum, suffering from acute mania. She was discharged 'recovered' from the asylum on 7 July 1884, and there was no indication that she returned to the Powick institution again. There was at least one person with the name Ann Crump in the asylum, at the same time as this woman.

⁷⁴⁴ VM 5 July 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁴⁵ VM 2 August 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁴⁶ PN 2811, Pri56 and 6550 , Florence Elizabeth Burberry, or Burbury, was a 30 year old single 'governess', of Station Hill, Kidderminster who was committed to the asylum, suffering from acute mania, on 15 October 1872. She transferred to the Private Class, on 14 December 1872 and discharged not improved from the asylum on 3 December 1888, but it was uncertain where she then went, although as she was later re admitted to the asylum with Powick Asylum as her address it was possible that she worked at the asylum in the interim period. She was re admitted to the asylum 3 December 1894 and died there on 1 August 1898.

⁷⁴⁷ VM 2 September 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁴⁸ VM 2 December 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

who was as a Private Patient ⁷⁴⁹ who was a farmer from Lockeridge. ⁷⁵⁰ However, by September 1872 the doctor who appeared to be a representative of the patient had paid off these arrears. ⁷⁵¹ In another case in March 1873 Arthur Bodenham ⁷⁵² a pauper lunatic from Lindridge in Tenbury Wells Union was said, in a letter to have £50 in Worcester Old Bank so the Asylum Visitors wrote telling the informant that he should have written to the Tenbury Wells Union Guardians not to the Asylum Visitors as it was the Poor Law Authority who required indemnifying against the costs of maintaining a pauper lunatic in Powick Asylum, ⁷⁵³ but this case was never pursued as Arthur Bodenham died soon after this.

Occasionally there were cases that did not fit the norm. Thus, Benjamin Roe Tandy ⁷⁵⁴ who was first described as a 'gentleman' was admitted to the asylum having 'been a currier', but later he was recommitted to the institution as a 'gentleman farmer' from the Strand, in Bromsgrove. In January 1867 this man was adjudged not to be a pauper although he had been an inmate at Powick Asylum since September 1864 and even at that time he was known to have an annual income of £400. Then after twenty eight months this man's case was referred to Master of Lunacy Barlow the chief adjudicator at the Lunacy Commission although there was no explanation about why this adjudication was delayed for so long. The Master in Lunacy agreed that this patient was not a proper person to remain at Powick Asylum because of his wealth so the Master of Lunacy ordered that this man should be discharged from the asylum and be sent to a Private Lunatic Asylum. ⁷⁵⁵ The Committee of Visitors sent a copy of the Master of Lunacy's Judgement to a solicitor who was Benjamin Roe Tandy's 'attorney' and to the patient friends who were made aware of the decision that this man should be discharged from Powick Asylum. Benjamin Roe Tandy left the asylum 'relieved' which meant that he was not cured of his insanity at the beginning of February 1867 although he was readmitted to the institution in September 1869 as a 'wandering lunatic' and Dr. Sherlock reported him to be 'very excited'. The Asylum Visitors now applied to this man's solicitor stating that although Benjamin Roe Tandy was still 'not a case for this asylum...he could remain there at present, at one guinea per week'. ⁷⁵⁶ In October 1869 this patient's friends requested that he remain at Powick Asylum and they offered to pay £1 -1 -0 a week three or four months in advance so that he became a Private Patient. In May 1867 the Visitors also dealt with the case of John Burton ⁷⁵⁷ a 'Chancery Lunatic' ⁷⁵⁸ who had an income of £200 per annum. Mr. Jones the Solicitor to this man's friends in Alcester who were now informed that this man would have to be discharged from the asylum because he was not a pauper which led his friends to state that they could not afford any increased fees so that transfer to a private asylum was not possible. However, in May 1867 the Visiting Committee remained

⁷⁴⁹ PN 1859, then Pri12, William Saunders, was a 30 year old single farmer, from Lockeridge, in Upton on Severn Union, who was committed to the asylum on 15 October 1866, with mania with epilepsy. He was moved to the 'Private Class' on 12 April 1867. This man died at the asylum on 14 October 1872.

⁷⁵⁰ VM 5 August 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁵¹ VM 2 September 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁵² PN 2821, then PN 3728, and finally PN 5074, Arthur Bodenham. from Lindridge, in Tenbury Wells Union, who was a 27 year old, single, and employed as 'post boy', was committed to the asylum, suffering from acute mania, on 6 August 1872. He was discharged from the asylum on 6 March 1873. He was recommitted to the asylum on May 7 1878, having moved to work groom, at High House, Sapy, which was also in Tenbury Wells Union. He was again suffering from acute mania. This man was discharged from the asylum 'recovered' on 6 October 1879. He returned to the asylum again, on 2 February, when he has still described as a groom, but he was now incarcerated in Tenbury Well Union Workhouse. He died there on 18 February 1907.

⁷⁵³ VM 2 September 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁵⁴ PN 1566, then PN, 2322, and finally Private Patient Pri.31, Benjamin Roe Tandy, was a single 55 year old 'gentleman', who had been a currier, from the Strand, in Bromsgrove. He was committed to the asylum, suffering from acute mania, with paralysis, on 3 September 1866. He was discharged 'relieved', on 4 February 1867, because he was adjudged not to be a pauper but where he went was not recorded. He was recommitted to Powick Asylum on 9 September 1869, as a gentleman farmer, with 'recurrent'. Because he was regarded not as a pauper, he was transferred to the 'Private Class' on 24 December 1869. This man was discharged 'recovered' from the institution on 11 April 1870, and there was no indication that he ever returned to Powick Asylum.

⁷⁵⁵ VM 7 January 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁵⁶ VM 4 October 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁵⁷ PN 1188, then Private Patient Pri9, John Burton, from Cladswell, Inkberrow, in Alcester Union, was married, and 50 years old. He was suffering from acute mania, when he was committed to the asylum on 28 April 1862. He was discharged Relieved on 4 February 1867, and recommitted as a Private Patient. He died in the asylum on 7 October 1869.

⁷⁵⁸ A Chancery Lunatic, was an individual, who because of their special circumstances were thought in need of protection. For this reason this individual was put under the protection of the Chancery Court.

obdurate that they would not reduce John Burton's maintenance fees below 15/- a week⁷⁵⁹ and at this time the Master in Lunacy assured the Powick Asylum Visitors that their actions were legal.⁷⁶⁰ John Burton was duly discharged 'relieved' from the asylum in February 1867 and there was no indication of where he then went. In another case in June 1867 the Rev. W. H. Swallow⁷⁶¹ who was a clerical gentleman from Malvern was admitted as a Private Patient at Powick Asylum without any consultation with the Visitors which was an action that caused the Committee of Visitors to review their arrangements for admitting Private Patients to the asylum. After this the Visitors insisted that any committal of Private Patients to the institution should only be arranged after an Order from the Visitors had been issued.⁷⁶² When the Rev. Swallow died in March 1868 the Visitors demanded that a man from Sidmouth House, Malvern pay £7 14 -3 to cover the Rev. Swallow's funeral expenses and the outstanding maintenance fees owed to the asylum should be paid.⁷⁶³ Another unusual case came to light in October 1871 when there was an application made to the Asylum Visitors to admit the wife of a man from Felton, in Herefordshire and it was agreed that this woman could be admitted to Powick Asylum as a Private Patient until the female part of Hereford Asylum which: was then under construction was completed. This woman's husband offered to pay £1 week maintenance for his wife which the Committee of Visitors inevitably, agreed to accept which was legally possible under Section 43 of the Lunatic Asylums' Act of 1853,⁷⁶⁴ but there was no indication that this woman ever transferred to Powick Asylum.

As suggested earlier Powick Asylum continued to take inmates, 'Under Contract' from other Pauper Lunatic Asylums which was possible because the Worcester institution was fortunate enough in its first decade of operation, to have more space for patients than it needed to cope with insane paupers from Worcestershire particularly on the female side of the institution. However, elsewhere in England and Wales Pauper Lunatic Asylums often had a dearth of space for such inmates so that the Committee of Visitors at Powick Asylum, found a ready and lucrative market in providing accommodation for such pauper lunatics 'Under Contract' as such patients attracted 'premium fees' that were substantially more than these inmates actually cost to keep at the asylum. The profits from these Contract Patients like the profits from Private Patients could then quite legally be used to pay for the repair and maintenance of the asylum buildings. The first Contract Patients at Powick Asylum arrived in December 1857 when thirty male patients from the Three Counties Asylum, at Bedford, were admitted as Contract Patients,⁷⁶⁵ but these men were then transferred back to their home asylum which served Bedfordshire, Hertfordshire and Huntingdonshire in June 1860 after only thirty months of the three year contract that the Powick Asylum Committee of Visitors had signed with Bedford Asylum had elapsed.⁷⁶⁶ However, a 'default fee' was then payable by the Three Counties Asylum Authorities because of the early removal of these patients, when a new extension at their home asylum was completed. Then, following a delay of about three years in August 1863 Dr. Sherlock reported that applications had been received from both Littlemore Asylum, Oxford and from the Four County's Asylum at Abergavenney to send a number of female patients 'Under Contract' to Powick Asylum. The numbers of patients suggested could easily be accommodated at Powick Asylum and Dr. Sherlock offered to accept the patients from both institutions on a three year contract at 12/6d. per patient per week which gave a profit of about 3/6d. per patient per week which was considered a 'very worthwhile additional income' that could then be applied to the maintenance costs of Powick Asylum.⁷⁶⁷ The Committees of Visitors of both asylums sending these

⁷⁵⁹ VM 6 May 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁶⁰ VM 7 January 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁶¹ The Rev. William Henry Swallow, was only Admitted as a Private Patient. Pri120. He was an Anglican Priest from Malvern, who was 37 years old when he was committed to the asylum with mania complicated by paralysis. He was sent to the asylum on 21 May 1867, and he died in the asylum on 14 December 1867.

⁷⁶² VM 3 June 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁶³ VM 2 March 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁶⁴ VM 2 October 1871.WCRO Ref. b. 125, Acc. No. 710, Par. 1(i). There was no indication that this woman was ever admitted to Powick Asylum.

⁷⁶⁵ VM 3 December 1857WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁶⁶ VM 26 June 1860WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁶⁷ VM 3 August 1863 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

patients to Powick Asylum now agreed to send thirty female patients each, to Powick Asylum, but the Asylum Committee of Visitors now expressed concern, 'lest they might suddenly require the space to be occupied by these patients' so the Contracts were now amended to specify that notice of six months must be given to return some or all such patients to their home asylum if the space they occupied, at Powick Asylum was required for Worcestershire patients. The Secretary of State was now asked to approve these arrangements⁷⁶⁸ and a month later both the Littlemore Asylum Visitors and those at the Three Counties Asylum at Abergavenney assented to the terms suggested for the transfer of these Contract Patients. However, as a concession to both asylums' Committee of Visitors it was agreed that they could select the patients they wanted to send to Powick Asylum although if on arrival at Powick Asylum or within fourteen days of that time Dr. Sherlock objected to any patient sent that individual could be sent back to their home asylum and their home institution could then send another patient to replace the individual that Dr. Sherlock objected to. However, if the patients sent, as Contract Patients were 'fairly selected' it was thought there would be no problem which had been the case previously when this approach had been used. However, when the Contract Patients sent from the Three Counties Asylum, at Abergavenney arrived, Dr. Sherlock did object to one or two of them,⁷⁶⁹ but these problems were resolved amicably.

In early November 1863 thirty female Patients from Littlemore Asylum at Oxford and a similar number of women patients from the Four County's Asylum at Abergavenney were due to arrive at Powick Asylum.⁷⁷⁰ However, whilst the patients from the Abergavenney Asylum arrived those from Oxford were delayed because of concerns about the new stipulations about selecting patients for transfer that had been added to the new Contract. The Oxfordshire Visitors now demanded that the agreement for the reception of their patients at Powick Asylum should be slightly amended because the Oxford Committee of Visitors considered that the new stipulations regarding the selection of transferees implied 'mistrust'.⁷⁷¹ They then issued a threat to cease negotiations about these patients' transfer if this aspect of the contract was not changed which led the Powick Asylum Visitors to agree to Oxfordshire's amendments. Dr. Sherlock now agreed he would now take a 'fair selection of cases' providing a Report on each patient, to be transferred to Powick Asylum was provided and it was clear that by a 'fair...(selection of) cases'. By this both Committees of Visitors meant 'patients who were not...constantly of destructive, violent and dirty habits nor such as would entail more than the average attendance and costs'.⁷⁷² Whilst the Oxfordshire Visitors now agreed that their own Medical Superintendent would make the selection of patients to be sent to Powick Asylum and that a written Report would be provided for each patient before they were transferred Dr. Sherlock still insisted on retaining the right to object about individual patients if he felt aggrieved. However, the Oxfordshire Visitors repeated that if the individuals being transferred to Powick Asylum were selected 'fairly' so as not to exclude all dirty, violent and destructive patients the numbers of these sorts of patients would be limited to the ratio of such patients 'normally expected' in any randomly selected sample of asylum patients so there would be no problems in adopting this arrangement.⁷⁷³ Thus it appeared reasonable to suggest that the willingness, of the Powick Asylum Visitors and their Medical Superintendent to back down on this matter and to agree to the stipulations suggested by the Littlemore Asylum Committee of Visitors indicated that Powick Asylum Visitors' were eager to conclude, what was thought to be a lucrative Contract. In December 1863 Dr. Sherlock agreed with the Littlemore Asylum's Medical Superintendent that the fifteen patients already transferred to Powick Asylum would be joined by fifteen more women patients.⁷⁷⁴ Thus, by December 1863 there were 60 Oxfordshire Contract Patients among the inmate population of Powick Asylum.

⁷⁶⁸ VM 7 September 1863 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁷⁶⁹ VM 5 October 1863 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁷⁰ VM 2 November 1863 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁷¹ *Ibid.*

⁷⁷² *Ibid.*

⁷⁷³ *Ibid.*

⁷⁷⁴ *Ibid.*

In November 1864 Powick Asylum Visitors were approached by Derbyshire County Asylum about their sending twelve female patients to Powick Asylum 'Under Contract' and Dr. Sherlock immediately responded that this would be possible, but only if he was allowed to approve the patients to be sent which possibly indicated that the Medical Superintendent was not entirely satisfied with the outcome of negotiations with Oxfordshire Asylum about their Contract Patients at Powick Asylum. A charge of 13/- a week each was suggested for the maintenance of Derbyshire Asylum's Contract Patients at the Powick institution for 'at least two years' with a six months period of notice of removal on either side which appeared likely to be acceptable terms.⁷⁷⁵ However, the 'fine details' of this Contract were apparently unacceptable to the Derbyshire Asylum Visitors⁷⁷⁶ who a few weeks later wrote to Powick Asylum again saying that they felt unable to legally proceed with the arrangement to transfer their female patients 'Under Contract' to the Worcester Asylum⁷⁷⁷ although this appeared to be an excuse as there had been no legal impediment to other County Pauper Lunatic Asylum Authorities sending Contract Patients to Powick Asylum when very similar arrangements had been approved of by the Commissioners in Lunacy. Shropshire County Asylum Visitors now wrote to the Powick Asylum Visitors in February 1865 enquiring whether they could send twenty patients to Powick Asylum for six months from March 1865. The Powick Asylum Visitors now stated that this would be possible at a cost of 14/- per patient per week, but only if these maintenance fees were paid whether the number of patients was reduced below twenty or not and providing that these patients would be removed quickly if Worcestershire patients needed the space.⁷⁷⁸ However, these terms again proved unacceptable, to the Shropshire Asylum Visitors and there was no further mention of this matter.

Powick Asylum's Visiting Committee was clearly now proving unsuccessful in their endeavours to attract Contract Patients to their asylum. However, prospects looked more hopeful when, in May 1866 Dr. McCullough, the Medical Superintendent at the Four County's Asylum at Abergavenney wrote to the Powick Asylum Visitors about renewing the Contract for their patients at Powick Asylum for a further three years. Then, inevitably there was no objection to the continuance of this lucrative contract from the Powick Asylum Visitors.⁷⁷⁹ This led the Abergavenney Asylum Committee of Visitors to state that they would further consider this proposal,⁷⁸⁰ but a month after this they declined a new contract and instead they sought to reduce the number of their patients at Powick Asylum. This meant that a reduced number of patients from the Abergavenney Asylum would remain as Contract Patients at the Powick institution for a further three or four year.⁷⁸¹ Thus, in October 1866 twenty of the original thirty Abergavenney Contract Patients at Powick Asylum were sent back to Abergavenney which led to a substantial reduction in the Powick Asylum revenues and profits⁷⁸² that they had been spending on maintenance and extras for the asylum buildings. Then, within a year in what may have been a retaliatory action the Powick Asylum Committee of Visitors required the remaining Abergavenney Asylum patients to be removed within six months or sooner if that was 'convenient'.⁷⁸³ However, the Abergavenney Asylum Authorities now appeared to prevaricate on this matter and when after six months they still had not removed these patients the Powick Asylum Visitors demanded the removal of all Abergavenney Contract Patients as quickly as possible because, the Powick Visitors claimed they needed all the space available in the institution for Worcestershire pauper patients. This action elicited a swift response from the Abergavenney Visitors who promised the prompt removal of their patients which duly happened.⁷⁸⁴ At this time the Powick Asylum Visitors were still relatively unsuccessful in attracting Contract Patients from other Pauper Lunatic Asylums so that the revenue accrued from such Contract Patients was

⁷⁷⁵ VM 7 November 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁷⁶ VM 6 December 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁷⁷ VM 9 January 1865WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁷⁸ VM 6 February 1865WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁷⁹ VM 7 May 1866WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸⁰ VM 4 June 1866WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸¹ VM 9 July 1866WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸² VM 1 October 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸³ VM 7 October 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸⁴ VM 1 June 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

certainly under threat for a couple of years as such patients were being withdrawn back to their home institutions. However, in February 1867 another forty five patients were transferred from Littlemore Asylum at Oxford and sent to Powick Asylum for three years.⁷⁸⁵ Thus, the profits from these patients was 'substantial again'; so much so that in March 1869 Earl Beauchamp who lived close to Powick Asylum where he was a substantial landowner, and a man of wealth and influence who had only recently joined the Committee of Visitors resolved that the profits made on 'Private and Contract Patients' should be used to reduce the mortgage debt on the Asylum Buildings instead of merely to finance repairs to the Asylum Buildings.⁷⁸⁶ However, whilst this action was undoubtedly based on Earl Beauchamp's self-interest it was also seen as expedient by some of the other members of the Asylum Visitor's Committee,⁷⁸⁷ but, in May 1869 the Commissioners in Lunacy ruled that paying the Asylum's Mortgage from the profits of 'Private and Contract Patients' was completely against the 'Poor Law in Lunacy' which stated that mortgage costs had by Law to be borne directly from the County Poor Rates.⁷⁸⁸ Thus, it was clear that even an influential local magnate like Earl Beauchamp was powerless in the matter of the demands he had made and this would undoubtedly have frustrated him

In the three years prior to 1870 there had been comparative stability in the numbers of female patients at Powick Asylum and because there had been no untoward high Death Rate in the asylum which indicated the 'good sanitary arrangements of his asylum' Dr. Sherlock, the Medical Superintendent considered that when a new asylum building was constructed to accommodate male patients twenty five male patients would vacate the rooms above the kitchen, which would then be available for female patients which would in turn add to the surplus accommodation on the female side of the asylum and this meant that it would then be possible to receive the twenty five Contract Patients that Northamptonshire Asylum wanted to transfer to Powick Asylum. Importantly, Dr. Sherlock also suggested that it would then be possible to easily remove these Contract Patients, if Powick Asylum needed space for pauper patients from Worcestershire.⁷⁸⁹ Whilst the Commissioners in Lunacy officially approved of the transfer of the Contract Patients from Northamptonshire County Asylum to Powick Asylum they did caution that in their opinion beds in the female wards of Powick Asylum needed rearranging to maximise the 'cubic capacity' of air for each patient which would involve removing beds from female dormitories No. 1 to No. 5.⁷⁹⁰ Interestingly, this preoccupation with the 'volume' of air available in buildings where people lived and worked had also influenced Elementary Schools in England and Wales at this time. The Asylum Visitors were now encouraged to seek more Contract Patients by the Commissioners in Lunacy and in December 1871 possibly because the Powick Asylum Repair Account was depleted the Committee of Visitors decided to attempt to attract more Contract Patients, to the institution by advertising in *The Times* newspaper stating that there was 'room for a limited number of patients Under Contract' at Powick Asylum. The rate of fees to be charged for such patients was 14/- per person per week which would give a good margin of profit that could then be used to reinflate the asylum's 'repair account'. The Visitors also sent a circular letter regarding Contract Patients to all other County Pauper Lunatic Asylums in England and Wales,⁷⁹¹ but it now emerged that whilst twenty four Northamptonshire Asylum patients had been received at Powick Asylum into what the Commissioners in Lunacy called 'the over filled condition of the female dormitories'; thirty one of the Worcestershire female patients had subsequently been removed from Powick Asylum. Thirteen of these women had 'not recovered' from their insanity, but they apparently posed no threat to themselves or to others who had been transferred to their home Union Workhouses or to their

⁷⁸⁵ VM 4 February 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸⁶ VM 1 March 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸⁷ VM 12 April 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸⁸ VM 3 May 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁸⁹ VM 5 December 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁹⁰ *Ibid.*

⁷⁹¹ VM 4 December 1871 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

friends whilst another eighteen women who were 'not improved' had been transferred to other lunatic asylums.⁷⁹²

In May 1870 when the Contract with Littlemore Asylum was about to expire the profits on Contract Patients at Powick Asylum were again under threat as the Oxford Asylum Visitors then decided to remove all of their Contract Patients from Powick Asylum on, or about 1 September 1870.⁷⁹³ This was at a time when the patients from Littlemore Asylum came from both Oxfordshire and Berkshire. Thus, when Dr. Gilland, the Medical Superintendent of the new Moulsham Asylum that had been built to serve just pauper patients from Berkshire wrote he stated that he was not yet prepared to remove the Berkshire Contract Patients from Powick Asylum⁷⁹⁴ because construction of the new Berkshire County Pauper Lunatic Asylum had been delayed which prevented the transfer of the remaining fifteen Contract Patients to the new Moulsham Asylum. This was a problem and a great inconvenience for the new asylum which led the Moulsham Asylum Visitors to suggest that their patients, at Powick Asylum should remain there for a further fourteen days which was an arrangement that was inevitably agreed by the Powick Asylum Visitors providing the Berkshire Asylum Authorities were willing to pay for the transfer of a second group of Northampton County Asylum patients who could only be transferred to Powick Asylum, after the Moulsham Asylum 'Contract Patients had left the institution.'⁷⁹⁵ It was clear that by this time, the Powick Asylum Visitors never missed an opportunity to minimise their costs in running their institution and fortuitously at this time the application had been received, from Northamptonshire County Pauper Lunatic Asylum to receive 50 of their patients at Powick Asylum. However, Dr. Sherlock now insisted that only twenty five of these Northampton Asylum female patients could be accommodated conveniently at that time with the remaining patients to be received when the Moulsham Contract Patients had departed which the Berkshire Justices suggested would be in about six more weeks' time. The Powick Asylum Visitors now expressed themselves willing to accept twenty five Northamptonshire patients for three years, at a fee of 14/- a week each; subject to the now usual six months 'notice of removal'.⁷⁹⁶ These arrangements had been negotiated with the Northamptonshire Asylum Visiting Committee 'as this Contract that was thought likely to be more profitable than the Oxfordshire Contract Patients had been.

At the end of 1870 the Commissioners in Lunacy advised that the transfer of the Northamptonshire Contract Patients to Powick Asylum, could proceed under certain conditions which Dr. Sherlock was told by the Visitors to comply with 'as far as was practicable'.⁷⁹⁷ It was now specified that a properly signed Order be completed for each patient to be transferred and these documents were to be made out by two Visitors from Powick Asylum who had to be Justices which it was suggested was necessary under Section 77 of the 1853 Act.⁷⁹⁸ However, the Powick Asylum Visitors disagreed with this stipulation as they believed that it was Northamptonshire's County Justices who should sign the Orders of Transfer, for what were after all Northamptonshire's patients. Fifteen of these patients were received at Powick Asylum as soon as these Orders had been signed and these women patients filled the spaces left by some of the departing Berkshire Contract Patients although the arrival of the remaining ten patients from the Northampton Asylum was then delayed until all the Berkshire Contract Patients had departed for the new Moulsham Asylum and at the end of 1870 Powick Asylum's patient numbers decreased which enabled the remaining group of ten Northamptonshire patients to be transferred to Powick Asylum before the end of 1870 in spite of the fact that some of Berkshire's patients were still at Powick Asylum⁷⁹⁹ and Dr. Sherlock was still able to report that there

⁷⁹² 19 AR, January 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁹³ VM 9 May 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁹⁴ Ibid.

⁷⁹⁵ VM 5 December 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁹⁶ VM 5 September 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁹⁷ VM 5 December 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁷⁹⁸ 16 & 17 Vic. c 97 (1853).

⁷⁹⁹ VM 10 December 1870 Adjourned Meeting.

were still fourteen vacant beds for female patients available at the asylum. Usually, Contract Patients, at Powick Asylum caused no trouble, but occasionally there were problems. Thus, in early 1871 the Lunacy Commissioners complained about the excessive number of beds in the female dormitories of the asylum when the intended transfer of twenty five female Contract Patients from Northampton County Lunatic Asylum had taken place. They described these transfers as 'inexpedient' at this time which led the Powick Asylum Visitors to suggest that the Commission had a misapprehension because many of the beds that the Commissioners had seen during their inspection visit were in fact unoccupied. Twenty four female patients were admitted at Powick Asylum as Contract Patients from Northamptonshire County Asylum at this time which was one patient short of the number previously agreed ⁸⁰⁰ and they arrived after Berkshire County Asylum had removed the remainder of its Contract Patients ⁸⁰¹ which meant that there was now no impediment to transferring the Northamptonshire Contract Patients to Powick Asylum.

In March 1872 Dr. Smith, the Medical Superintendent of Durham County Asylum wrote to Powick Asylum's Committee of Visitors enquiring whether fifteen of their male patients might be transferred to Powick Asylum, with Contracts to be confirmed subject to the approval of the Secretary of State. ⁸⁰² This arrangement was agreed in March 1872 ⁸⁰³ and fifteen male patients from Durham Asylum arrived at Powick Asylum in May 1872; the first male Contract Patients ever accepted at Powick Asylum. ⁸⁰⁴ In December 1872 the Northamptonshire Committee of Justices applied to send another unspecified large number of their patients 'Under Contract' to Powick Asylum for three years with a more definite proposal being sent to the Powick Asylum Visitors later. ⁸⁰⁵ However, this enquiry was apparently because of a delay in the provision of the new Northamptonshire County Pauper Lunatic Asylum at Berrywood which was later called St. Crispin's Lunatic Asylum; a Pauper Lunatic Asylum to replace the long running arrangement between the Northamptonshire Poor Law Unions and St. Andrew's Lunatic Asylum a private asylum on the edge of Northampton Borough that until 1872 was used as the Public Lunatic Asylum for both Northampton Borough and County.

Another group of pauper lunatics transferred to Powick Asylum; the Criminal Lunatics were the most unwelcome and vilified of all the inmates at the asylum and this was the case in most other County Pauper Lunatic Asylums, These individuals were transferred to County Asylums either because they were found unfit to plead in court because of their insanity or because once they were found guilty of a crime and were sentenced to a term of imprisonment they were then Certified insane whilst they were in gaol so that they were transferred to a Pauper Lunatic Asylum. However, in some other cases committal to the asylum was when the accused person was on remand. In October 1853 four male Criminal Lunatics were reported to be inmates at Powick Asylum ⁸⁰⁶ whilst at this same time Mary H. ⁸⁰⁷ a prisoner in the City Gaol, avoided being sent to the asylum as she was discharged from prison before a Committal Order to the asylum was produced. ⁸⁰⁸ At about this time Dr. Sherlock drew the Committee of Visitor's attention to the way that Criminal Lunatics were being sent to Powick Asylum which he considered 'prejudicial to the other inmates' of the institution and he pointed out that County Pauper Lunatic Asylums had not been designed and constructed, for the purpose of housing dangerous criminals. The Medical Superintendent clearly believed that normal patients reacted badly to having to associate with such people and the Asylum Visitors considered that Dr. Sherlock's complaint was a well-founded one. They demanded that the Commissioners in Lunacy urge the Government to, provide a proper remedy to this situation; a specialist Criminal Lunatic Asylum. ⁸⁰⁹ Another fault with the

⁸⁰⁰ VM 9 January 1871WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰¹ Ibid.

⁸⁰² VM 4 March 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰³ VM 1 April 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰⁴ VM 6 May 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰⁵ VM 2 December 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰⁶ VM 25 October 1853WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰⁷ This woman was never admitted at Powick Asylum,

⁸⁰⁸ VM. 25 October 1853WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁰⁹ 3rd AR, December 1855WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

'Poor Law of Lunacy' regarding Criminal Lunatics was that whilst escapees from a Pauper Lunatic Asylum were 'written off the Asylum Books' if they remained free for a fortnight and a recommittal was then required if the lunatic were free for a year this did not apply to Criminal Lunatics who escaped from a lunatic asylum. Thus, John Edwards⁸¹⁰ a 'Criminal Lunatic who escaped from Powick Asylum on 17 July 1856'⁸¹¹ who was never apprehended he remained on Powick Asylum's Register of Patients until May 1860 when he was removed from the Register presumably because his Criminal Sentence was then spent.⁸¹² However, if this man had fifteen or twenty years of his sentence still to serve he would have been on the institution's books for the whole of this time which the Visitors believed would have reflected badly on their institution...

On the female side at Powick Asylum in December 1860 the Commissioners in Lunacy saw Elizabeth Baker⁸¹³ who had been transferred from Birmingham Borough Asylum having been committed there from Birmingham Gaol where she had been remanded on a charge of 'uttering counterfeit coins'.⁸¹⁴ This woman was from Kidderminster Union and she was Certified insane before her trial. She had a 'dissolute and profligate life style' prior to her arrest and she had 'an exalted disposition that had caused injury and disquiet to others'.⁸¹⁵ This woman's mental state and conduct varied considerably during her incarceration at Powick Asylum where she exhibited mania accompanied by hallucinations of hearing and seeing which in turn caused delusions of a 'suspicious character'; symptoms that led her to be insubordinate and to use coarse, obscene, violent and threatening language. However, she was also 'proud' and she 'consorted with men in the asylum' whenever the opportunity offered itself which was particularly unacceptable behaviour in the institution. However, if checked in her behaviour Elizabeth Baker became even more irritable and she then used even more disgusting language. This inmate continually tried to attract the attention of men and if permitted she 'would dress herself in the manner habitual to persons with her antecedents'⁸¹⁶ presumably like a prostitute. This woman's case re-emerged, in January 1865 when the Secretary of State wrote stating that Elizabeth Baker's sentence had long since expired and in any case she had been committed for trial on the basis of 'imperfect information' that had been furnished to the Home Office respecting her. There was thus never a case for this woman to answer.⁸¹⁷ Dr. Sherlock believed that Criminal Lunatics presented a 'criminal style of conversation' and degraded habits of a 'hardened nature' that he claimed were likely to encourage criminality inside the asylum. He thought that this class of person who was 'accustomed to crime' was distinct from ordinary pauper lunatics⁸¹⁸ so that Elizabeth Baker's threatening criminal demeanour made her dangerous to ordinary, non-criminal inmates of the asylum. For the thirty three years that this woman had been incarcerated at Powick Asylum before she died there in 1893 the Medical Superintendent believed she caused harm to the ordinary pauper lunatic inmates of the institution.

Some of the Criminal Lunatics at Powick Asylum 'recovered' so for instance, in April 1863 Dr. Sherlock reported that William Jones⁸¹⁹ a Criminal Lunatic had recovered his sanity so the Asylum Visitors recommended that he be 'discharged recovered' if the Secretary of State agreed. This Parliamentarian was

⁸¹⁰ PN 443, John Edwards, was a 50 year criminal lunatic, Chargeable the County Common Fund, whose marital status was unknown. He was committed to the asylum on 30 June 1855. This man escaped from the institution, on 17 July 1856, and was never captured, so he was discharged from the asylum 'not improved', and removed from the asylum books, on 31 December 1860.

⁸¹¹ VM 29 October 1856WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸¹² VM 25 May 1860WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸¹³ PN 1027, Elizabeth Baker, was a thirty eight year old Criminal Lunatic, who had Settlement in Kidderminster Poor Law Union. She had been held in Birmingham Borough Lunatic Asylum, but was transferred from there to Powick Asylum, the institution serving her Place of Settlement, on 28 December 1860. She died in Powick Asylum on 19 June 1894.

⁸¹⁴ VM 28 December 1860WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸¹⁵ Ibid.

⁸¹⁶ VM 3 October 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸¹⁷ VM 9 January 1865WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸¹⁸ VM 3 October 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸¹⁹ PN 1268, William Jones, was a 22 year old married Criminal Lunatic, from Worcester County Prison, with Settlement in Bromsgrove, where he had been a nailer. He was sent to the asylum, suffering from acute mania, on 13 December 1862. This man had been previously incarcerated at Bromsgrove Union Workhouse. He was transferred back to the Union Workhouse on 30 April 1863, when he was thought to have regained his sanity, and after his Prison sentence was spent.

the only authority able to discharge Criminal Lunatics before their sentence was complete ⁸²⁰ and the result was that his man was transferred back to the prison. In a similar fashion about a year later the Medical Superintendent provided a Certificate stating that William Rawlings ⁸²¹ was 'recovered' and should be released. ⁸²² However, Criminal Lunatics being sent from both the County and City Gaols to Powick Asylum were still an issue for Powick Asylum's Medical Superintendent even after the specialist asylum for the criminally insane opened at Broadmoor in February 1864. As far as Powick Asylum was concerned Broadmoor Asylum failed to afford the 'smallest relief to the problem of the criminally insane and nor did it confer any benefits' on County Pauper Lunatic Asylums in general. Quite simply Criminal Lunatics were feared by ordinary pauper lunatics and, in any case, they were thought to be a source of 'infection with criminality' a condition that was considered contagious and 'disease like' at this time. Indeed, Dr. Sherlock had produced a Report during 1864 that was in support of the building of Broadmoor Asylum for Criminal Lunatics and he had also welcomed the Commissioners in Lunacy's visit to Powick Asylum in 1862 when they had specially examined and reported on all of the Criminal Lunatics in that institution at that time. However, from the outset it was clear that Broadmoor Asylum could not accept all of the insane criminals in England and Wales; it was simply not big enough so that it would be necessary to make a selection of criminal cases to be transferred there. Thus, only individuals thought 'dangerous or degraded' to an extent that made their continuance in County Pauper Lunatic Asylums both 'injurious and undesirable' would be transferred to Broadmoor Asylum. Thus, the Commissioners in Lunacy, during their visits to Powick Asylum after 1864 were supposed to select the most dangerous Criminal Lunatics in the institution who were to be transferred to Broadmoor Asylum. Indeed, Dr. Sherlock had been led to understand that his representations about the patients to be transferred to the specialist Broadmoor Asylum from Powick Asylum had been considered and that once the Criminal Lunatics selected for transfer, had been examined, recommendations were sent to the Home Department specifying which patients had been selected for transfer to Broadmoor Asylum these recommendations would be acted on..

Thus, when the Lunacy Commissioners had completed their visit to Powick Asylum Dr. Sherlock believed that he knew precisely which Criminal Lunatics had been selected for transfer to Broadmoor Asylum in 1864. ⁸²³ However, when the two patients it was intended to transfer to Broadmoor Asylum were named by the Commissioners there was great anxiety expressed by the Powick Asylum Committee of Visitors. The two individuals named by the Lunacy Commission were at variance with the individuals identified at the time of their Commissioner's 'inspection visit' earlier in 1864 as those requiring the 'unique combination of prison discipline and asylum treatment available only at Broadmoor Asylum'. Dr. Sherlock certainly felt it unfortunate that one of major considerations he had used in deciding which Criminal Lunatics to recommend for transfer to Broadmoor Asylum had been ignored. The Medical Superintendent also believed that the effect on the two patients then transferred to Broadmoor Asylum would be to isolate them from their friends whose visits whilst they were in Powick Asylum he believed would have ameliorated their imperfect mental condition and have aided their recovery. Thus, as Dr. Sherlock saw Broadmoor Asylum as an institution where the 'privileges and liberty of movement of inmates was much circumscribed' he felt the Broadmoor institution was best suited to treating the most dangerous Criminal Lunatics and on this occasion the two most dangerous 'Criminal Lunatics, at his institution had been left at Powick Asylum whilst two much less dangerous individuals were then incarcerated in Broadmoor Asylum. The Powick Asylum Committee of Visitors now expressed their opinion, and stated that the two criminal patients left at Powick Asylum who had originally been selected by the Commissioners in Lunacy as 'urgently requiring the facilities and special appliances only available' at Broadmoor Asylum had been ignored so that the two Criminal Lunatics who were still at Powick

⁸²⁰ VM 13 April 1863 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁸²¹ PN 1119,. William Rawlins, a 27 year old, married, criminal lunatic, from Worcester County Prison, who had Settlement in Kidderminster, was committed to Powick Asylum, on 14 August 1861, when he was suffering from mania with paralysis. He was discharged 'recovered' from the asylum on 11 APri.l 1864.

⁸²² VM 7 March 1864 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁸²³ 12 AR, January 1865 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

Asylum posed a significant risk to themselves, but more importantly, they were a continuing 'serious threat' to other ordinary pauper patients at Powick Asylum.

At this same time John L.⁸²⁴ another Criminal Lunatic was sent from Worcester Gaol on 30 January 1864 to Powick Asylum before his sentence had expired because he was thought 'insane', However, when the Asylum Medical Superintendent examined this man he declared him 'not to be insane' and for this reason, the Committee of Visitors applied to the Secretary of State to send John L. back to Worcester Gaol which was agreed, but the Asylum Visitors were so concerned about the precedent that this case might set that they wrote to the Commissioners in Lunacy stating that in criminal lunacy cases referred to a County Lunatic Asylum the Medical Officer of the Gaol must cite grounds for the 'Certificate of Insanity' that had been issued. The asylum Visitors also suggested that the man sent to Powick Asylum in this way was not the first prisoner from a local gaol who had been sent to the asylum who exhibited 'no signs of insanity' whilst they were at the asylum. Thus the Asylum Visitors now demanded that the grounds on which, a patient like John L. was committed to a lunatic asylum should be stated on all Committal Certificates.⁸²⁵ However, the Committee of Visitor's Minute recording these comments about this case incensed Sir Charles Hastings who had been Medical Officer at the Worcester County Gaol. Sir Charles who was probably the most renowned medical man in Worcestershire in the mid nineteenth century complained about the calumny invoked on the Prison Medical Officer. However, he was immediately informed by the Asylum Visitors that whilst there was no intention to cast any 'imputations on Sir Charles' judgment' or that of any other medical man they believed that the circumstances of this case should be raised.⁸²⁶ The Visitors conveyed these concerns to the Lunacy Commission and they received a letter, from the Lunacy Commission, suggesting that under an Act of Parliament of 1840⁸²⁷ a physician Certifying a criminal insane was indeed required to state the grounds on which that individual was declared insane. The Commissioners then promised that they would attempt to ensure that a Bill then before Parliament would mention this requirement.⁸²⁸ In spite of this, the issue of Criminal Lunatics remained contentious, and, in August 1865 Dr. Sherlock made another representation about such lunatics being removed from Pauper Lunatic Asylums under an Order from the Secretary of State at the Home Department.⁸²⁹

In September 1864, Dr. Sherlock wrote again to the Lunacy Commission at a time when there were nine Criminal Lunatics at Powick Asylum; six males and three females who were most unlikely to be removed to Broadmoor Asylum or to any other institution in spite of some of them being 'dangerous and degraded lunatics'⁸³⁰ who had been charged with or convicted of crimes like wilful murder, manslaughter and other offences involving wounding.⁸³¹ The rhetoric remained that separating Criminal Lunatics from ordinary insane pauper patients was the recommended approach to reducing the threat of such Criminal Lunatics so that where it was thought necessary Criminal Lunatics would be 'Removed to the stricter supervision and closer confinement' available at specialist Criminal Lunatic Asylums. Thus, the situation at Powick Asylum where relatively innocuous Criminal Lunatics were substituted for Criminal Lunatics regarded as 'dangerous' by the Lunacy Commissioners and were thus suitable for treatment at Broadmoor Asylum appeared to be caused by a misunderstanding. However, the Powick institution still had to cope with two individuals who the 'Asylum Community' believed to be threatening to it.⁸³² Indeed, these two criminal patients were said to have the most 'peculiar characters and insanities' and it was this that had led them to be selected by the Commissioners in Lunacy for Removed to Broadmoor Asylum and unsuitable for continued residence in an

⁸²⁴ Apparently this man was never admitted at Powick – His name was never entered in the Admissions' Register.

⁸²⁵ VM 11 April 1864 WCRO Ref: b. 125, Acc. No. 710, Par 1(i)...

⁸²⁶ VM 2 May 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸²⁷ 3 & 4 Vic. c. 54 (1840).

⁸²⁸ VM 2 May 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸²⁹ VM 1 August 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸³⁰ VM 1 September 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸³¹ Ibid.

⁸³² 12 AR, January 1865.

ordinary County Pauper Lunatic Asylum. At this time Dr. Sherlock presumed that all patients of the 'Criminal Class' deemed 'dangerous' would be removal to Broadmoor Asylum after that institution opened. Indeed, the Medical Superintendent had suggested that if this happened 'he would have had no complaint'. However, given the failure to reduce the threat of Criminal Lunatics to Powick Asylum the Committee of Visitors there regarded the situation they were left in as 'unacceptable'.⁸³³ The Asylum Visitors had initially had doubts about the wisdom of establishing Broadmoor Asylum, at 'large cost (for an institution that was) to be run at large annual expense, to give relief from a class of lunatics who might not be kept in ordinary Pauper Lunatic Asylums without risk or much trouble' and their doubts appeared to be fulfilled. This led Dr. Sherlock to reiterate that ordinary Pauper Lunatic Asylums were entirely unfitted for the detention of Criminal Lunatics so that it was both objectionable and improper to place such dangerous Criminal Lunatics amongst ordinary pauper patients who were 'untainted with crime'. The Asylum Visitors still clearly felt that Criminal Lunatics could not safely and beneficially be treated in County Pauper Lunatic Asylums and they also still believed that the financial outlay to provide enough places for all Criminal Lunatics to be accommodated in specialist criminal institutions would not be forthcoming. However, the fact that many of this 'dangerous group' of insane individuals would continue to be housed in ordinary Pauper Lunatic Asylums was a situation that was deplorable and it was a threat to the Communities in all Pauper Lunatic Asylums.

The Lunacy Commission responded to this situation quickly when in October 1865 they wrote to the Powick Asylum's Committee of Visitors asking for more information about the Criminal Lunatics who should have been sent to Broadmoor Asylum and instead had been left at Powick Asylum. They also agreed to submit the Visitor's letter for consideration, to the Home Office. However, to do this they needed the names and details of the patients concerned who required 'the special discipline and treatment at Broadmoor Asylum' and they also required details of the patients who in the Medical Superintendent's opinion were improperly left in the Worcester Asylum'.⁸³⁴ The Visitors responded immediately to this request and they sent the names of John Partington⁸³⁵ and William Folkes⁸³⁶ who had been recently transferred to Broadmoor Asylum. However, in September 1864 the Lunacy Commissioners had suggested that George Jones⁸³⁷ and Charles Kite⁸³⁸ who were still in Powick Asylum, had been recommended for transfer to the Broadmoor Asylum. However, in April 1864, Charles Kite from Kempsey in Pershore Union whose prison sentence had long expired was thought to be 'so far recovered that he was not likely to do violence to himself or others...(if) he remained with his father yet if he indulged in drink or other irregularities he might (again) become violent.' This led the Committee of Visitors, who considered this man 'well enough to be discharged' from the asylum 'recovered', to suggest that he ought no longer to be kept at the asylum as a Criminal Lunatic. Charles Kite was now given a 'Certificate of Recovery' and an application was made to the Secretary of State for his release, which was agreed, possibly weakening Powick Asylum's claims about this man,⁸³⁹ although Dr. Sherlock now did state that this man had recently materially improved in his general conduct and mental state and that he had been discharged from

⁸³³ Ibid.

⁸³⁴ VM 3 October 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸³⁵ PN 772, then PN 5266. John Partington was a 22 year old, single, imbecile, criminal lunatic, from Pershore, where he had been a farm labourer. He was committed to Powick Asylum, from Worcester County Gaol, on 6 December 1858. This man eventually escaped from the asylum, on 26 July 1864, but when he was recaptured he was sent to Broadmoor Criminal Lunatic Asylum. He was returned from there, to Powick Asylum, on 6 February 1888. He died at Powick Asylum on 13 January 1890.

⁸³⁶ PN 825, then PN 5401, William Folkes, was aged 34 years old and was single, with Settlement in Worcester, who lived in Evesham. He was transferred from the Warwickshire County Pauper Lunatic Asylum, at Hatton, as a criminal lunatic; returned to his County of Settlement. This man was suffering from acute mania when he arrived at the Powick institution, on 26 May 1859. He was discharged from the asylum 'recovered' on 26 July 1864. However he appeared to have been committed to Broadmoor Criminal Lunatic Asylum, at a later date, because he was then sent to Powick Asylum from there, on 4 January 1889, when he was 64 years old. He died there on 7 February 1889.

⁸³⁷ PN 687, Jones George, aged 24 years old, was single, and was from Dudley, where he had been a collier, who was sent to Powick Asylum, as criminal lunatic, from Worcester Gaol, suffering from acute mania with Epilepsy, on 8 March 1858. This man died in the asylum on 17 March 1872.

⁸³⁸ PN 1168, Charles Kite, was transferred to Powick Asylum, as a Criminal Lunatic, from Worcester County Prison, suffering from mania with imbecility, on 6 February 1862. He had been a labourer in Kempsey, but he had Settlement in Pershore Union. He was 21 years old and single. On 4 March 1865 he was discharged 'recovered' and sent home to his father.

⁸³⁹ This recommendation had been made on 21 September 1864.

the asylum to live with his father.⁸⁴⁰ Whilst the release of Charles Kite, might be seen as an indication that Dr. Sherlock's diagnosis of this man's 'dangerous mental state' was incorrect it might also be claimed that incarceration at Broadmoor Asylum might have hastened this man's recovery still further.

The other Criminal Lunatic George Jones who was from Dudley who had been admitted to Powick Asylum in January 1858⁸⁴¹ had been committed there from Worcester County Gaol where he had been serving a sentence of twelve months for unlawful wounding. This man was epileptic and maniacal, and he had 'intercurrent attacks of extreme maniacal excitement'⁸⁴² which meant that he was 'most violent and dangerous' to everyone near him; a threat that continued. He had assaulted Asylum Officers, attendants and patients alike with great fury when in 'paroxysms of rage' and in this state it was difficult to restrain him. At such times the attendants needed to use an 'overpowering force' to control him, but at other times this patient was

very quarrelsome, unruly and he delighted in fomenting disturbances amongst the other patients and he spoke of murdering persons, used violent and threatening language, and he talked of crime, gaols and hanging in a manner very prejudicial to the welfare, quiet and comfort of the patients rendering them discontented with their position, associates and treatment.⁸⁴³

In spite of this George Jones was never transferred to Broadmoor Asylum, He died in the Powick institution in March 1872.

The issue of the 'great inconvenience' of sending Criminal Lunatics to ordinary Pauper Lunatic Asylums was raised again when regret was expressed that there had still been no adequate legislation on this subject. One Criminal Lunatic at Powick Asylum a man called Adam Cooper⁸⁴⁴ was a very violent and dangerous man. He had been convicted, at the Easter Quarter Sessions of 1866 for stealing a gun and he was sentenced to eighteen months' imprisonment, but, in April 1866 he was sent to Powick Asylum as a Criminal Lunatic. Then, in January 1867 he escaped from the asylum in company of another Criminal Lunatic, but because of the cold inclement weather Adam Cooper returned to the asylum of his own volition after a week's absence and in April 1867 he was reported to the Secretary of State as 'recovered' so he was to be released from the asylum. However, on the night that his Certificate of Recovery was signed and he was told that he would be moved back to the County Gaol this man escaped again by picking the door locks, but this time while absent from the asylum, he committed several serious crimes and the police pursued him for several weeks. They eventually apprehended him as he was attempting to commit a burglary and on seeing that his escape was impossible he drew a knife and cut his own throat, but not fatally. This man was now taken back to the County Gaol but within a fortnight probably because of his attempted suicide he was moved back to Powick Asylum although Dr. Sherlock believed that Adam Cooper was sane and he felt compelled to Certify that this man 'feigned insanity' which led the Secretary of State to issue a Warrant to return this man to the County Gaol. However, it appeared that Adam Cooper found incarceration in Powick Asylum preferable to life in the County Gaol. In spite of this, in April 1867 Dr. Sherlock reported that Adam Cooper had recovered his sanity and a Certificate to this effect was sent to the Secretary of State.⁸⁴⁵

⁸⁴⁰ VM 6 December 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁴¹ Admitted VM 8 January 1858WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁴² VM 3 October 1864WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁴³ Ibid.

⁸⁴⁴ PN 1784, then PN1962, Adam Cooper was transferred from Worcester County Prison, to Powick Asylums, as a criminal lunatic. This man had Settlement in Pershore, and he was suffering from mania with epilepsy. He had been a labourer, and was 20 years old, and single. He arrived at Powick Asylum, on 9 April 1866, and he was discharge from there, 'recovered', on 8 May 1867, and sent back to Prison. He was readmitted to the asylum, on 23 May 1867, but the Medical Superintendent was suspicious and recorded this man's condition as 'feigned insanity. He was returned to the gaol 'recovered' on 30 July 1867.

⁸⁴⁵ VM 1 April 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

In May 1867 the Lunacy Commission wrote to Powick Asylum's Committee of Visitors about Adam Cooper's case which led them to suggest that Criminal Lunatics could only be treated in the same way as other lunatics whilst they were at Powick Asylum because the institution had no cells or keepers there to deal with and confine such lunatic individuals. The Visitors then asked the Secretary of State 'how they were to ensure the detention of Criminal Lunatics by any means not adopted with respect to other lunatic patients (and) by what authority in the 'Poor Law of Lunacy' they were allowed to put irons⁸⁴⁶ on a Criminal Lunatic without which the 'custody of such a person could not be secured'.⁸⁴⁷ However, the Secretary of State insisted that Adam Cooper had 'to be received back into Powick Asylum where he was to remain until a further Order was made to the contrary.'⁸⁴⁸ Thus, this man was again moved to Powick Asylum from Worcester County Gaol on 25 May 1867 and the Visitors were sent a copy of the correspondence about this man from both the Commissioners in Lunacy and the Secretary of State. Included in this correspondence was a Report from Dr. Sherlock stating that he considered Adam Cooper to be sane because he had conducted himself quietly, although he did continually try to escape from the asylum and in an ordinary asylum there was no sure means to prevent him doing this which possibly indicated that this was what Adam Cooper really liked about Powick Asylum in comparison with the County gaol. Thus, the Medical Superintendent believed this Criminal Lunatic ought to be held in prison as 'a most violent and dangerous person as well as a practiced burglar' and as Dr. Sherlock still insisted Adam Cooper was not a lunatic.⁸⁴⁹ Dr. Sherlock had investigated the possibility of sending this man to Fisherton House Lunatic Asylum⁸⁵⁰ where there was a specialist section for Criminal Lunatics and where Mr. Finch the Medical Superintendent was willing to receive Adam Cooper at a fee of 15/- a week. Thus, the Powick Asylum Committee of Visitors hoped the Secretary of State would make an Order to transfer Adam Cooper there.⁸⁵¹ However, in July 1867 the Home Office wrote about Adam Cooper again stating that a Certificate had been signed by Drs. Sherlock and Harder confirming Adam Cooper's sanity, but if this Certificate was officially sent to them, the implication would be that this man could not then be transferred to Fisherton House Asylum.⁸⁵² However, in spite of this sometime later in 1867 Adam Cooper was indeed removed to the Criminal Lunatic Section of Fisherton House Asylum⁸⁵³ and his case was mentioned in detail in the Order of Committal to demonstrate how unfit County Pauper Lunatic Asylums were to deal with 'Criminal Lunatic Patients'. The transfer of this man was a great relief to the whole Community at Powick Asylum.

Another Criminal lunatic, Robert Ray⁸⁵⁴ from Stourbridge was transferred to Broadmoor Criminal Lunatic Asylum in August 1867 at a cost of 14/- a week which was to be paid by his home Union⁸⁵⁵ but on 15 July 1868 this young man was transferred back to Powick Asylum from Broadmoor Asylum because he was now described as a 'congenital imbecile' who was then discharged from Powick Asylum 'recovered' on 19 September 1868. In February 1868 Dr. Sherlock had applied for a special attendant to look after another 'Criminal Lunatic called Thomas F.'⁸⁵⁶ who was described as a 'violent Criminal Lunatic', but this man never appeared on the Powick Asylum Admissions Register having been transferred from Worcester Gaol directly to Specialist Criminal Section of Fisherton House Asylum. However, the Powick Asylum Committee Visitors had

⁸⁴⁶ The use of such physical restraints was not allowed in Pauper Lunatic Asylums for any inmates, including Criminal Lunatics.

⁸⁴⁷ VM 6 May 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁴⁸ Ibid.

⁸⁴⁹ VM 3 June 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁵⁰ Fisherton House Pauper Lunatic Asylum had made something of a speciality in dealing with awkward Criminal Lunatics before Broadmoor Asylum had opened.

⁸⁵¹ Ibid.

⁸⁵² VM 8 July 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁵³ 15 AR, January 1868.

⁸⁵⁴ PN 1853, then PN 2154, Robert Ray, was transferred, as a criminal lunatic, from Worcester County Prison, to Powick Asylum, suffering from acute mania. He was sixteen years old, and single, and he had worked as a butcher, in Stourbridge. He was committed to the asylum on 4 October 1866, and was discharged 'relieved' on 11 September 1867, when he was transferred to Broadmoor Criminal Lunatic Asylum. On 15 July 1868, this young man was transferred from Broadmoor Asylum, back to Powick Asylum, and he was then described as suffering from congenital imbecility. He young man was discharged from the asylum 'recovered', on 19 September 1868, when he was 18 years old. He never returned to Powick Asylum.

⁸⁵⁵ VM 2 September 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁵⁶ This man was never admitted to Powick Asylum. He was not recorded in the Admission's Register.

already agreed with their Medical Superintendent that a special attendant should be employed if this was thought necessary and this troublesome criminal arrived at Powick Asylum, but this appointment proved unnecessary as Dr. Sherlock had already applied to Fisherton House Lunatic Asylum to transfer Thomas F. there which had apparently been agreed.⁸⁵⁷ However, in June 1868 the asylum's Committee of Visitors asked who was liable to pay the maintenance fees for this patient, at Fisherton House Asylum? This led to an Official Adjudication about this man's Place of Settlement which was determined to be in Upton on Severn Union and in early June 1868 payments for this man's maintenance at Fisherton House Asylum were demanded from the Upton on Severn Guardians⁸⁵⁸ who denied any responsibility for Thomas F. Eventually in September 1868 if these fees were determined to be 'Irrecoverable'⁸⁵⁹ the costs of this man's incarceration at Fisherton House would be paid for from the County Common Fund.

The Criminal Lunatics' Act passed in 1867⁸⁶⁰ required that Criminal Lunatics whose sentences had expired, be treated as ordinary pauper lunatics. Thus, six such former Criminal Lunatics were transferred in pursuance of this power, to the ordinary pauper lists of Powick Asylum. However, this Act did not resolve the 'evils complained of earlier relating to Criminal Lunatics; indeed it only nominally reduced the numbers of Criminal Lunatics in Powick Asylum and some individuals 'tainted with criminality' were still in that institution. For this reason the Committee of Visitors now strongly supported establishing Asylums like Broadmoor and the Special Criminal Section of Fisherton House Asylum to specifically deal with the threat these criminal individuals posed. Thus, William Hall⁸⁶¹ a Criminal Lunatic from Hasbury, Stourbridge said by Dr. Sherlock to be an individual of a 'very dangerous disposition' who had made a 'particularly savage attack on a female attendant' with a drinking mug when he had struck this unfortunate woman a violent blow on the temple badly injuring her whilst she was living in one of the asylum wards with her husband who was an attendant there. Thus, an application was immediately made to transfer William Hall to the Special Section of Fisherton House Asylum.⁸⁶² He was sent there in May 1868 with a fee of 15/6d. per week paid by Stourbridge Union to maintain this man in this 'more appropriate asylum'.⁸⁶³ However, in July 1868 this case was raised again when the Powick Asylum's House Committee discovered that William Hall had been removed from Powick Asylum without the Stourbridge Union Board Guardians being made aware of the arrangement that had been made. Thus, Fisherton House Asylum had not been paid the necessary fees for William Hall's incarceration there. However, in Law⁸⁶⁴ the Powick Visitors could not pay the £39 fee owing to Fisherton House Asylum without the express permission of Stourbridge Union's Board of Guardians.⁸⁶⁵ In spite of this there was no further mention of this debt and therefore the fees must have been paid by Stourbridge Union otherwise this patient would have been removed from the Criminal Lunatic Asylum and returned to Powick Asylum. Another Criminal Lunatic, called Samuel Poole⁸⁶⁶ who was from Bourne Heath, Bromsgrove had been transferred to Broadmoor Asylum, under an Order of the Secretary of State under the Criminal Lunatic's Act of 1867.⁸⁶⁷

⁸⁵⁷ VM 3 February 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁵⁸ VM 1 June 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁵⁹ VM 7 September 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁸⁶⁰ 30 Vic. c. (1867) Criminal Lunatics' Act.

⁸⁶¹ PN 578, then PN 4997, William Hall, of Hasbury, Stourbridge, was a 25 year old, and a single criminal lunatic, who had worked as a nail maker. He was suffering from dementia, when he was sent to Powick Asylum, on 24 March 1857. On the 30 April 1868, this man was discharged 'relieved', and transferred to the Special Criminal Section of Fisherton House Asylum, at Salisbury. He was transferred back from Fisherton House Asylum, to Powick Asylum, on 17 March 1886, and he died at Powick Asylum on 07 October 1905.

⁸⁶² VM 30 March 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁶³ VM 4 May 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁶⁴ Under 22 & 23 Vic c. 49 (1859).

⁸⁶⁵ VM 5 July 1869WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁶⁶ PN 2069, Samuel Poole, was transferred from Broadmoor Criminal Lunatic Asylum, to Powick Asylum, on 28 February 1868, suffering from Monomania of Pride. He had worked as a mill worker, in Stourbridge, and was then 54 years old and married. This patient died at Powick Asylum, on 12 March 1876.

⁸⁶⁷ 30 Vic. c. (1867) Criminal Lunatics' Act.

However, this man was then transferred back to Powick Asylum, on 28 February 1868 where he remained until he died there on 12 March 1876.⁸⁶⁸

Another aspect of the treatment at Powick Asylum was that a minority of patient, who were 'nearing recovery' who were sent on trial. Thus, in July 1854 the Committee of Visitors mentioned that there were four patients 'out on trial'⁸⁶⁹ and after this there were regular references to patients 'on trial'. Such patients were sent to their homes or to their home area to attempt to live normally and then if they were successful they were discharged 'recovered'. In May 1855 Worcester Board of Guardians complained that the Asylum Authorities had charged the full 12/- maintenance fee in addition to the cost of an 'allowance' for a woman patient who was on trial. Thus, these Guardians felt they were being charged double for this patient's maintenance so the excess asylum charges were reimbursed to the Union.⁸⁷⁰ In May 1860 complaints were reported, in the *Worcestershire Chronicle* when Maria Mumford⁸⁷¹ who had been on trial from Powick Asylum proved 'very listless and distressed' when she was returned to the asylum after she had 'failed to respond satisfactorily' to being 'out on trial' from the asylum'.⁸⁷² However, unusually this woman who was from Pershore had been allowed home on a five week trial in March 1860, but she was then 'Ordered to be taken back to the asylum' so that she could be examined there. However, Maria Mumford's husband was told that alternatively he could get a Medical Certificate to confirm his wife's recovery and send that to Powick Asylum so that there would be no need for his wife to return to the asylum. Mr. Mumford ignored both of these suggestions and this case was now mentioned in the Asylum's Annual Report, for 1860 and Mr. Mumford had also failed to respond to several further letters sent by Dr, Sherlock asking him to make contact with the asylum. This was thought particularly worrying as Maria Mumford was considered to be a 'suicidal patient'. Thus, the Committee of Visitors believed it their duty to give notice to Mr. Mumford that if his wife was not returned to the asylum or alternatively if a 'Certificate of Recovery' was not provided they would arrange to fetch Maria Mumford back to the asylum. When, this correspondence was also ignored two female attendants were sent from the asylum, to Pershore to bring this unfortunate patient back to the institution 'using only as much force as was necessary'.⁸⁷³ However, this action led to 'strong remarks' being made in a 'portion of the Worcester Press' with reports being published giving a very one sided description of this case based only on comments made by Mr. Mumford. This led to controversy, and the Secretary of State now asked the Lunacy Commission to look into the details of the Maria Mumford case. However, details of this case were also mentioned in the House of Commons although by then the Secretary of State had satisfied himself that 'nothing more was done (in this case) than was right and proper'⁸⁷⁴ which was a statement intended to put Powick Asylum's side of the case. However, more importantly this explanation was intended to caution the local Worcestershire press about reporting such cases in future although if the Asylum Authorities had ignored the fact that Maria Mumford had not returned to the asylum when she was ordered to do so and if she had then committed suicide or caused injury to herself or to another person it was believed that the Secretary of State would have had good reason to condemn Powick Asylum's Management. When Maria Mumford was eventually returned to Powick Asylum she was in such a 'neglected state' that it was immediately apparent that little if any attention had been paid to her wants while she had been at home. On her return to the institution this woman's mental state was regarded as 'dangerous'⁸⁷⁵ which illustrated well why such cases always had to be taken seriously by the Asylum Authorities, but it also indicated that a

⁸⁶⁸ VM14 March 1876WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁶⁹ VM 28 July 1854WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁷⁰ VM 22 May 1855WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁷¹ PN 864, then PN 3046, Maria Mumford, from Pershore, who was a 40 year old agricultural labourer's wife, was suffering from mania. She was committed to the asylum, on 17 September 1859. She was discharged sent 'on trial', with the intention of discharging her 'recovered', After she failed to return from her trial, when the Asylum Authorities demanded this, this patient was discharged from the institution on 3 June 1861. She returned to Powick Asylum, on 23 February 1874, suffering from melancholia. She died in the asylum on 27 March 1886.

⁸⁷² VM 25 May 1860WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁷³ 8 AR, January 1861WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁷⁴ Ibid.

⁸⁷⁵ Ibid.

minority of cases sent 'on trial' from Powick Asylum were put 'at risk' of being neglected by relatives and friends into whose care they were placed. This sort of situation was well illustrated in Peter Bartlett and David Wright's book *Outside the Asylum Walls*.⁸⁷⁶

The process undergone by patients between being sent 'on trial' and their discharge 'recovered' from the asylum was usually satisfactorily accomplished. However, in July 1863 in spite of a Certificate of Recovery from Mr. Fletcher a surgeon from Upton on Severn being issued stating that George Wright⁸⁷⁷ a patient then 'out on trial' from Powick Asylum, had conducted himself in a 'quiet and orderly manner' so that he no longer required care and treatment in the asylum; this opinion was soon questioned. Proof was then 'adduced' to the Upton on Severn Board of Guardians that this man had in fact been 'violent in his conduct' whilst 'on trial' and that he was 'dangerous, and not fit to be at large'. This 'conflict of evidence' led Colonel Woodward a member of the Powick Asylum Visiting Committee who was from Upton on Severn, to investigate these 'contrary claims' and to report back to the Visitors. Mr. Fletcher the medical man who made the initial Report on George Wright's condition, was now informed about this enquiry and Dr. Sherlock, was asked to arbitrate as to whether George Wright was indeed in an 'unfit state of mind' that made it dangerous for him to be at large. Then, if this was the case George Wright would be returned to the asylum,⁸⁷⁸ but in the interim in August 1863 Colonel Woodward announced to the Asylum's Committee of Visitors that George Wright had been 'doing better of late' which led the Visitors to Order this patient to be immediately discharged from the asylum, 'recovered'⁸⁷⁹ which demonstrated well the dangers of rumours and myths about the condition of pauper lunatics 'on trial'. Indeed, had the Asylum Visitors been less careful about the veracity of the rumours in circulation, about George Wright, he would have remained incarcerated in Powick Asylum for an indefinite length of time.

Occasionally pauper lunatics were discharged in an 'unchanged mental state' into the care of relatives and friends who had demanded the patient's release from the asylum. This happened, in November 1862 when Bromsgrove Board of Guardians wrote about the release of William Gibbs Higgs⁸⁸⁰ a 'Private Patient, from Bromsgrove whose release was being hindered by the Asylum Committee of Visitors who denied the claim that this man was fit to be released from the institution. However, the Visitors pointed out that this inmate's friends were at liberty to procure his release from the asylum at any time, but only if they provided an undertaking to take responsibility for this man's future conduct. On this occasion this man's friends were unwilling to do this⁸⁸¹ which meant that the Asylum Authorities were fully within their rights to refuse William Gibbs Higgs' release. Other patients close to recovery were sometimes examined by the Commissioners in Lunacy as part of the regular inspections conducted at Powick Asylum to ascertain whether any asylum inmates were suitable for release from the institution. Thus, in May 1867 the Commissioners in Lunacy saw

⁸⁷⁶ Bartlett, Peter and Wright, David, *Outside the Asylum Walls*, Athlone, 1999.

⁸⁷⁷ PN 329, then PN 1281, then PN 2108, then PN 3364, then 4102, and finally 5702, George Wright, from Upton On Severn, who was from acute mania. He was a marine store dealer, aged 32 years old, who was married. He was committed to the asylum on 21 June 1854, and on 5 February, 1855 he was discharged from the asylum 'recovered'. He was then readmitted to the institution, with mania a' potu, which was caused by the excessive consumption of alcohol, on 19 March 1863, but he was discharged 'recovered' on 08 August 1863. He was readmitted to the institution on 14 May 1868, suffering from acute mania, but released again 'recovered' on 2 August 1869. This man was living in New Street, Upton on Severn, when he was again committed to Powick Asylum, suffering from acute mania, on 30 March 1876, He again 'recovered' and was released. 4 December 1876, but he again had an attack of acute mania, and he was committed to the asylum again on 27 December 1880 George Wright's final attack of mania requiring incarceration in Powick Asylum was on 16 August 1890. He was again released 'recovered' on 1 October 1892, and there was no indication that he returned to the asylum. By this time this man was 67 years old.

⁸⁷⁸ VM 6 July 1863 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁷⁹ VM 3 August 1863 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁸⁸⁰ PN 1318, then Private Patient Pri. 8, and finally Pri.218 William Gibbs Higgs, was first admitted to Powick Asylums, as Private patient, when he transferred from Droitwich Private Asylum, on 4 February 1862, He was then described as a farmer and victualler, who was suffering from dementia. He was then 38 years old and married. He became a Private Asylum, Powick Asylum on 14 May 1863 having been declared 'not improved', but also not a pauper patient. He gave no details of his address, and he was now committed to the asylum suffering from monomania of suspicion, He was discharged 'not improved', on 16 May 1863, and it was not clear where he went at this time. He again became a Private Class again, at Powick Asylum, now suffering from chronic mania, on 25 May 1883, and he died at the asylum on 28 February 1887.

⁸⁸¹ VM 3 November 1862 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

George Kendall ⁸⁸² from Bromsgrove who they suggested was suitable for release in spite of Dr. Sherlock's belief that this man still had 'unsatisfactory symptoms about him'. Thus, George Kendall was brought before the Committee of Visitors who sent him 'on trial' ⁸⁸³ a procedure that at this time was 'not well thought out', but in September 1870 the Visitors decided to regulate the process of training for patients close to recovery and they decided that after this time when patients were allowed out of the asylum 'on trial' it was the responsibility of the Board of Guardians of the patient's home Union to provide any supervision and monitoring that might be necessary for such patients, 'out on trial'. Thus, a Medical Certificate confirming the patient's recovery was demanded from the Union's Medical Officer and further to this responsibility was then passed to the patient's home Union for the 'recovered individual'. ⁸⁸⁴ In December 1870 Powick Asylum's Visitors considered a Lunacy Commission Report that it would be possible to remove harmless, but unrecovered patients from asylums and place them with 'on trial' with friends. However, in spite of support for this idea from the Lunacy Commissioners the Powick Asylum Visiting Committee still stated that:

The (Visitors) Committee did not think it practicable to discharge any large number of patients (from Powick Asylum) but Dr. Sherlock was requested to apply to the various Unions mentioned to ascertain whether they are willing to receive on trial the patients who in accordance with his (Commissioner's) Report may tentatively be removed from there under such arrangements. ⁸⁸⁵

After this announcement at each monthly Meeting of the Asylum's Committee of Visitors a Report was made on patients discharged in the previous month with most such patients said to be 'recovered'. However, occasionally an 'uncured inmate' was sent to a relative or friend who gave an Undertaking to care for that individual which legally absolved both the Asylum Authorities and the Poor Law Local Administration of any responsibility for patients sent from the institution in this way. Other inmates were reported to be 'on trial' with the duration of that trial specified in weeks and such asylum patients were usually sent out 'on trial' with relatives or friends who were then granted a weekly sum of Outdoor Poor Relief to help cover the expense of keeping such patients in their homes. In other cases a sum of a few shillings was allowed to enable a patient to travel to the home of a relative, in places some distance from the asylum or to purchase clothing for the patient's trial. At the end of a 'trial period' a patient either remained where they had been sent with this fact recorded in the Committee of Visitor's Minutes as 'recovered' or the patient's 'trial period' was extended. However, very occasionally patients 'on trial' were returned to the asylum often quite quickly because they failed to settle in their 'trial placement' sometimes because the patient's behaviour became so threatening that the patient was immediately returned to the asylum.

The only means of ordinary pauper patients leaving Powick Asylum that has not already been discussed was by escaping from the institution. Escapes from Powick Asylum although rare were clearly regarded very seriously and each such occurrence was 'rigorously investigated'. However, as suggested earlier the 'Poor Law in Lunacy' specified that if a patient escaped from a lunatic asylum and was free for more than fourteen days they were removed from the Asylum's Books and then if they were recaptured they were readmitted, to the institution without a fresh 'Committal Order' being necessary unless the escapee was a Criminal Lunatic. However, if an ordinary pauper lunatic escaped and was not returned to the asylum within a year a Recommittal Certificate was then necessary. In, December 1857 Dr. Sherlock reported that several patients had escaped and all but Samuel Robinson ⁸⁸⁶ from Headless Cross, near Redditch was caught. ⁸⁸⁷ However,

⁸⁸² PN 1941. Kendall George New Buildings Bromsgrove Acute Mania Nailer 25 M 28/03/1867 03/06/1867 Recovered

⁸⁸³ VM 6 May 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁸⁴ VM 5 September 1870 WCRO Ref: b. 125, Acc. No. 710, Par 1(i)...

⁸⁸⁵ VM 5 December 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁸⁶ PN 487, then PN541, then PN607. Samuel Robinson was from Headless Cross, Feckenham in Alcester Union, and he was suffering from monomania of Unseen agency. He was a 42 year old, married and a labourer. He was committed to the asylum on 9 February 1856, but he escaped from the institution on 5 August 1856. This man returned to the asylum after a short time, and was recommitted there suffering from monomania of suspicion, on 25 August 1856. He escaped again on 31 March 1857, and he was soon returned to the institution, on 21 July 1857, but he escaped again, on 4 December 1857, but this time he did not return to the asylum.

Samuel Robinson was a habitual escapee as he had already absconded from the institution on two previous occasions, but then after his third escape he did not return to the institution. Often escapes were regarded as chance happening with no member of the asylum staff responsible for allowing the person to abscond, but when Henry Woolridge⁸⁸⁸ from Stourbridge escaped in 1858 the Assistant Asylum Engineer was said to be to blame for his escape,⁸⁸⁹ but this patient returned quickly to the institution. In January 1862 when James Emuss⁸⁹⁰ from Blackwell in Bromsgrove Union escaped from the asylum he too was quite quickly recaptured at Bromsgrove and a subsequent inquiry, conducted by Dr. Sherlock into this case suggested that slight blame attached to John King the attendant in charge of this man and this attendant was reprimanded for his negligence.⁸⁹¹ In December 1867 Mary Ann Bennett⁸⁹² from Worcester and Hannah Blandy⁸⁹³ who was also from Worcester failed to return to Powick Asylum from trials out of the asylum prior to their release as 'recovered', but whilst these two women were regarded as escapees who were ordered to be brought back to the asylum⁸⁹⁴ in January 1868 it was reported to the Committee of Visitors that as these women had not been 'retaken' within the 'statutory time', they would be removed from the asylum's books.⁸⁹⁵ However, both of these women were subsequently recommitted to Powick Asylum suffering from mental ailments.⁸⁹⁶ On 13 August 1868 Thomas Beale (or Beal)⁸⁹⁷ who was from Alderminster in Stratford on Avon Union escaped after the Head Attendant had directed a man called Snape who was the Chief Attendant of this man's ward, not to let Thomas Beale outside to work. However, somehow Thomas Beale got out of his ward and he was not reported missing until he had escaped from the asylum grounds. Thus attendant Snape was reprimanded for his negligence.⁸⁹⁸ However, Thomas Beale was soon returned to the asylum where he died about eighteen years later. In February 1870 the Powick Asylum House Committee reported that George Hemming⁸⁹⁹ of Upton on Severn had escaped on the night of 28 January 1870, but he was not missed until the following morning which was an oversight that inevitably led John Davenport the ward attendant and Barnaby Yarnold the night attendant of this man's ward to be examined by a Visitor's Inquiry. Both of these attendants were found to have been negligence and both were fined 5/- for what was regarded as a serious infraction of the

⁸⁸⁷ VM 3 December 1857WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁸⁸ PN 768, Henry Woolridge, who was a 51 year old married nailer, from Stourbridge, who was suffering from monomania of fear, was committed to the asylum on 19 December 1858. Soon after he arrived at the Powick institution, this patient escaped, but he was soon captured. This man's records are missing after 7 December 1888.

⁸⁸⁹ VM 3 October 1858WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁹⁰ PN 1110, James Emuss, a 27 year old unmarried agricultural labourer, from Blackwell, in Bromsgrove Union, who was suffering from Melancholia, was admitted to Powick Asylum on 8 August 1861. He escaped from the asylum, although he was soon recaptured in nearby Bromsgrove. He died at the asylum on 19 March 1877.

⁸⁹¹ VM30 January 1862WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁹² PN 1915, Mary Ann Bennett, was a 44 year old housewife, from 13 Mealcheapen Street, Worcester, who was suffering from acute mania, when she was committed to the asylum on 5 March 1867. She was sent home on trial, and then she failed to return to the asylum on 16 December 1862, but the Asylum Authorities presumed she was recovered mentally and they took no further action.

⁸⁹³ PN 583, then PN894, then PN1005, then PN 1466, and finally PN 2120, Hannah Blandy, was a 37 year old married maid servant, from Diglis Street, Worcester, who was suffering from acute mania, when she was admitted to the asylum on 7 April 1857. She was discharged 'recovered' from the asylum on 7 September 1857, but she returned there, from St Andrews Square, Worcester, where she was employed as a housekeeper. She was released 'recovered', on 28 December 1859 3 September 1860. She returned to the Powick institution again, on 6 October 1860, when she was living at Birdport, Worcester, although she now had no occupation recorded, so presumably she had lost her housekeeping job. She was again discharged 'recovered' on 1 April 1861, but she again returned to the asylum on 18 March 1864, but this time, her address was 'Powick Asylum' and it appeared possible that she had been employed there as a member of the asylum's domestic staff. Hannah Blandy was sent 'on trial', when she was near to recovery, and she failed to return to the asylum at the end of this trial. On 16 December 1867 she was discharged 'relieved', which possibly meant she had been taken from the asylum to live with 'friends'. She reappeared at Powick Asylum on 2 June 1868, when she was living at Ombersley Road, Claines, in Droitwich Union, although she probably still had Settlement in Worcester. She then had no occupation recorded at this time. This woman died on 7 March 1886.

⁸⁹⁴ VM 2 December 1867WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁹⁵ VM 6 January 1868WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁸⁹⁶ Mary Anne Bennett was recommitted to the asylum in March 1867 (See footnote 248) and Hannah Blandy was recommitted there in June 1868 (See footnote 249).

⁸⁹⁷ PN 2159, Thomas Beal, (or Beale), was a 64 year old farm labourer, who was a widower, and from Alderminster, in Stratford upon Avon Union. He was admitted to the asylum, suffering from acute mania, on 28 July 1868. He once absented himself from the institution, but was soon found and returned to the asylum. He died there on 6 October 1886.

⁸⁹⁸ VM 7 September 1868 WCRO Ref: b. 125, Acc. No. 710, Par 1(i).

⁸⁹⁹ PN 2113, George Hemming, from Welland, in Upton on Severn Union, who was suffering from mania with epilepsy, was an agricultural labourer, who was 21 years old and single. He was admitted to the asylum on 18 May 1868, and he died in the asylum on 24 March 1883.

Asylum Rules.⁹⁰⁰ This patient was also quickly captured and returned to the asylum. However, in July 1872 the escape of a man called Frederick Roe Wagstaff⁹⁰¹ who was from Droitwich was regarded more seriously when it was reported. This man had escaped from the airing court of his ward, by forcing back the spring of a door to the asylum grounds which proved a costly matter to deal with. Subsequently, Mr. Mont, of St John Street, Clerkenwell a locksmith consulted by the Asylum Committee of Visitors about the practicality and costs of adopting a system of safe springs on doors in the asylum, to avoid similar escapes led to the costly replacement of many locks in the asylum buildings and grounds.⁹⁰² Frederick Roe Wagstaff was apprehended at Ashperton a few miles from the institution by a person who knew him and he was taken home to Droitwich from where he was then sent back to the asylum. Thus, between August 1852 and August 1872, there were relatively few escapes from Powick Asylum where the escapee was not soon retaken and returned to the asylum.

This chapter has dealt with some aspects of the way that Powick Asylum was run. However, the next chapter seeks to describe the institution from the patient's perspective.

⁹⁰⁰ VM 7 February 1870WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

⁹⁰¹ PN 2538, then 2775, then 3028, and finally Private Patient Pri.67, Frederic Roe Wagstaffe, or Wagstaff, was from Droitwich, and was suffering from 'convalescent mania'. He was a school boy, who was 16 years old, when he was admitted to Powick Asylum, on 26 December 1870. He was then discharge from the institution 'recovered' on 5 June 1871, but he was readmitted there, after he had moved to Hanbury Street, Droitwich, where no occupation entered in the Admission's Register for him. He was admitted to the asylum on 27 April 1872, and he again 'recovered' and he was discharged from the asylum, on 12 June 1872. However, this young man was recommitted to Powick Asylum on 1 January 1874, as a Private Patient. He was eventually 5 October 1874, but where he then went was not recorded, but this individual did not reappear at Powick Asylum.

⁹⁰² VM 8 July 1872WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

CHAPTER 5.

Powick Pauper Lunatic Asylum - 1852 1872 – The Patient's View.

The previous chapters, in this book have sought to explain why and how Powick Lunatic Asylum was created and the nature of the insanities of individuals sent to the institution. They have dealt with the ordinary pauper lunatics from Worcestershire, but also with Private Contract and Criminal Patients who were treated alongside, the ordinary Worcestershire Poor Law inmates at the institution. The previous Chapter has also dealt with the nature of the institution created at Powick and how that institution changed once it had opened. Chapter 5 will attempt to discuss what Powick Asylum was like from the patient's perspective. However, it is important to reiterate that the purpose of this book is to explain the nature of the institution created at Powick and to discuss how it operated so that readers can use the plentiful supply of Primary Source Material available; in the 35,500 pages of 'Patient's Notes' produced by the asylum between August 1852 and 1911 which can be interrogated, using the machine readable archive of these sources. What this book seeks to do is to enable these fascinating hand written documents to be read with understanding of both the system and conditions in which these 'Notes' were, created so that the 'Asylum Careers' of patients at Powick Asylum between 1852 and 1911 are adduced so that hopefully the author's aim of facilitating the writing of 'History From Below' of pauper lunatics, will be achieved.

What were created at Powick Asylum were several meticulously planned and designed environments in which pauper lunatics from Worcestershire and elsewhere were treated to alleviate their disturbed mental state to a point where the afflicted individual could be, safely returned to their home Community. At this time talk of the 'cure' of a mental ailment was not in the sense of 'cure' as applied to physical ailments such as influenza or measles, but rather the 'cure' of a mental infirmity related to the amelioration of a patient's untoward behaviour to a point where it was thought that individual would cause no danger to the Community they came from so they were said to have 'recovered' their sanity and could then re-join their home communities on their release from the institution. What has been investigated so far in this book are the interactions between the Asylum's Committee of Visitors, the Worcestershire Committee of Justices to whom the Visitors were answerable in operating the Powick Lunatic Asylum and the Lunacy Commissioners a nationally appointed body who regularly visited the asylum, to assess the probity of all aspects of the treatment of patients in the lunatic asylum. Thus, in some senses what has been already discussed, in this book creates an 'Administrative History' of Powick Asylum between 1852 and 1872 whereas what is now intended is to investigate the impact that the Powick institution and the administrative decisions made there had on individual pauper inmates incarcerated there. Hopefully, what will now be created is an understanding of the effects of the environment of Powick Asylum on the individual inmates whose, extant 'Patient's Notes' are now easily available on the Computer Archive for Powick Asylum (at www.medicalmuseum.org.uk).

The Commissioners in Lunacy were inevitably supportive of the employment of patients at Powick Asylum in what was generally physical labour as a part of the treatment of mental infirmity. Thus, pauper lunatics able to work were sent from their asylum wards to assist on the asylum's estate, in the laundry, in the craft workshops or in maintaining the asylum buildings generally. Other patients who were not thought safe to be let out of their asylum living accommodation to go to work were employed in tasks within their own wards. Thus, in November 1852 about three months after the institution opened there were 100 inmates 50 of each gender employed in various ways out of their wards with most men employed out of doors initially excavating and making drains on the asylum site with a few other male patients employed indoors cleaning the corridors and other areas of the asylum. Women inmates who were fit to be allowed out of their asylum wards were mainly employed in the asylum laundry washing and ironing there; whilst other women patients were employed in the kitchens and others in household work elsewhere in the asylum buildings. Women patients who were up and about, but who were considered unfit to be sent from their wards were employed in menial

tasks in the wards where they lived. Some of these women were engaged in cleaning and cooking in their own ward sculleries and other women who undertook needlework; indoor amusements such as cards. A bagatelle was also provided, for patients when they were not at work. A bowling green had been constructed to be used by male inmates for 'outdoor leisure', although women patients appeared to be less well provided for in terms of leisure activities than their male contemporaries. However, there was a large stock of books available to patients on both sides of the asylum, but as in Union Workhouses the titles of the volumes available, were usually religious; probably inevitably because the Asylum Chaplain was the arbiter of which texts were suitable and acceptable in the institution. The Commissioners in Lunacy clearly soon recognised that the Chaplain's choice of the reading material available to asylum inmates was a problem as they reported that the books at Powick Asylum were 'almost exclusively religious'⁹⁰³ which was a situation the Commissioners clearly wanted to remedy. In spite of this intention any discussion of the reading material available at the asylum, soon after it opened begs the question of how many of the patients at Powick Asylum could read. In spite of this the Commissioners in Lunacy still wanted to leaven the reading choices of the Chaplain with other suitable non-religious reading materials and they suggested that some secular books and weekly publications be purchased to be read by the asylum's inmates.

Soon after Powick Asylum opened in August 1852 the institution was clearly in a 'running in' or 'bedding down' phase so that the establishment's staff was not yet complete and there was probably no 'normality' about life at the asylum at this time as things soon changed and quite quickly too. Whilst the asylum staff who had already been appointed to the institution at this time still required 'continuing direction' in their work, because most of them had no previous experience of caring for the insane. Indeed, most of the staff appointed had previously been employed as domestic servants or as farm workers including some agricultural labourers. By the mid-1850s lavatories and baths were available for the use of patient at the asylum which allowed them to wash or be washed every day and they were bathed once a week.⁹⁰⁴ However, these activities had to be, carefully supervised by attendants to prevent accidents which must have made bath time a very stressful time for both patients and attendants alike. Powick Asylum soon settled into a routine in which the expected 'norms of behaviour' in the institution were established. Thus, after about twelve months in 1853 the Lunacy Commissioners felt able to describe the wards, at Powick Asylum as 'clean and in good order' with building work on the asylum for the most part 'now completed'. However, much of the work to complete the asylum was being undertaken by asylum patients who were overseen by 'tradesmen employed to instruct these inmates in the necessary 'trade skills'. Thus, the painting and fitting up of the asylum was largely undertaken 'by the labour of the patients themselves' as an important part of their treatment régime. The inmates had also made all of the beds, mattresses and clothes used in the asylum, which meant that the Committee of Visitors were in a very real sense beginning to fulfil their aim of having an asylum that was as 'self-sufficient as possible'. By now, the asylum grounds had been almost completely laid out by inmate labour and the asylum estate was now maintained 'wholly by the patients' supervised by the Estate Manager, and some 'ground staff'. This was equally the case, for work on the asylum buildings and the domestic work within the institution buildings which employed about 60 men and 50 women patients. It was now also reported that the recreation hall had been fully fitted up as a Chapel so that Anglican Church Services were held there regularly. Each of these services was now attended by about 160 inmates a large majority of the asylum population at that time although it appeared that there was no coercion employed to enforce Chapel attendance. However, not all patients at the asylum at this time were recorded in the asylum's Admissions' Register as being Anglicans which presumably meant that Non-Conformist, Roman Catholic and even some Plymouth Brethren and Mormons' were attending the Anglican Services in the asylum Chapel. In Union Workhouses this was also a situation that happened and this sometimes led to claims of proselytism from the non-Anglican denominations, but, at least initially this did not happen at Powick Asylum. Weekly publications

⁹⁰³ VM 1 November 1852 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁰⁴ Ibid.

were also now available for the asylum inmates to read as was recommended previously by the Commissioners in Lunacy. At this same time groups of forty or 50 'trusted inmates' were taken for walks in the countryside adjacent to the asylum supervised by attendants although this activity was initially restricted to Sunday afternoons. In October 1853 the Lunacy Commissioners concluded that all of these activities had led Powick Asylum to be 'in a very creditable state';⁹⁰⁵ a judgement that undoubtedly applied to the patients of the asylum as well as to the institution itself. By now, it was also obvious that Powick Asylum's patients were being treated with probity and that they were being well cared for.

A year later in September 1854 the 'Moral Treatment Régime' on which Powick Asylum's efforts to 'cure' insanity depended was apparently considered to be working well with a plenitude of inmate labour keeping the wards 'clean and well orientated'⁹⁰⁶ with all rooms in the institution now free from 'offensive odours'. However, the Commissioners in Lunacy now highlighted a need for better clothes for the patients and an improved Dietary that should contain more solid meat as a substitute for soup was recommended. Additional furniture was also required in the wards together with, amusing books and periodicals for inmates to read as well as more seats, and sun shades in the airing courts for the comfort of patients there. The Commissioners in Lunacy also believed that these changes when they were in place would further improve conditions for the asylum's patients. In, what may have been a covert criticism the Commissioners did also suggest that many of the walls of the airing courts, should be removed to give a greater impression of 'freedom' to the patients within the institution which they claimed was an approach that had been beneficially adopted, in other Pauper Lunatic Asylums even before Powick Asylum had even opened.⁹⁰⁷ At this juncture the Asylum Visitors appeared to agree with most of these suggestions and ideas, but they disagreed with the suggestions made about altering the asylum's Dietary because they believed that Powick Asylum's diet was 'already adequate'.⁹⁰⁸ Indeed, the Visitors appeared still to believe that the Dietary of inmates in Pauper Lunatic Asylum generally should still be based on the 'Principles of Less Eligibility and National Uniformity' the guiding Principles of the New Poor Law⁹⁰⁹ which probably explained the Committee of Visitor's reluctance to change the Dietary for the pauper inmates at Powick Asylum. The Visitors were also unsure about the notion of removing the walls between the airing courts as at this stage in the mid-1850s they still believed in 'treatment by classification' in dealing with pauper insanity.

In spite of a few reports to the contrary most Pauper Lunatic Asylums set up under the Lunatic Asylums' Act of 1845⁹¹⁰ appeared to be well ordered and disciplined, soon or almost immediately after they were set up. In September 1853 about a year after Powick Asylum opened it was said to be 'under judicious management' and it was in an 'improving state'.⁹¹¹ Then, just over a year later when the Matron accompanied the asylum Visitors, in inspecting the female wards of the asylum Dr. Grahamsley the then Medical Superintendent was able to report his satisfaction with the Matron's management of the patients.⁹¹² At this juncture the asylum was also viewed by the Commissioners in Lunacy as 'tranquil' with the patients 'quiet'; an opinion that was generally repeated throughout the first two decades of the institution's operation although inevitably one or two obstreperous patients did sometimes disturb the peace of the institution. In 1854 at the same time that the Commissioners were suggesting removing the walls between airing courts they also suggested that whilst alterations to the asylum building had to an extent ameliorated the problem of overcrowding these changes had also caused different classes of pauper lunatic inmates to be mixed together. However, whilst this comment may at first sight have been construed by the Visitors to be a criticism of the institution they oversaw this may not have been the case as this remark may have indicated that the Commissioners were

⁹⁰⁵ VM 25 October 1853 contained a Report on the Commissioners in Lunacy's visit made by BW Proctor and JR Hume WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁰⁶ VM 25 September 1854 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁰⁷ Ibid.

⁹⁰⁸ VM 6 October 1862 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁰⁹ The Principles introduced by the New Poor Law after the passing of 3 & 4 Wil. IV, c.76 (1834) Poor Law Amendment Act.

⁹¹⁰ 8 & 9 Vic. c. 126 (1845) Lunatic Asylums' Act.

⁹¹¹ VM 25 September 1853 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹¹² VM 29 November 1854 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

beginning to encourage a shift in the management of patients at Powick Asylum. Thus, they sought to encourage an evolution, from strict segregation by the classification of the patient's mental infirmity on admission to the asylum to a division of the inmates according to individual patient's behaviour; a trend that had occurred in most other Pauper Lunatic Asylums by this time. The Commissioners in Lunacy were now implying that organisationally simply having a ward assigned to the treatment of a specific mental malady such as mania or idiocy was proving to be inappropriate, at Powick Asylum because it was not just maniacal patients who suffered from aggressive uncontrolled behaviour with 'mood swings'. Therefore, experience at Powick Asylum, now demonstrated that all categories of patients could behave aggressively and many patients would suffer 'mood swings' so that segregating groups of inmates because of these similarities of their behaviour rather than because of the diagnosis of their mental affliction would have advantages in managing the asylum. At this time the Commissioners in Lunacy also suggested that the day rooms where many patients spent much of their time were too crowded which was thought likely to cause 'discipline problems' although the Commissioners did recognise that 'by judicious care and management the patients (at Powick Asylum) remained tranquil and no accidents had occurred';⁹¹³ a level of control that meant that Powick Asylum remained 'well disciplined'.

In early 1862 Powick Asylum was again regarded as 'remarkably quiet which was attributed to the free access of patients to the airing courts'.⁹¹⁴ However, the galleries to the wards were also said to be 'cheerful' with a plentiful means of amusement provided there. The patients could now wear their own 'dresses' and were said to be 'proper' in their standards compared with the clothing provided by the asylum which was said to be 'of various kinds'. Thus, it was a logical decision, to allow the asylum's inmates to wear their own wearing apparel.⁹¹⁵ The Visitors now also agreed with the Lunacy Commissioners that a bath full of water should be used by no more than two patients although the Visitors did add that this was 'in spite of the additional fuel costs this would involve'.⁹¹⁶ In spite of some relative complimentary comments from the Commissioners in Lunacy overcrowding at Powick Asylum and the prevalence of idiotic, paralytic and epileptic patients still caused problems and this undoubtedly continued to have an adverse effect on some of the other patients there. However, the level of control the Commissioners in Lunacy witnessed in the asylum was still described as 'remarkable'.⁹¹⁷ In 1863 the asylum received another satisfactory Report that suggested that the patients there were, mainly 'entirely free from excitement'. However, it was again emphasised that this was in spite of the presence of the unusually large numbers of feeble and troublesome cases particularly amongst the male patients at the institution.⁹¹⁸ In 1864 the state of the patient's clothing and their personal appearance was now described as 'very satisfactory' with their behaviour described as 'quiet and orderly'⁹¹⁹ which was a highly satisfactory outcome created by the 'Moral Treatment Régime' allied with the approach to grouping inmates that had now been adopted within the asylum which probably minimised behaviour problems amongst the inmates. However, the Commissioners in Lunacy again turned their attention to the asylum buildings and to the impact that they had on the health and comfort of the patients incarcerated there. They also commented on a lack of shade in some of the dormitories although it was suggested that if blinds could be provided the problem there would be resolved.⁹²⁰ In January 1864 the Commissioners also reported favourably on the personal condition of the patients in the asylum⁹²¹ which was a situation that continued to be found throughout the 1860s. In early 1868 the Commissioners found no inmate at Powick Asylum suffering from 'excitement', but at this time in comparison with the unsatisfactory male side of the institution the greater part of the accommodation provided for female inmates was 'difficult to praise too highly'

⁹¹³ 3rd AR December 1855.

⁹¹⁴ 9th AR January 1862.

⁹¹⁵ Ibid.

⁹¹⁶ VM 6 October 1862 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹¹⁷ 10th AR January 1863.

⁹¹⁸ 11th AR January 1864.

⁹¹⁹ Ibid.

⁹²⁰ VM 11 January 1864 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹²¹ 12th AR January 1865.

especially that in the 'new building...(where) everything was done to provide comfort and cheerfulness' for the female inmates.⁹²² In December 1870 the Commissioners commented on several other issues at the Powick institution including the question of whether additional lavatories should be provided in some wards and elsewhere in the asylum buildings. This led the Visitors to suggest that because additional lavatories had been provided in the new building the pressure on lavatories in the old wards of the asylum would be materially reduced although why this should have been the case in asylum premises that were securely divided so that there was little communication between adjacent wards was difficult to understand.⁹²³ At this juncture it was also suggested that patients of both genders in Powick Asylum 'were 'remarkably tranquil and orderly' with their personal condition and demeanour 'very creditable to the attendants in charge of the wards'.⁹²⁴ Thus, after twenty years of operation, Powick Asylum was clearly seen as a satisfactory institution.

The Dietary Table, used at Powick Asylum was not settled when the institution first opened but the Lunacy Commissioners did note that knives, forks and 'very neat mugs and basins'⁹²⁵ were already provided for the use of patients so that inmates could eat in a 'civilised fashion'. In June 1858 the Patient's Dietary was altered by the Medical Superintendent because he considered the new Dietary he had adopted to be 'better for patients and no more costly'⁹²⁶ than their diet previously. However, what the patients now ate was undoubtedly in stark contrast to the victuals they had been used to at home or in a workhouse before their admission to Powick Asylum. This meant that on arrival at the institution most pauper lunatic were in a parlous physical state mainly because they were debilitated by hunger because their food outside the institution was inadequate. Indeed, this was a judgement that applied whether the patient had been maintained at home by friends and relatives or when they had been incarcerated in a workhouse where they were often in an even poorer physical state than patients from elsewhere. The quality of food provided to patients in Powick Asylum was clearly determined by the standard of the provisions supplied to the institution although because the quality of these supplies was carefully monitored the food provided to the asylum kitchens to be cooked for the inmate's meals was 'good or even excellent' because of the regular checks made by the cost conscious Asylum Visitors in an attempt to ensure that they not only got 'value for money', but also that the foodstuffs supplied to the institution were of the same quality that they had ordered.

The food supplied to Powick Asylum was then prepared in the asylum's specially designed central kitchens by experienced cooks employing inmate labour to prepare, cook and serve the meals which was also in contrast to workhouses where meals were usually prepared using the cheapest food supplies available by unsupervised pauper inmates. Thus, although Powick Asylum's food was 'institutional food' with all that implied the meals produced there were certainly more adequate than the asylum's patients were used to before they came to the institution which was well demonstrated by the way that meals at Powick Asylum were reported to be 'eaten with relish by most inmates'. Patients then physically flourished on the asylum diet provided, and fortunately the weak mental state of many patients admitted to the asylum that had been worsened by starvation before committal then also improved. However, the beer produced at the asylum brewery for consumption by the patients and the staff was said to be often of an 'indifferent quality' although because of the poor quality of the drinking water available at the asylum the beer there was a safer everyday beverage than the water available. Questions were also occasionally raised about the meat supplied to the asylum by butchers from outside the institution whose contracts offered the best value for money with the lowest cost offered habitually accepted. Thus, in June 1858 the beef supplied by a contracted butcher was said to be too 'lean and thin' at a time when the beef received at the institution, was expected to be 'marbled with fat'. In July 1858 fault was also found, by the Visitors with the flour supplied by Mr. Perrins a miller from

⁹²² 15th AR January 1868.

⁹²³ VM 5 December 1870 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹²⁴ 17th AR January 1870.

⁹²⁵ Ibid.

⁹²⁶ 2nd AR December 1855.

Hanley Castle about three miles from the asylum which was found to be of, 'such an inferior quality that the patients had refused to eat the bread made from it which was of a dark colour and full of grit.'⁹²⁷ The Visitor's complaint about this matter led to other flour being purchased from another miller at an increased price which turned out four extra loaves per sack compared with Mr. Perrins' flour. Thus, ten sacks of Mr. Perrin's inferior flour that still remained in the asylum storeroom were returned to the miller and a refund of the money paid for this flour was demanded and received.⁹²⁸ Thus, the diligent reviewing of the quality of food supplied to the institution which was initially undertaken by the asylum's storekeeper who reported any deficiencies in quality or quantity to the Committee of Visitors who then acted to ensure that their high standards they demanded were always maintained; ensuring that the food delivered to the Powick institution was all of a good standard and the bureaucracy of Powick Asylum clearly ensured efficiency in such matters.

The Dietary at Powick Asylum was inevitably altered whenever scarcities of a particular foodstuff pushed prices up but potatoes; a staple of the asylum inmate's diet were always considered essential except in the most severe circumstances when prices rose very dramatically. However, this was not always the case in Union Workhouses where in times of shortage potatoes were sometimes omitted from the inmates' diets altogether. In June 1859 the Asylum Visitors allowed an outlay of an extra £60 to purchase potatoes when the asylum farm's potato crop failed; at a time when potato crops failed on many other farms in Worcestershire and the West Midlands so that prices then soared.⁹²⁹ A month later the attention of the Visitors was drawn to the quality of beef provided to the asylum, but this time the problem was the amount of bone in the meat which according to Dr. Sherlock the Medical Superintendent indicated that the animals slaughtered, to provide this meat were 'too young or badly fed' which led the meat sent to the institution to lack the necessary quality.⁹³⁰ This insight gave an interesting view of how Powick Asylum operated because it was surely not to be expected that the Asylum's Medical Superintendent would busy himself with such every day and relatively trivial matters. Dr. James Sherlock, clearly regularly busied himself with such issues because two months later the quality of the meat supplied to the asylum was now said by the Medical Superintendent to have 'improved'.⁹³¹ In March 1860 alternatives to meat were used, in the Asylum Diet when meat prices increased dramatically so that meat was regarded as 'unaffordable'. The Visitors now noted with approval that they had seen the 'patients enjoying a very good fish dinner'⁹³² which had been supplied as a very adequate alternative to meat. In May 1860 the mutton supplied to the asylum was thought to be, 'lean and tough' so that the contractor who had regularly supplied meat to the asylum on a weekly basis for some time was told that the meat he supplied must improve in quality otherwise his contract with Powick Asylum would be terminated.⁹³³ Clearly, the food fed to Powick Asylum patients was the best that could be afforded so that when there were price fluctuations particularly at times of bad harvests it sometimes caused the Asylum's Dietary to be slightly altered. In March 1861 during a particular serious potato shortage the Visitors recommended that sufficient potatoes should be reserved for patients in the sick rooms of the asylum whilst healthier patients were fed other vegetables that were in plentiful supply at this time. The quality of the cheese provided at this time was also criticised and it was suggested that if the cheese quality did not improve the purveyor's contract would be suspended⁹³⁴ which appeared to result in an immediate improvement in quality of cheese served to inmates, and staff, in the institution.

In early 1863 the Lunacy Commissioners saw the Powick Asylum patients at dinner, when they reported that the food provided was 'well and comfortably served with bread and cheese, beer and rice pudding available'.

⁹²⁷ VM 30 July 1858 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹²⁸ *Ibid.*

⁹²⁹ VM 2 June 1859 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³⁰ VM 29 July 1859 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³¹ VM 30 September 1859 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³² VM 30 March 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³³ VM 25 May 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³⁴ VM 28 March 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³⁵ In spite of this the Commissioners thought it desirable that meat should be given to most patients each day, but the Visitors responded to this suggestion by stating that a major change to the Asylum Dietary was unnecessary at this time as the Dietary then in use was 'sufficient'. ⁹³⁶ However, in October 1863 it was apparent that the Medical Superintendent had been aware of the sense of the Lunacy Commissioner's opinion when he produced a Report on the amount of meat in the patients' diet. He proposed that one additional meat dinner a week should be provided for patients on the grounds that 'a greater number of patients admitted (to the asylum) were in a feeble state of health...(and they needed) more wholesome and nourishing food' than previously. ⁹³⁷ Clearly, Dr Sherlock thought that the effect of insanity was to lower what he referred to as the 'vital powers' and to reduce the patients' stamina so that they required a full and nourishing diet to aid their recovery. Indeed, he stated that 'in the English climate...(such patients) required food to sustain their system containing...a fair proportion of animal food'. ⁹³⁸ He also felt that adopting the approach he proposed would reduce the number of inmates who 'relapsed in their progress towards recovery' which would increase the numbers of patients recovering. The Medical Superintendent also suggested that additional meat would curtail the severity and duration of violent attacks of insanity in the patients which in turn would lead to a reduced mortality from that cause. In fact, Dr. Sherlock thought that a 'large number of patients...(were in any case already) on extras' to their diet, ⁹³⁹ but in spite of this there was still a need to increase the amounts of 'animal food' in their diets at an additional cost of £2 18 0 a week. However, the Medical Superintendent then suggested that any weekly cost increase involved would then be substantially reduced because the cost of items such as concentrated beef essence, arrowroot and wine would consequently be reduced because 'extra's already fed to some inmates could then be deducted from the overall cost of food consumed in the institution. However, Dr. Sherlock also suggested that because many patients were already receiving meat meals on a daily basis anyway the cost of these dietary changes would be reduced still further. ⁹⁴⁰

In early 1864 an addition of 8 ozs. of meat per head per week was made to the Powick Asylum Dietary which was then manipulated to provide a daily meat dinner for all patients except on Fridays when fish was provided in line with the 'normal Christian practice'. ⁹⁴¹ At about this time critical comments were made about vegetables being omitted from the patient's dinners, but Dr. Sherlock suggested that this was to the patients' 'taste' because some inmates did not eat both vegetables and pudding. Thus, these inmates were provided with a 'measure of choice' which was a rarity for the patients of Pauper Lunatic Asylums. ⁹⁴² Then, in early 1867 in spite of the Lunacy Commissioner's contrary judgement this amended Dietary was thought 'satisfactory' which was an opinion confirmed by the patients themselves some of whom the Lunacy Commissioners saw at dinner consuming the food from the newly published Dietary. This meal consisted of hash or stew with suet dumpling, but on this occasion vegetables were omitted from some patient's meals which the Commissioners believed were 'comfortably served' and they also implied that a 'homely atmosphere was created in the dining room' whilst the inmates ate. In spite of this the Commissioners did notice that some food was left by several inmates which led the Commissioners to suggest that the patients' dinner menu might be revised to 'avoid such waste in future'. ⁹⁴³ In 1871 the Commissioners saw dinners at Powick Asylum being served to 107 patients in female ward No. 9 and whilst this room was overcrowded it was thought by the Commissioners that the conduct of the inmates there was 'orderly and becoming' ⁹⁴⁴ with the meal provided on this occasion consisting of meat and potato pie served with beer; 'much enjoyed' by the

⁹³⁵ 10th AR, January 1863.

⁹³⁶ 10th AR, January 1863.

⁹³⁷ VM 5 October 1863 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹³⁸ *Ibid.*

⁹³⁹ *Ibid.*

⁹⁴⁰ *Ibid.*

⁹⁴¹ 11th AR, January 1864.

⁹⁴² VM 7 May 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁴³ 14th AR, January 1867.

⁹⁴⁴ 19th AR, January 1872.

patients. On another occasion the amount of mutton served to the patients at dinner was adjudged, by the Commissioners to be too large, but it was also felt that there was too much fat on the meat served which led the Commissioners in Lunacy to suggest the advantage in both price and quality of 'bringing sheep and oxen alive to the asylum and slaughtering them on the premises'/ ⁹⁴⁵ This was a practice that was immediately adopted at Powick Asylum on a trial basis, although the abattoir eventually built on the asylum site was in use for at least 90 years.

The beds and bedding at Powick Asylum were clearly thought very important for the comfort of patients in that institution. In 1859 the bedding was described as 'very good' although the mattresses on some of the 'dirty patients (beds) were hard (because) they required restuffing' presumably because of constant soiling. ⁹⁴⁶ However, most of the beds were 'generally clean' but some blankets in the women's division of the asylum were described as 'old and thin' and too few blankets were provided for some patients in the winter months on the male side of the institution particularly where under blankets were missing from some of the beds there. Elsewhere, in the 'dirty wards' where mackintosh sheeting ⁹⁴⁷ was used this was done without normal under blankets being supplied which the Lunacy Commissioners thought was a situation that 'required remedying' ⁹⁴⁸ because waterproof sheets adhered to patients' bodies if they perspired. However, the Visitors disagreed with this opinion and they obdurately insisted that extra blankets with rubberised sheets were unnecessary and in support of this view they cited Dr. Sherlock's earlier Report to the Commissioners. ⁹⁴⁹ Thus, the only concession ever made to the Commissioners in Lunacy on this matter was to concede that there were a few 'special cases' of patients on the male side of the asylum where an under blanket was necessary with rubber sheets. Thus, a few beds there were then equipped with waterproof sheeting and under blankets in winter, but in the summer months these under blanket were omitted because it was claimed by the Visitors that such blankets caused 'positive discomfort' because the waterproof sheets tore when they adhered to patients' bodies. However, on most beds in the dirty wards waterproof sheets continued to be extensively used to protect the mattresses of patients who wet their beds or had 'dirty habits'. When such blankets were used these patients could then be given a mattress of a much better quality than would otherwise have been possible. In spite of this the Committee of Visitors were not able to completely concede the case on the issue of bedding for 'dirty patients' although most of these dirty inmates were now provided with horsehair mattresses on top of sea grass or straw ones; used because they retained heat. ⁹⁵⁰

In early 1866 another matter was reported that caused even greater controversy when the use of 'brown or unbleached bed sheets' on dirty patient's beds at night was reported. These sheets were used if a patient habitually wet and soiled their bed presumably so that the staining of sheets was hidden. Inevitably this practice was considered unacceptable by the Commissioners in Lunacy who discerned a measure of deceit on the asylums administration's part because brown linen was only used at night and not during the daytime when 'perfectly white sheets were apparent' so that brown bed sheets were only used when this was unlikely to be observed. ⁹⁵¹ The Lunacy Commission now insisted that the practice of using brown sheets was 'objectionable in every way' ⁹⁵² particularly as this practice had given an untrue idea of the bedding actually used at Powick Asylum. Thus, regular inspections were now instituted when the beds had been made up for the night in this ward ⁹⁵³ although it appeared probable that the use of brown sheets had been instituted by the ward attendants without the Committee of Visitors being aware of this practice any way. However, the

⁹⁴⁵ Ibid.

⁹⁴⁶ 7th AR, January 1860.

⁹⁴⁷ Rubberised sheeting.

⁹⁴⁸ 12th AR, January 1865.

⁹⁴⁹ 13th AR, January 1866.

⁹⁵⁰ VM 9 January 1865 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁵¹ 13th AR, January 1866.

⁹⁵² Ibid.

⁹⁵³ Ibid.

Visitors still claimed that there was no intention to convey an untrue idea by using this linen. They then immediately completely outlawed the use of brown sheets anywhere in the institution although the Visitors still felt that it was 'practicality' that had led to the adoption of this linen in the dirty wards of the asylum rather than anything else.⁹⁵⁴ At about this same time the Lunacy Commissioners suggested the gradual abandonment of hard seaweed mattresses which, they thought should be replaced with horsehair,⁹⁵⁵ but in spite of this stipulation dirty patients at Powick Asylum continued to be given sea grass palliasses to lie on because the Visitors considered that horsehair was too expensive and easily spoiled to be used for such patients.⁹⁵⁶ However, by 1869 most mattresses at Powick Asylum were generally stuffed with horse hair although for the sake of parsimony, patients who habitually wet and soiled their beds continued to sleep on sea grass mattresses.⁹⁵⁷ Comments about sea grass palliasses were repeated in 1870,⁹⁵⁸ but then in 1871 the Commissioners appeared to agree that it was better to use sea grass beds for dirty patients but only if a bed frame, rather than 'mere laths' was used as the bed base underneath these mattresses to make the beds firmer.⁹⁵⁹ In April 1871 the Lunacy Commissioners now again suggested that sea grass beds were not suitable for the class of patients who were to occupy the new male ward planned at Powick Asylum at that time.⁹⁶⁰ Even in April 1872 the Committee of Visitors still insisted that sea grass beds were not injurious to any type of patient at the asylum and they still expressed themselves 'pleased to continue to use such beds' for some inmates. Thus, it was clear that the Asylum Visitors continued to see the Lunacy Commissioners as merely advisers on most matters of lunatic asylum management whose advice the asylum Visitors could ignore.

An aspect of the treatment of the insane in Pauper Lunatic Asylums that influenced patient's self-esteem, probably more profoundly than anything else was the clothing inmates were supplied with, by the institution although this aspect of the institution was seldom considered by the Visitors and managers of Pauper Lunatic Asylums. In 1859 the women inmate's clothing at Powick Asylum was described as 'very clean and neat' but at this same time the womens' wearing apparel appeared to be more satisfactory than that of the men whose clothing was said to require 'greater care'⁹⁶¹ although this apparently meant that the men sometimes looked unkempt. Thus male patients' overall appearance sometimes caused comment; for instance it was suggested that male inmates should be shaved more than twice a week⁹⁶² in an attempt to improve their appearance. In January 1865 the Committee of Visitors reported that 'almost every patient (in the asylum) wore flannel underclothing both night and day during the winter and a few infirm patients even wore this same underwear all year round'⁹⁶³ which implied that the patient's under garments were probably not changed often enough although this could easily have been remedied. However, on other matters relating to the inmate's clothing there were no changes made by the Visitors. Some inmates at Powick Asylum destroyed their clothing which was reported in the Patient's Notes although there was never mention of this fact in the Committee of Visitor's Minutes apart from in the asylum's Annual Report in 1869 when it was stated that a few patients had 'destructive propensities' or were in the 'habit of' denuding themselves'. To alleviate this situation patients with these tendencies were dressed in 'special strong dresses' to prevent their aberrant behaviour and it was at this juncture that it was suggested, that women patient's clothing was 'good' and the attire of patients of both genders was 'creditable to their attendants'.⁹⁶⁴ The Asylum's Annual Report, of 1871 also mentioned clothing when it suggested that the 'body linen' of male patients was now changed twice a week and that the

⁹⁵⁴ Ibid.

⁹⁵⁵ 14th AR, January 1867.

⁹⁵⁶ VM 7 May 1866.

⁹⁵⁷ 16th AR, January 1869.

⁹⁵⁸ 18th AR, January 1871.

⁹⁵⁹ 19th AR, January 1872.

⁹⁶⁰ VM 10 April 1871 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁶¹ 7th AR, January 1860.

⁹⁶² Ibid.

⁹⁶³ VM 9 January 1865 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁶⁴ 16th AR, January 1869.

patients were also provided with, 'special suits' to wear on Sundays ⁹⁶⁵ when some of the patients went outside the asylum for country walks.

Great care was taken when admitting patients to Powick Asylum because the Visitors there wished to ensure that only people who were genuinely eligible to be treated for their mental infirmity there at the expense of the Worcestershire Poor Law Unions should be admitted to the institution. However, pauper lunatics although apparently eligible for treatment were sometimes turned away from the asylum without being admitted to the asylum. This was the case in October 1853 when John P. ⁹⁶⁶ who was never formally admitted to the asylum and a man called Charles Irelands ⁹⁶⁷ had Committal Orders that were deemed 'not in the correct form' so that their eligibility to be treated was questioned ⁹⁶⁸ which was a situation that persisted for over six months. Indeed, it was not until late May 1854 that proper Orders and Certificates were received for Charles Irelands who was then admitted to the institution. However, there were still no satisfactory documents for John P. provided so that he was never admitted to the asylum in spite of being declared mentally infirm. ⁹⁶⁹ Four months after this Thomas E. ⁹⁷⁰ from Tewkesbury which was in the adjacent County of Gloucestershire who was described as a lunatic and 'not under the proper care and control of the person having the care of him' was taken to Powick Asylum, but his Order of Committal was only signed by one Gloucestershire Justice so that his admission to the institution was also revoked and he too was never admitted to Powick Asylum. ⁹⁷¹ In April 1855 the Visitors reported that new patients admitted to the asylum all had Orders that were 'correctly made out' except for James Smith ⁹⁷² a man from Halesowen in Stourbridge Union where there was a problem relating to his Order of Committal, but because this man was from Worcestershire his papers were immediately returned to his home Union with the comment that 'the Medical Certificate (sent) was too vague'. ⁹⁷³ However, by this time, James Smith had already been entered into the Asylum's Admissions Register ⁹⁷⁴ although the Clerk at the Asylum may have later regretted his decision to complete this Register because even a month later after this the Stourbridge Guardians had been informed of their omission; no replacement documents had been returned for this man and in spite of several more letters being sent to request the missing details progress was slow, ⁹⁷⁵ This situation was eventually resolved and James Smith remained in the asylum for sixteen months before he was discharged 'recovered'. Powick Asylum's administrators must have been concerned about errors of this sort as such mistakes were completely unacceptable to the Lunacy Commission who demanded absolute accuracy in the way that the 'Poor Law in Lunacy' was administered. Thus, in November 1855 the Commissioners had returned an Order for the Admission of a patient to Powick Asylum because the Medical Certificate issued with the Committal Order recorded no symptoms of insanity which the Commissioners in Lunacy believed was an omission 'contrary to clause 75 of the (1845) Act'. ⁹⁷⁶ The Medical Certificate for this, unnamed individual, was then sent back to Mr. Woodward the medical man who had issued the deficient document and he amended it. However, the Lunacy Commission then justified their punctiliousness in this case by suggesting that 'recently a court case,

⁹⁶⁵ 18th AR, January 1871.

⁹⁶⁶ John P Was not entered on the admission's register.

⁹⁶⁷ PN 312, then 458, and finally 782, Charles Irelands, was a 42 year old married farm labourer, from Manor Farm, Northfield, in King's Norton Union. He was admitted to the asylum suffering from acute mania, on 3 April 1854, and was discharged 'recovered' on 6 September 1855. He was recommitted to the asylum, after eleven days, and was discharged 'recovered' again on 12 April 1858. He was admitted to the institution, for a third time, this time from Ten Acre Street, Stirchley, Northfield, on 22 March 1859, and was discharged 'recovered' on 27 April 1859. There was no indication that this man returned to the asylum after this.

⁹⁶⁸ VM 25 October 1853 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁶⁹ VM 31 May 1854 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁷⁰ Thomas E.'s name was ever admitted to Powick.

⁹⁷¹ VM 29 November 1854 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁷² PN 405, James Smith, was a 37 year old married nailer, from The Hill, Halesowen, in Stourport Union, He was committed to the asylum, suffering from melancholia, on 24 March 1855, and was discharged from there 'recovered' on 2 June 1856.

⁹⁷³ VM 3 April 1855 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁷⁴ Ibid.

⁹⁷⁵ VM 22 May 1855 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁷⁶ 8 & 9 Vic. c. 126 (Lunatic Asylums' Act) 1845.

about Settlement was, on appeal unsuccessful because of this sort of omission'.⁹⁷⁷ The patient concerned in this case was apparently never admitted to Powick Asylum.

After 1860 pauper lunatics who were apparently from Worcestershire Parishes whose legal Place of Settlement was later found to be outside Worcestershire were still occasionally admitted to Powick Asylum, but this was no surprise as Poor Law Union Correspondence and Minutes were full of disputes about Settlement. Sometimes, the Asylum Visitors referred individual patient's cases to the Commissioners in Lunacy because of uncertainties about an individual's legal Settlement. They did this in July 1864 when George Webster⁹⁷⁸ a man from West Bromwich Union who was suffering from acute mania was detained at Powick Asylum under an illegal Committal Order that had been issued by Staffordshire County Asylum which caused confusion. This case was caused by part of the West Bromwich Poor Law Union being in Worcestershire with the rest in Staffordshire. Thus, the Powick Asylum Visitors were concerned that George Webster's Settlement should properly have led him to be sent to Staffordshire County Asylum.⁹⁷⁹ When this matter was referred to the Commissioner's in Lunacy George Webster's Committal Order was indeed found to be illegal and he should have been removed to Staffordshire County Asylum. However, because this patient was paralysed by a cerebral congestion he could not be moved from Powick Asylum immediately because transferring him to Stafford was thought likely to 'terminate in his death'. However, this man was then discharged 'recovered' after about thirteen months incarceration in Powick Asylum. This case illustrated well the complexities of administering the 'Poor Law of Lunacy' and whilst irregularities in documentation were not common; in retrospect George Webster's case appeared odd. This was because when this man was readmitted to an asylum in June 1867 he was still in a paralysed state and it was to Powick Asylum rather than to Staffordshire County Asylum that he was again sent which was in spite of the fact that his address in Oldbury was unaltered and his abode still appeared to be in the Staffordshire part of West Bromwich Poor Law Union. In spite of these circumstances there were no problems encountered with this patients Recommittal to Powick Asylum; his second admission there and George Webster died at Powick Asylum less than eighteen weeks later. In another case in April 1867 the Powick Asylum Visitors demanded that John Hunter⁹⁸⁰ a pauper patient, from Cleobury Mortimer Union in Shropshire who had already been incarcerated in Powick Asylum should have been removed to Shropshire County Pauper Lunatic Asylum⁹⁸¹ where he should legally have been sent in the first place. However, a month later it became clear that this man had lived so close to the boundary between Shropshire and Worcestershire that there was a dispute about precisely which County this man actually resided in.⁹⁸² He was then transferred to the Shropshire County Asylum at Becton after just four weeks with all the expenses paid by Cleobury Mortimer Poor Law Union.. In a not dissimilar case in January 1869 a man called Anthony W.⁹⁸³ was erroneously sent from Stourbridge Union to Powick Asylum but it was then adjudged that he belonged to Clun Union which was also in Shropshire so that he too was transferred to Shropshire County Asylum⁹⁸⁴ at Becton where he should have been sent immediately he was declared insane. However, in spite of the fact that this man was never formally admitted to Powick Asylum; in February 1869 the Powick Visitors had to write to the Clun Board of Guardians to state that unless this Anthony W. was removed from Powick Asylum within the next few days he would be sent to the Becton

⁹⁷⁷ VM 29 November 1855 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁷⁸ PN 1557, then 1974, George Webster, was a 33 year old married labourer, who was admitted to the asylum, from Talbot Street, Oldbury, in West Bromwich Union on 30th July 1864, when he was suffering from acute mania. This man was discharged from the asylum recovered on 4 September 1865, but he was readmitted to the asylum on 15 June 1867 after he had apparently relapsed and he had become paralysed. He died in the asylum on 12 October 1867.

⁹⁷⁹ VM 6 December 1864 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁸⁰ PN 2258, John Hunter, was from Cleobury Mortimer Union, in Shropshire. He was 50 years old, single, and had been employed as a gardener some time previously. He was suffering from dementia complicated by epilepsy, when he was committed to Powick Asylum on 10 April 1869. He was removed from the Powick Asylum not improved on 7 May 1869 and taken to Shropshire County Asylum, where his Settlement required he should have been sent in the first place.

⁹⁸¹ VM 12 April 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁸² VM 3 May 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁸³ This man was not formally admitted to Powick Asylum.

⁹⁸⁴ VM 11 November 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

Asylum at the Clun Union's expense.⁹⁸⁵ However, this unusual approach to claiming the money that Powick Asylum had illegally spent did not work and in April 1869 the Powick Asylum Visitors wrote to the Clun Guardians again complaining that they still had not received a response, to their request for the maintenance money and expenses for Anthony W. to be paid and they threatened to take legal proceedings against Clun Union unless payment was made immediately.⁹⁸⁶ In early May 1869 the Clun Guardians capitulated on this matter and they paid the overdue charges they owed to Powick Asylum although there was no explanation for their dilatoriness in doing this.⁹⁸⁷

Occasionally there were other cases of wrongful Committal to Powick Asylum not in terms of the severity of the mental disturbance of the individual committed to the asylum, but in terms of the legal process of Committal used. In August 1869 there was correspondence between Dr. Sherlock and Mr. G.W. Prescott a solicitor from Stourbridge about the Committal of James Gillam⁹⁸⁸ a man detained in Powick Asylum on an illegal Committal Order. When this man's solicitor applied to the Asylum's Medical Superintendent for this man's release from the institution Dr. Sherlock obdurately refused to supply a copy of the defective Committal Order without any explanation of why he did this which led Mr. Prescott the solicitor to suggest that he would attend the next Committee of Visitor's Meeting to discuss this matter. However, it was the patient's wife who eventually attended this Meeting to ask for her husband's release, but when Dr. Sherlock's assured Mrs. Gillam that her husband was unfit to be at large she assented, to allow her husband to remain in Powick Asylum as a 'Private Patient'. Then, Mr. Hicks a surveyor who was a friend of the patient who had also attended the Visitor's Meeting with Mrs. Gillam counter signed the Private Patient's Committal Agreement to pay 10/- a week from the date, of James Gillam's admission to Powick Asylum.⁹⁸⁹ The asylum Visitors continued to be alert to cases where patients from Counties other than Worcestershire were sent to Powick Asylum so that in July 1872 when Ann J.⁹⁹⁰ was sent to Powick Asylum from Sedgley a Parish in Staffordshire that was in Dudley Poor Law Union an opinion was sought from the Poor Law Board on the County of Settlement of this woman.⁹⁹¹ The judgement was that when this woman was Certified insane she was living in a part of Dudley Union that was in Worcestershire although this did not necessarily mean that her legal Settlement was Worcestershire. In fact whilst Ann J. was residing in Worcestershire the reason for her being sent to Powick Asylum was that this institution was nearer to her home than the Staffordshire Asylum. However, this patient's Place of Birth and hence her Place of Settlement was in 'Staffordshire Dudley'. Thus this information led Ann J. to be sent back to Sedgley Workhouse from Powick Asylum and she was then probably sent to Staffordshire Asylum.⁹⁹² However, at no time was this woman entered on the Admission's Register of Powick Asylum. In spite of such administrative muddles such cases continued to cause problem for Poor Law Unions in Worcestershire that contained parishes in more than one County⁹⁹³ and in a small minority of cases patients who were admitted to Pauper Lunatic Asylum were from areas where the exact location of the County Boundary was unclear so that confusions inevitably arose as to precisely to which County Lunatic Asylum an insane individual should be sent.⁹⁹⁴ This was particularly the case in Tenbury Wells

⁹⁸⁵ VM1 February 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁸⁶ VM 12 April 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁸⁷ VM 3 May 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁸⁸ PN 2300, then Private Patient Pri 29, James Gillam, who was a 59 year old married slater, from Union Street, Stourbridge, was sent to the asylum on 23 July 1869. He was transferred to the Private class on 2nd August 1869 and was discharged 'recovered' from the institution on 4 October 1869.

⁹⁸⁹ VM 2 August 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁹⁰ This woman's name did not appear in the Powick Asylum's admission's register. She was probably sent back to her home Union and was likely to have been transferred to Staffordshire Asylum.

⁹⁹¹ VM 8 July 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁹² VM 5 August 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁹³ Places like Sedgley, were in Dudley Poor Law Union, parts of Tipton were in West Bromwich Union, and Clent was in Bromsgrove Union. These places were enclaves within adjacent counties. The whole of Dudley Union was an enclave in Worcestershire, with Sedgley, and a few others within this Union were parts of Staffordshire, within the Dudley Union.

⁹⁹⁴ Major problems relating to confusing Poor Law Union boundaries arose, because of an indistinct boundary between Worcestershire, Shropshire and Herefordshire, in Tenbury Wells Union. For similar reasons paupers from Solihull Union were often believed to belong to King's Norton Union.

Poor Law Union where the County Boundaries of Worcestershire, Herefordshire and Shropshire are particularly convoluted.

A very different case to that of James Gillam was that of Frederick Stockhall.⁹⁹⁵ He was admitted to Powick Asylum on 2 May 1869 from Comer Gardens in Martley Union, but he was given a defective Committal Certificate and Sir Henry Lambert an Asylum Visitor with interests in Martley Union was asked to investigate this case. Frederick Stockhall had been admitted to Powick Asylum, but when the Asylum Medical Officer referred the Certificate of Insanity to the Commissioners in Lunacy they immediately returned the document because it was defective. At this juncture the offending Certificate was returned to Martley Poor Law Union for amendment, but even after the Certificate had been altered it was again rejected by the Commissioners, as still defective. However, by this time Frederick Stockhall was in an 'excited state' in the asylum and he was certainly thought not suitable to be discharged back to Martley Union Workhouse 'without much danger to himself and to others' which led the Asylum Medical Superintendent to apply to the Union Relieving Officer of Upton on Severn Union the union that contained Powick Asylum asking him to attend the asylum, with a Magistrate and medical man so that a new Committal Order and Medical Certificate could be signed for Frederick Stockhall. However, on this occasion Dr. Sherlock's actions compounded the problems rather than resolved it because the involvement of Officials from Upton on Severn Union meant that this mentally afflicted man was then made Chargeable to Upton on Severn Union a Union where Frederick Stockhall was completely unknown., Thus, quite naturally the Upton on Severn Guardians felt aggrieved at this situation which led the Powick Asylum Committee of Visitors to enquire, of the Commissioners in Lunacy what course of action they should have adopted in this case. The asylum Visitors were now clearly anxious retrospectively to ensure that Martley Guardians should again be responsible for this man's asylum expenses. However four months after this situation occurred the Lunacy Commissioners sent a reply to the Visitor's enquiry which completely missed the point of the Visitor's concerns.⁹⁹⁶ There was apparently no easy resolution to the problem of Frederick Stockhall's Place of Residence when he was recommitted to Powick Asylum and this situation remained unresolved. The solution to this problem involved a 'sleight of hand when this man was discharged 'not improved from Powick Asylum on 11 June 1869, but then he was immediately readmitted to the same institution with his Place of Residence, again declared as Comer Gardens in Martley Poor Law Union. Thus, the Admissions and Discharge Register of Powick Asylum indicated that Frederick Stockhall, was readmitted to Powick Asylum from his home address whilst it was probable that he had remained at the asylum whilst his situation was normalised., This man died on 12 September 1869 about thirteen weeks after this administrative manipulation had occurred and his demise resolved a glitch in the smooth operation of the 'Poor Law of Lunacy' in Worcestershire and there was no further mention of this case.

Quite clearly the published 'Cure Rates' of the various English and Welsh County and Borough Pauper Lunatic Asylums in the second half of the nineteenth century were thought most important as were the 'Death Rates' of such institutions because such statistics were regarded as a measure of the level of care administered in an individual asylum. Thus, what were effectively 'league tables of care' analogous to listings of hospitals or schools published today were open to immediate criticism by the professionals in the field of expertise that these tables referred to. Thus, the Medical Superintendents and the Assistant Medical Officers of Pauper Lunatic Asylums inevitably, made the distinction between 'physical and mental health', in these statistics because most deaths in these institution were from physical rather than mental, causes. For this reason at Powick Asylum as in other similar institutions patients were often said to be in 'good health' physically when mentally they remained in a 'poor state'. However, inevitably there were occasional outbreaks of serious diseases that threatened patient's physical health, and sometimes this led to deaths. For instance in

⁹⁹⁵ PN 2275, then 2281, Frederick Stockhall, was a 41 year old married shoemaker, from Comer Gardens, in Martley Union. He was suffering from acute mania with general paralysis, when he was committed to the asylum on 25 May 1869, and he was removed from the asylum 'not improved' on 1 June 1869 but immediately readmitted. He died in the asylum on 12 September 1869.

⁹⁹⁶ VM 1 November 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

November 1854 epidemic cholera, caused a 'large number of deaths'⁹⁹⁷ at Powick Asylum, but then, there were a few other fatal cases, in the few days after this epidemic peaked. Indeed, by the end of November 1854, this cholera epidemic had 'entirely disappeared'.⁹⁹⁸

Accidents and injuries were also inevitable in Pauper Lunatic Asylums in spite of the vigilance of the asylum's staff in institutions where mentally disturbed people an accident prone group were incarcerated. Thus, in March 1855 a man called John Hughes⁹⁹⁹ who may have been one of three men of that name in the asylum at this time had his leg fractured in a scuffle with an attendant in a case that may have been an accident or it may have been caused by the violence of an attendant. Inevitably this incident was carefully investigated by the Asylum Visitors particularly because violence by a member of staff, on a patient was never to be countenanced.¹⁰⁰⁰ However, John Hughes' injuries were adjudged to have been accidental and no further action was deemed necessary in this case. Then, in January 1857 when a patient called Catherine Gough¹⁰⁰¹ sustained a fractured forearm this injury was definitely attributed to an accident as this woman fell down whilst bathing.¹⁰⁰² Whilst no further action was necessary in this case the circumstances of this incident did indicate and highlight the vulnerability of weak, mentally infirm patients whilst bathing. On other occasions, injuries were caused before a patient arrived at Powick Asylum as when a man, called Joseph Farley¹⁰⁰³ died at the asylum in April 1857. Then, during a Post Mortem Examination this man was found to have fractured ribs which according to Dr. Sherlock were caused prior to Joseph Farley's admission to the asylum.¹⁰⁰⁴ However, more worryingly in March 1860 a patient, called Elizabeth Turner¹⁰⁰⁵ dislocated her jaw whilst attempting to bite one of the nurses who was attempting to restrain this patient, but when the Committee of Visitors dealt with the case the nurse involved was, seen as the victim of an attack by this patient and no further action was taken.¹⁰⁰⁶ Accidents, inevitably continued to happen at Powick Asylum and in September 1861 Frank or Francis Morris¹⁰⁰⁷ from St Peter's, in Worcester with Settlement in Dudley had his thigh broken when a considerable quantity of earth fell on him whilst he was excavating the foundations of a new building on the asylum site. This was an occurrence that Dr. Sherlock assured the Visitors was definitely an accident.¹⁰⁰⁸ Uniquely, in the same month as Frank Morris was injured a member of the asylum's staff was killed in an accident when the stoker in the asylum boiler house got entangled in the machinery of the steam engine when he went too near to the 'shaft driving machinery' and the 'petticoat he had put on to prevent his clothes becoming soiled got caught up so that he was dragged in (to) the machinery'.¹⁰⁰⁹ Clearly, workplaces in asylums were as dangerous as those outside such institutions, but it was surely a testimony to the care taken by the Powick Asylum authorities that there were relatively few accidents involving patients whilst they were incarcerated in the asylum. Clearly serious accidents and injuries were very unusual within Powick Asylum.

⁹⁹⁷ VM 6 November 1854 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁹⁸ VM 29 November 1854 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

⁹⁹⁹ It was uncertain which John Hughes this was PN 68 (from Worcester Workhouse), PN 95 (from Evesham) or PN 148 (from Teddington, Gloucestershire, in Shipston on Stour Union) – All were inmates at Powick at the time of this accident. PN 68, John Hughes, was a 36 year old married man with no occupation recorded who was committed to the asylum on 24 August 1852 suffering from dementia. He died in the asylum on 29 March 1867. PN 95, also John Hughes, was a 56 year old labourer, who had no marital status recorded. He was committed to the asylum on 3 September 1852 suffering from dementia. He died in the asylum on 9 March 1863. PN 148 was also John Hughes, a 60 year old married labourer, who uniquely was committed to Powick Asylum with monomania of witchcraft. He was sent to the asylum on 14 September 1852 and he died in the asylum on 20 June 1862.

¹⁰⁰⁰ VM 3 April 1855 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁰¹ PN 319. Catherine Gough was a 50 year old widowed peddler, from Dudley, who was committed to the asylum, suffering from chronic mania, on 29 April 1854. She died in the asylum on 29 March 1868.

¹⁰⁰² VM 9 January 1857 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁰³ PN 572, Joseph Farley, was a 72 year old widowed shoemaker, from St Peter's parish, Pershore, who was suffering from acute mania, when he was committed to the asylum on 25 February 1857, but he died nine days later on 6 March 1857.

¹⁰⁰⁴ VM 2 April 1857 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁰⁵ PN 625, Elizabeth Turner, was a 48 year old labourer's wife, from Ripple, in Upton on Severn Union, who was committed to the asylum on 24 August 1868, suffering from acute mania. She died in the asylum on 30 September 1868.

¹⁰⁰⁶ VM 30 March 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁰⁷ PN 1050/1485 Francis or Frank Morris. From St Peter's Worcester Who had Settlement in Dudley

¹⁰⁰⁸ VM 2 September 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁰⁹ Ibid.

Dr. Sherlock like many other contemporary Medical Superintendents of Pauper Lunatic Asylums complained of people being sent to his asylum in an almost dying condition. Thus, in January 1856 he suggested that since the last Visitor's Meeting there had been three cases where patients died only a very short time after their admission to the asylum.¹⁰¹⁰ However, this was a problem that was not quickly resolved. Thus, in April 1857 Dr. Sherlock reported that Ellen H.¹⁰¹¹ had died within four hours of her arrival at the institution from exhaustion which meant that she had never formally been admitted to the asylum¹⁰¹² and such cases continued to occur. In December 1859 Mary Foxall¹⁰¹³ and Eliza S.¹⁰¹⁴ also arrived at the asylum in an 'almost dying state' which meant that there was again too little time to formally admit these women to the asylum before their demise so that neither of them, were recorded in the Asylum's Admission's Register. Mary F. died twenty three days after her arrival at the Powick institution and Eliza S. died after fifteen days, but in both of these cases the Medical Superintendent found no blame attached to the Officers of the Parish where these women had lived because they had both been sent to the asylum from the care of their relatives.¹⁰¹⁵ Indeed, in Dr. Sherlock's opinion in Eliza S.'s case she 'was kept at home by 'friends' for far too long before (Medical Poor) Relief was applied for...(and the Medical Superintendent saw it as a) matter of regret that friends did not apply for help, for this woman, at an earlier stage of the disease'.¹⁰¹⁶ Delaying an application, to Commit an individual to Powick Asylum was a problem that proved impossible for the Poor Law Authorities to resolve possibly because the relatives and friends of poor, aged and mentally infirm people still saw Committal to a Pauper Lunatic Asylum as ignominious and stigmatised so they preferred to avoid the opprobrium that they believed admission to such an institution involved. In spite of the concerns that Dr. Sherlock expressed some insane people were still Committed to Powick Asylum in a very weak physical state and in the early 1860s it was reported that four individuals had been brought to the asylum in 'great danger and debility'. Indeed, John W.¹⁰¹⁷ had died within a day of his arrival at the asylum so that he was never formally admitted to the institution, but Mary Johnson¹⁰¹⁸ who died in two days, Samuel Parker who died after fifteen days¹⁰¹⁹ and Thomas Kennard¹⁰²⁰ who died within eighteen days were all entered into Powick Asylum's Admissions Register in spite of the brief duration of their incarceration in the institution..

Mary Johnson had been in Droitwich Workhouse for several months, but when she was admitted to Powick Asylum her feet were said to be in a 'state of mortification from frostbite' and Dr. Sherlock believed that had this woman been brought to the asylum, long before she deteriorated into the reduced condition from which, she eventually died she may have survived.¹⁰²¹ Three months after this Thomas Aston¹⁰²² was brought to Powick Asylum from Upton on Severn Workhouse when he was in a state of 'extreme exhaustion' with various bruises on all parts of his body and according to the Upton on Severn Union Relieving Officer and the Workhouse Master there these injuries were caused when this man had fallen about his room at the workhouse inflicting the bruises he had suffered on himself. However, some of this man's injuries were thought to have been caused when Thomas Aston had pulled other paupers, in his workhouse dormitory out

¹⁰¹⁰ VM 31 January 1856 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰¹¹ This woman died so quickly that she was never formally admitted to the asylum.

¹⁰¹² VM 2 April 1857 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰¹³ Mary F Was not recorded in the Admission's Register.

¹⁰¹⁴ Ellen H Was not recorded in the Admission's Register.

¹⁰¹⁵ VM 2 December 1859 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰¹⁶ Ibid.

¹⁰¹⁷ John W. died so quickly that he was never formally admitted to the asylum.

¹⁰¹⁸ PN, 903, Mary Johnson, was a labourer's wife from Powick village. She had no age recorded in the admission's Register and was suffering from acute delirium, when she was admitted to the asylum, on 10 March 1860. She died two days later. .

¹⁰¹⁹ PN891, Samuel Parker, was a 53 year old single boatman, from Droitwich Workhouse. He was committed to the asylum on 14 December 1859, suffering from mania and died in the asylum on 4 March 1860.

¹⁰²⁰ PN 890, Thomas Kennard, was a 53 year old currier, from Worcester, who was suffering from acute mania, when he was sent to the asylum on 10 December 1860. He died in the asylum on 28 December 1860.

¹⁰²¹ VM 3 February 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰²² PN 951, Thomas Aston, was a 79 year old married farm labourer, from Upton on Severn Workhouse. He was sent to the asylum on 17 May 1860 suffering from senile dementia. He died at the asylum on 25 June 1860.

of bed and his victims had retaliated causing these bruises. This explanation then led the asylum Medical Superintendent to state that he believed that Thomas Aston should have been removed to the asylum much earlier than he had been and in this circumstance Dr. Sherlock believed this man may not have died so quickly.¹⁰²³

Most other patients committed to Powick Asylum as insane were physically as well as mentally ill. Thus, a substantial number of the patients admitted to the institution were feeble and likely to die. In 1864 the Lunacy Commissioners reviewed the case of a patient who had died in the asylum when an Inquest revealed that several of the deceased man's ribs were broken. However, 'enquiries after the Inquest (provided) conclusive evidence...(about) how and when the (man's) injuries were inflicted...(and it was) concluded that they...(happened) before this man came into the asylum'.¹⁰²⁴ Thus, further action in this case, was deemed unnecessary. However, in a quite similar case to this about a year later 'a man removed from his own home' to the asylum was found to have broken ribs when he died and again a Post Mortem Examination showed that these injuries were probably inflicted before this man was admitted to the asylum.¹⁰²⁵ However, the case of James Squires¹⁰²⁶ in January 1865 was different because whilst this man had broken ribs his injuries were sustained after he had arrived at the asylum where he had been very violent so he was put to bed to quieten him. During the process of settling him into the institution this man struck the asylum attendant Eli Lewis who then struggled with this patient causing bruises and a wound on the man's face. Then, subsequently these two men fell together and it was at this point that the James Squires was thought to have sustained his rib injuries. However, faced with this evidence the Asylum Visitors attached 'no blame to the attendant's actions given the circumstances of this incident.'¹⁰²⁷

In May 1857 a mild case of smallpox was reported in Powick Asylum although the afflicted patient apparently recovered without spreading the infection.¹⁰²⁸ However, what were referred to as 'institutional diseases' such as the skin complaint 'itch' and the eye infection 'ophthalmia' which sometimes caused temporary blindness in infected individuals; were common in workhouses but these ailments did not afflict inmates at Powick Asylum which probably indicated that the hygiene measures taken in workhouses to combat these menaces had already been adopted in Pauper Lunatic Asylums. However, in December 1857 there were 'several cases of...superficial cutaneous inflammations' which may well have been 'itch'; an infection that was probably usually brought to the asylum, by an individual already infected with this skin affectation which was then spread by cross infection in the institution.¹⁰²⁹ Although this infection could have spread very widely amongst the patients at Powick Asylum this outbreak appeared to be dealt with judiciously and it did not spread. Indeed, increased vigilance was now applied whenever sickness increased at Powick Asylum and temporary measures were then often taken to cope with the dangers of such infections.

Thus, in January 1858 an additional night nurse was provided on the female side of the asylum when the numbers of sick female patients there increased. An attendant was now also put to sleep in each of the male wards at night with another 'supernumerary attendant' visiting each ward just before midnight if there was illness there. Then if anything untoward was discovered this supernumerary attendant remained in the ward where the sick patient was for the rest of the night. However, if further attendants were not required, on a regular basis because the sickness had abated these supernumerary attendants were laid off.¹⁰³⁰ Thus, consistently the Powick Asylum authorities would use several different approaches to avoiding the

¹⁰²³ VM 25 May 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰²⁴ 12th AR, January 1865.

¹⁰²⁵ VM 6 December 1864 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰²⁶ PN 1603, James Squires, was a 51 year old married army pensioner, from Evesham, who was admitted to the asylum on 7 March 1864, suffering from acute mania. He died in the asylum on 24 April 1881.

¹⁰²⁷ VM 9 January 1865 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰²⁸ VM 18 May 1857 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰²⁹ VM 3 December 1857 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰³⁰ 5th AR, January 1858 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

appointment of any additional staff. In early 1858 when catarrh was reported, amongst patients at the asylum this caused concern because this physical ailment was an affliction that was contemporaneously invariably related to chest infections which in mid Victorian Britain were a great killer of aged people particularly those in institutions and especially if a patient became bedridden. In January 1858 cases of chest infection were 'frequent' at the asylum and this medical condition caused the death of several aged patients there.¹⁰³¹

In spite of physical ailments causing the deaths of many Powick Asylum patients with symptoms of mental infirmity the mental condition of some of these patients actually caused their death. Thus, in May 1860 excitement, brain disease, palsy and epilepsy were reported to be 'likely to prove fatal' in a few patients¹⁰³² and in response to this situation individuals who were suffering from serious mental ailments; thought life threatening were moved to an appropriate infirmary ward in the institution although, when physical illness in the institution increased in May 1860 the female infirmary ward was said to be 'much overcrowded' so much so that the 'air...(there was) rendered very impure...(so that the) rooms were unhealthy and insufficient for their purpose'.¹⁰³³ Indeed, three months later it was probably this situation that explained Dr. Sherlock's recommendation that 'when vacancies occurred in wards with sick and feeble cases and where there were people suffering from fits the wife of a male attendant should be introduced' to care for these 'additional patients' which was 'a system favourably reported on in several other Pauper Lunatic Asylums' at this time.¹⁰³⁴ As in other Pauper Lunatic Asylums epilepsy was a cause of great concern at Powick Asylum. This was well illustrated in May 1860 when a patient, called John Elms¹⁰³⁵ was found dead in bed by the ward night attendant who had seen this patient alive an hour before he was discovered dead. However, John Elms had been seized with a violent fit and he had turned on his face and died because he was suffocated by the bed linen.¹⁰³⁶ In some other cases exhaustion from mania and disease of the brain were sometimes associated with paralysis and epilepsy, and these conditions were the major causes of death, directly from mental afflictions at Powick Asylum. However, these causes were only part of the reasons for patient's deaths at the asylum where it was still 'ordinary' physical ailments' including debility and diarrhoea that remained the cause of most deaths. In June 1860 this was well illustrated by a table that Dr. Sherlock compiled, showing the causes of deaths at Powick Asylum in 1859.

TABLE 5.1. The Causes of Deaths at Powick Asylum in 1859.

CAUSE.	MALE.	FEMALE.	TOTAL.
Paralysis.	11	6	17
Epilepsy.	4	4	8
Exhaustion from Mania	5	3	8
Old Age and Debility.	2	1	3
Diarrhoea	1	1	2
Other Ordinary Causes.	1	16	29 ¹⁰³⁷

In December 1860 physical illness caused Enoch Hampton's¹⁰³⁸ death. He was suffering from a 'chest affection' when he arrived at the asylum in October 1860 although he was then thought to be recovering from his illness but after he went to bed on December 20 1860 he was seen several times during night by an

¹⁰³¹ VM 29 January 1858 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰³² VM 25 May 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰³³ Ibid.

¹⁰³⁴ Ibid.

¹⁰³⁵ PN 503, John Elms, was a 27 year old single 'poor labourer', from Oldbury, in West Bromwich Union, who was committed to the asylum on 8 April 1856, suffering from dementia with epilepsy. He died there on 8 September 1860.

¹⁰³⁶ VM 25 May 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰³⁷ VM 26 June 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰³⁸ PN 870, Enoch Hampton, was a 47 year old married engine tender, from Oldbury, in West Bromwich Union, who was admitted to the asylum on 19 October 1859, suffering from chronic mania. He died on 20 December 1860.

attendant and this inmate was certainly alive at 4.00 a.m. when the night attendant visited him. At that time Enoch Hampton did complain of being ill, but the attendant noticed no change in his condition. However, at 5.00 a.m. the same attendant found this Enoch Hampton dead so he called the Medical Superintendent immediately who noted 'great lividity of the patients face and trunk' which the Dr. Sherlock attributed to strangulation which he thought probably implied suicide. However, an Inquest was held that found that this patient had died from 'natural causes'.¹⁰³⁹ In November 1861 some of the deaths at Powick Asylum were attributed directly to 'advanced mental disease complicated with organic diseases', but it was diarrhoea and catarrh¹⁰⁴⁰ that were the physical conditions most often leading to deaths of patients at the asylum at this time. The threat of these diseases was thought to be accentuated by the onset of winter¹⁰⁴¹ so that between November and March 1861 the 'major ordinary causes of death' at the asylum were 'chest affections'. John Dean¹⁰⁴² of Kidderminster who was admitted to the asylum in January 1862 when he was already ill with a chest infection died within three days and James E.¹⁰⁴³ died so quickly after he had arrived at the institution that he was never formally admitted to the asylum,. This man was sent to the asylum from his mother's house in Grafton Flyford but he died after only eight days in the institution. Both John Dean and James E. were described by the asylum's Assistant Medical Officer as being 'in a state of advanced bodily disease on admission' so it appeared likely that had these men been kept out of the asylum before they were committed there, they would have died quite quickly anyway without being Committed to the institution¹⁰⁴⁴ which meant that arguably deaths like these inflated the total number of deaths at Powick Asylum. However, it was hard to avoid such individuals being Committed to the institution as if they were paupers and mentally infirm they could not, under the 'Poor Law of Lunacy' be refused admission to an institution intended to treat such mental conditions. Pauper lunatic patients who died suddenly or in suspicious circumstances whilst in the asylum often led to a Post Mortem Examination being held. Thus, in April 1863 the death of William Steele¹⁰⁴⁵ was investigated by a Coroner's Jury who returned a verdict that this man had 'died from natural causes' and nothing suspicious was found about his death.¹⁰⁴⁶ Similarly, John Williams¹⁰⁴⁷ who was admitted the asylum in January 1862 suffering from great debility which was accentuated by 'privations'¹⁰⁴⁸ initially improved for a few days very probably because he was better fed in the asylum, than he had been at home, but he then showed symptoms of brain disease that confined him to bed where he was found dead by an attendant. A Post Mortem Examination revealed that this patient had died from 'asphyxia during a fit' after he had been incarcerated in the asylum for just fifteen days before his demise.

In February 1861 it was reported that deaths at Powick Asylum were 'mainly caused by paralysis and other organic diseases...(with) cases of advanced disease...(in some cases) likely to terminate shortly in death'.¹⁰⁴⁹ In March 1861 the Medical Superintendent reported that the general health of the asylum had 'not (been) so good recently' because there had been several prolonged cases of diarrhoea especially in the male hospital which Dr. Sherlock thought were due to the changeable weather and to the reduced quantity of 'fresh vegetable matter' in the Asylum Dietary because of seasonal shortages.¹⁰⁵⁰ However, in May 1861 he reported that there were then 'very few...(inmates) confined to bed'¹⁰⁵¹ and four months later he reported

¹⁰³⁹ VM 21 November 1860 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁴⁰ Catarrh was inflammation of the mucous membrane of the nose and throat.

¹⁰⁴¹ VM 22 November 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁴² PN 1061, John Dean, was a 75 year old married weaver (probably of carpets), who was from 46 Worcester Street, Kidderminster. He was committed to the asylum on 12 April 1861 suffering from acute mania. He died in the asylum on 15 April 1861.

¹⁰⁴³ There was no indication that James E. was ever formally admitted to Powick Asylum.

¹⁰⁴⁴ VM 31 May 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁴⁵ PN 416, William Steele, was a 62 year old widowed nailer, who was from Worcester, although he was chargeable to the County Common Fund. He was sent to the asylum on 5 May 1855, suffering from chronic mania. He died in the asylum on 9 March 1863.

¹⁰⁴⁶ VM 13 April 1863 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁴⁷ PN 1158, John Williams, was a 35 year old labourer, from Dolday, Worcester, who had no marital status recorded for him. He was admitted to the asylum on 6 January 1862 and he died there on 21 January 1862.

¹⁰⁴⁸ 'Privations' probably implied that this man was severely malnourished and neglected.

¹⁰⁴⁹ VM 1 February 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁵⁰ VM 28 March 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁵¹ VM 31 May 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

that mortality was low.¹⁰⁵² In 1862 there were forty three deaths of patients at Powick Asylum twenty one males and twenty two females, and all of these deaths were caused by 'natural causes mainly from phthisis, general paralysis, epilepsy, exhaustion from mania, apoplexy and general decay'. However, more worryingly about a quarter of these deaths had occurred between three days and five weeks after the deceased individual had entered the institution¹⁰⁵³ and this clearly concerned the Medical Superintendent who believed that if a patient arrived from a Union Workhouse in a poor condition he as the asylum's Medical Superintendent should remonstrate with the Board of Guardians of the Union sending the patient to the asylum about the danger of delaying the transfer of mentally infirm paupers to the asylum. Thus, for instance in March 1863 the Asylum Visitors insisted that the Martley Guardians be informed that James Onslow¹⁰⁵⁴ had arrived at the asylum on 21 February 1863 from the Union Workhouse there in a 'dying state'. Indeed, this poor man died on the same evening that he arrived at the asylum which led the Asylum Visitors to assert that James Onslow had not been in a 'fit state to bear the journey to the asylum' and that the stress caused by his transfer had probably hastened his death.¹⁰⁵⁵ However, in April 1863 the Martley Board of Guardians responded to the Asylum Visitor's letter about this matter; suggesting that James Onslow had been seen by the Martley Workhouse Medical Officer before his transfer to the asylum when he was considered 'fit to be removed to the asylum'.¹⁰⁵⁶ However, whilst the Committee of Visitors were being compassionate about James Onslow's death they were also very aware that Pauper Lunatic Asylums had their success and effectiveness assessed in part by recording a low 'Death Rate'. Therefore, the Powick Asylum Visitors probably considered that patients in a hopeless state like James Onslow should never be sent to a Pauper Lunatic Asylum in his condition because he was very likely to die there quickly which would adversely affected the asylum's 'Death Rate'; the prime measure of a Pauper Lunatic Asylum's success in the eyes of the Poor Law Board, the Lunacy Commission, and the Worcestershire Community at large. However, it was obvious that in this case the Martley Union Workhouse Medical Officer was in an invidious position as the 'Poor Law in Lunacy' required that a mentally infirm man like James Onslow who had already been in the Union Workhouse for fourteen days the time limit for keeping a pauper lunatic in a workhouse had to be removed to the lunatic asylum. It was thus inevitable that some pauper lunatics in a dying state would arrive at Powick Asylum.

When two of the deaths at Powick Asylum in 1863 were investigated by an Inquest one man was declared to have accidentally been killed 'by a fall of earth upon him while (he was) at work'¹⁰⁵⁷ and the other patient who was an elderly man had died from the effects of injuries inflicted by another patient. Both of these cases were then investigated by an Asylum Visitor's Inquiry which attributed no neglect or blame, to the asylum attendants or to any other Officers of the asylum and when this finding was communicated to the Lunacy Commission; no blame was attributed, by them to the asylum. Thus, Powick Asylum's administrators hoped that their record as a safe environment for vulnerable mentally infirm patients to be treated in would be safeguarded. In 1863 there were 94 deaths in the asylum with the most common cause of death on this occasion being general palsy and brain disease with diseases of the lungs and heart, exhaustion from mania, and general decay the other major causes of death. However, unfortunately but inevitably the practice of sending patients from Worcestershire Poor Law Unions to Powick Asylum, in a state of extreme feebleness and exhaustion continued. There were eight recent cases of debilitated patients being sent to Powick Asylum at this time who died within three weeks of their arrival at the institution whilst four other patients; transferred to the institution died within three days of their committal to the asylum.¹⁰⁵⁸

¹⁰⁵² VM 2 September 1861 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁵³ 10th AR, January 1863.

¹⁰⁵⁴ PN 1294, James Onslow, was a 45 year old single labourer from Abberley, in Martley Union, who was suffering from dementia when he was admitted to Powick Asylum on 21 February 1863. He died on the same day he was committed to the asylum.

¹⁰⁵⁵ VM 3 March 1863 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁵⁶ VM 13 April 1863, WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁵⁷ 11th AR, January 1864.

¹⁰⁵⁸ Ibid.

In November 1863 the Commissioners in Lunacy reported that the Mortality Rate at Powick Asylum was above that in other County Lunatic Asylums with thirty two men, and thirty three women dying in the Powick institution during the last twelve months. However, in spite of this there was no special cause for the large Mortality recorded except that this asylum contained an unusually large proportion of 'feeble and paralytic cases' so that seven patients with these conditions had died within three weeks of their Committal to the asylum which would have been unusual in most other similar asylums, but was the norm at Powick Asylum. At this time two Inquests had been held at the asylum which produced one verdict that the patient had 'died from natural causes' whilst the other patient had 'died from disease of lungs and brain'.¹⁰⁵⁹ Thus, as suggested previously the problem of patients being sent to Powick Asylum in a feeble state inevitably continued, but when the Commissioners in Lunacy inspected Powick Asylum again, they were still concerned that eight patients had arrived, from various County Poor Law Unions in an exhausted state. However, Dr. Sherlock believed that most such cases where deaths followed soon after Committal to the asylum came directly from the patient's own homes rather than from a workhouse or other institution. Thus, it was relatives and friends rather than the Poor Law Union Authorities who were blameworthy for the parlous state of pauper lunatics before they arrived at Powick Asylum where they subsequently died quickly.

In November 1864 one man removed from his own home had several broken ribs when he arrived at the asylum. This case was reviewed by the Lunacy Commissioners who concluded that this patient's injuries were probably 'inflicted' prior to his admission to the asylum although no conclusive evidence could be found as to how and when this man's injuries were "inflicted". In spite of the Commission's use of the word 'inflicted' they clearly agreed with the Coroner that this 'man's injuries were 'probably caused before he arrived at the asylum'.¹⁰⁶⁰ In December 1864 the Powick Asylum Committee of Visitors was very incensed because a patient called John Hemmings¹⁰⁶¹ who was suffering from delirium, had been brought to the asylum whilst he was still recovering from smallpox and logically the asylum Visitors did not want this man to introduce such a highly infectious disease into their asylum. Thus, they regarded this matter very seriously and they emphasised that their practice was not to accept patients who were suffering from serious infectious diseases, but what was very worrying, in this case, was that John Hemmings who was from the Dudley Poor Law Union was thought to be in a 'dying state' before he was transferred to the asylum; in a condition that Dr.. Sherlock believed meant there was no hope of recovery. Thus, the Medical Superintendent felt that the Dudley's Union Medical Officer must have concurred with this opinion so whilst Dr. Sherlock showed compassion for John Hemmings in these circumstances and whilst he did not resist admitting this man to the asylum he did take precautions to prevent the spread of smallpox in the institution by isolating this patient from other inmates. This man died about a week after his admission to Powick Asylum; 'still in a state where he might 'communicate smallpox to others'.¹⁰⁶² Now, whilst the asylum Visitors gave the Dudley Board of Guardians the benefit of the doubt by presuming them ignorant of the facts about John Hemmings having smallpox and presuming they had not knowingly authorised the transfer of an individual in an infectious state to Powick Asylum the Visitors did still want to pursue the matter further. They demanded that an Inquiry be held to ascertain who was blameworthy for the situation in which John Hemmings had been sent to Powick Asylum in an 'infectious state'.¹⁰⁶³ However, within a couple of weeks Dudley Guardians wrote revealing that a request to Remove John Hemmings to the asylum had been passed to Dudley's Workhouse Medical Officer who then issued, a Medical Certificate which stated that this man had been Certified insane by a surgeon,¹⁰⁶⁴ but he had then contracted smallpox so that he had temporarily remained in the workhouse, but then, six

¹⁰⁵⁹ 12th AR, January 1865.

¹⁰⁶⁰ *Ibid.*

¹⁰⁶¹ PN 1598, John Hemmings, was a 33 year old married engine fitter, from Queen's Cross, Dudley, who was committed to the asylum on 29 December 1864 suffering from delirium. He died in the asylum on 7 March 1865.

¹⁰⁶² VM 9 January 1865 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁶³ *Ibid.*

¹⁰⁶⁴ A copy of the Medical Officer's Report and Certificate was sent to the Powick Visitors on 6 February 1865.

weeks later he had attempted to strangle himself which was an action that placed the Workhouse Medical Officer in a difficult position. This Officer realised that John Hemmings had already been incarcerated in the workhouse whilst insane for longer than the Law allowed and he knew that there was no proper attendant in the workhouse, to keep watch over a lunatic patient. He therefore believed that he had no legal right to keep a man in the workhouse who had attempted suicide. Thus, the Workhouse Medical Officer believed he had no alternative but to send this man who he believed to be 'dangerous to himself and to others' to the County Lunatic Asylum. Thus, the Workhouse Medical Officer had Certified John Hemmings insane and ordered him to be removed to Powick Asylum immediately. However, this was done some eight weeks after this man had contracted smallpox and the workhouse medical man claimed that at the time when this inmate was moved to the asylum he was certainly 'not in a dying state' although he must still have been highly infectious. This patient had apparently borne the journey to the asylum very well so that the Dudley Board of Guardians claimed that any error made was a misapprehension of the duties of the Workhouses Medical Officer which was an explanation apparently accepted by the Lunacy Commission who suggested that no further action be taken in this case. However, this decision must have caused great disquiet to Dr. Sherlock and to the Powick Asylum Visitors ¹⁰⁶⁵ and one can understand that although the Asylum Visitors regarded smallpox very seriously that compassion had led them to admit this man to the asylum in a dying state. His treatment for smallpox was then continued in isolation in the institution.

At this time other infectious diseases were regarded in a similar fashion to smallpox, but the Committee of Visitors thought that lessons should be learned from the admission of John Hemmings to the asylum. However, when Abraham B. ¹⁰⁶⁶ from Droitwich was brought to the asylum in June 1865 with 'malignant typhus fever' from an area where several people had already died of this disease perhaps conveniently he was considered not to be a pauper lunatic which explained why he was never formally admitted to the asylum. However, the Asylum Visitors were still concerned about any individual with a highly contagious disease arriving at their institution even when he was not admitted there. In July 1865 the Powick Asylum Visitors formally demanded that the Poor Law Board review their Admission's Regulations so as to produce a more robust policy to cover the admission of paupers suffering from infectious diseases to Public Lunatic Asylums. ¹⁰⁶⁷ In spite of this within months in December 1866 Elizabeth Cooper ¹⁰⁶⁸ was sent to Powick Asylum from Worcester Workhouse in a 'dying state' suffering from typhoid fever, but her case contrasted markedly with that of Abraham B. as this woman was definitely a pauper lunatic who was admitted to the asylum immediately, although she died quickly after her Committal there. However, this woman's admittance to the institution led the Committee of Visitors to agree with the Medical Superintendent's opinion that Elizabeth Cooper should never have been sent to the asylum because her infectiousness was a threat to the other patients in the institution. The facts of this case together with, Dr. Sherlock's Report were now sent to the Commissioners in Lunacy who then referred this case to Poor Law Board for a public investigation ¹⁰⁶⁹ although no answer was received from the Poor Law Board about this matter so this issue was then brought before the next Quarter Session Meeting of the County Justices which caused 'great excitement in the City of Worcester at the time'. ¹⁰⁷⁰ The Visitors now raised this issue with the Poor Law Board in March 1867 ¹⁰⁷¹ and this time they did receive a response a few weeks later stating that the Board could not see that any violation of the Poor Law Regulations had been committed in this case and there was certainly no case for the Worcester Board of Guardians to answer. ¹⁰⁷² In spite of this the Committee of Visitors and the Medical Superintendent of the asylum undoubtedly continued to feel aggrieved about this matter.

¹⁰⁶⁵ VM 6 February 1865 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁶⁶ As indicated, this man was never admitted to the asylum.

¹⁰⁶⁷ VM 3 July 1865 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁶⁸ PN 1876, Elizabeth Cooper, was a 23 year old servant from London Road, Worcester, who was committed to the asylum on 19 December 1866, suffering from acute maniacal delirium. She died a day after she arrived at the asylum.

¹⁰⁶⁹ VM 7 January 1867 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁷⁰ VM 4 March 1867 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁷¹ Ibid.

¹⁰⁷² VM 6 May 1867 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

In 1866 it was reported that sixty seven men and 179 women were taken for exercise beyond the precincts of their airing court at the asylum¹⁰⁷³ because this was considered 'beneficial to their health and wellbeing'. However, in the airing court belonging to male ward No. 5 the posts and wires subdividing this area were now removed because more walks were recommended for patients from this ward many of whom were not trusted to be out of the asylum precincts so that these inmates then took exercise in this newly extended airing court. Then, at about this same time the Commissioners in Lunacy suggested that rows of trees be planted in all airing courts which they thought would afford more shade for patients during the hot summer months so that patients could then be encouraged to go outside whenever the weather permitted.¹⁰⁷⁴ However, whilst the Asylum Visitors sometimes accepted the advice they were given by the Commissioners on other occasions they ignored the advice given. On this occasion they disagreed with the Commissioner's advice because, they believed that such a development would interrupt the free circulation of air in the airing courts which they perceived to be beneficial to the patient's health. However, the Visitors did provide a skittle alley in one of the male airing courts to increase the recreational facilities available¹⁰⁷⁵ and they did agree to the suggestion that sunshades be fitted in male ward No. 5 airing court at a cost of, no more than £25 to provide shade for the patients who were sent to 'take the air' in that court. Rabbits were also purchased, at about this time to 'amuse patients' and these animals were also kept in some the other airing courts. However, in spite of these minor changes the Visitors still demurred from another of the Lunacy Commissioner's suggestions that evergreen plants be grown in the airing courts because they claimed that this had been done previously and these plantings had been unsuccessful.¹⁰⁷⁶ In 1869 the inmates were again encouraged to take more 'out door exercise' and it was now stated that a 'larger numbers of patients than at any time previously were regularly taken out of the asylum for walks in the countryside'. In spite of this there were still about 132 patients of both genders whose exercise was restricted to their airing courts presumably because they were thought likely to escape¹⁰⁷⁷ or attack other people. In early 1871 one hundred and seventy male inmates, and 220 females, were frequently taken out for 'country walks' in fine weather¹⁰⁷⁸ and by 1872 'the indulgence of exercise beyond the asylum grounds had by now been extended to 88 more patients of both genders on a weekly basis'.¹⁰⁷⁹

Powick Asylum Visitors sometimes used the Lunacy Commissioner's Annual Reports as a checklist of problems in the asylum which needed attention so for instance when Francis Morris¹⁰⁸⁰ who was from Worcester Workhouse was first Committed to the asylum in February 1861 he was suffering from monomania. He was discharged 'recovered' in September 1862 after about eighteen months incarceration, but this man was then readmitted to the asylum in February 1864 this time suffering from dementia and he died within about a week of his recommittal to the institution. Thus, the Visitors now suggested that this man had been suffering from dementia in the period between his initial discharge from the asylum 'recovered' and his recommittal there which seemed a reasonable assumption to make in these circumstances. Thus, the Poor Law Board were now notified by the asylum Visitors that they believed that Francis Mason's incarceration in Worcester Union Workhouse in the interim period between his discharge from the asylum and his recommittal there was 'suspicious' which led the Poor Law Board to immediately enquire what Worcester Union Board of Guardians views on the circumstances of this case were which demonstrated well the level of care that the Central Poor Law Authority took over cases, where an infringement of the 'Poor Law of Lunacy' was suspected and when

¹⁰⁷³ 13th AR, January 1866.

¹⁰⁷⁴ *Ibid.*

¹⁰⁷⁵ *Ibid.*

¹⁰⁷⁶ VM 7 May 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁷⁷ 16th AR, January 1869.

¹⁰⁷⁸ 18th AR, January 1871.

¹⁰⁷⁹ 19th AR, January 1872.

¹⁰⁸⁰ PN 1050, then 1485, Francis Morris, was a 36 year old single boatman and collier, who was admitted to the asylum, from St. Peter's parish in Worcester, 21 February 1861. However, his Settlement was eventually adjudged to be in Dudley. This man was suffering from monomania of Pride. He was discharged from the asylum 'recovered' on 1 September 1862, but he was recommitted to Powick Asylum on 23 February 1864, this time with his address in Blockhouse, Worcester, the poorest area of the City. He was now suffering from Dementia, and he died at the asylum on 4 March 1864.

such a complaint was passed to them. On this occasion the Board clearly felt that they could not be seen to countenance a pauper lunatics being left in Union Workhouses whilst suffering from a Certifiable mental infirmity which dementia certainly was. Indeed, as suggested previously the 'Poor Law of Lunacy' specifically stated that all such paupers should be, committed to a Pauper Lunatic Asylum in such circumstances and not retained in a workhouse if they were suffering from a mental infirmity. However, the Worcester Guardians now attempted to exculpate themselves from all blame in this case by claiming that reports in local newspapers about this case had included the accusation, made in a letter from Powick Asylum Visitors which were not warranted. However, the Guardians did admit some blame attached to 'some parties in the (Worcester) Union' although what was clear in all of this was that Francis Morris had been illegally detained in Worcester Union Workhouse. However, in spite of this the asylum Visitors were clearly not satisfied with this explanation because they believed that the Worcester Guardians had given orders, to their Workhouse Medical Officer, to detain some harmless pauper lunatics in the Union Workhouse whenever this was possible presumably to save money. The asylum Visitors now suggested this to the Commissioners in Lunacy and asked them to 'fully and specially enquire into the circumstances of this case'. Then inevitably various local newspapers reported on the 'Francis Morris case' and the Committee of Visitors forwarded these press reports to the Lunacy Commission.¹⁰⁸¹ In May 1865 copies of these same newspaper articles were also sent to the Poor Law Board together with a letter intimating that Francis Morris had been improperly and illegally detained in Worcester Workhouse¹⁰⁸² and what was now suggested was that at the time of this man's committal to the asylum the deterioration in his mental state was 'suspicious' which was partly attributable to his detention in the workhouse.

This assertion had initially been made in the Powick Asylum Case Book where it was also suggested that this man had died of 'exhaustion from mania caused by cerebral disease' and that this condition had developed while he was incarcerated in the workhouse.¹⁰⁸³ However, it was impossible to prove this claim or to ascertain how long Francis Morris had been detained in Worcester Workhouse before his mental condition deteriorated so that he was in a critical state. In spite of this Francis Morris's detention in the workhouse was still regarded as 'suspicious' because it appeared possible that his relapse had occurred soon after his release from Powick Asylum as 'recovered'; at the same time that he was sent to Worcester Workhouse. When, in September 1862 this man was readmitted to the workhouse where it was suspected his dementia gradually worsened before he was eventually recommitted to Powick Asylum the conjecture was that the Worcester Board of Guardians had detained this 'insane pauper' in the workhouse, in contravention of the 'Poor Law of Lunacy' at exactly the same time that they were enquiring of the Asylum's Medical Superintendent which of their pauper lunatic patients at the asylum, might be safely transferred to their Union Workhouse. Thus, the suspicion remained that Worcester Guardians had, shown a clear lack of care about Francis Morris which was to the Asylum Visitors unacceptable¹⁰⁸⁴ although this conclusion appeared difficult for both the Lunacy Commission and the Poor Law Board to accept and no further action by them was taken on this matter. However, it appeared possible that the Powick Asylum Committee of Visitors were using the circumstances of the Francis Morris case to enhance and emphasise the opposition expressed previously by the asylum's Medical Superintendent to the notion of unimproved but unthreatening pauper lunatics being transferred back to Worcester Union Workhouse, from Powick Asylum.

In 1865 the Commissioners in Lunacy now stated that whilst there had been no epidemic diseases at Powick Asylum in the previous year the 'Mortality Rate' there was 'somewhat large', but they found the causes of the deaths recorded at the asylum were generally 'understandable' except in the case of Sylvester Allcock¹⁰⁸⁵ who

¹⁰⁸¹ VM 11 April 1864 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

¹⁰⁸² VM 2 May 1864 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁸³ See footnote 177 above.

¹⁰⁸⁴ VM 2 May 1864 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁸⁵ PN 1650, Sylvester Allcock, was a 36 year old married needle finisher, from Webheath, Headless Cross, in Bromsgrove Poor Law Union. He was admitted to the asylum on 27 May 1865, suffering from melancholia and he died there on 19 July 1865.

died with five broken ribs. This man was admitted to the asylum on the 27 May 1865 with a disease of both his brain and liver. He was in 'very feeble health' although he had shown no 'serious symptoms', but his 'breathing was affected' ¹⁰⁸⁶ and when Dr. Sherlock examined this patient he discovered his injuries. Sylvester Allcock died about seven weeks after the discovery of his injuries and an Inquest returned a verdict that this man 'died of disease of the brain, heart, and liver accelerated by fractured ribs'. ¹⁰⁸⁷ However, there was no satisfactory evidence for the Coroner's Jury to base an opinion on as to how and when this man's injuries were caused. In spite of this, the Asylum Visitors did endeavour to investigate the circumstances of this patient's injuries in great detail so they questioned all of the attendants who cared for Sylvester Allcock and any patients thought capable of giving pertinent evidence. However, no evidence emerged that a struggle or violence had occurred although the deceased man was considered 'so feeble that no force was ever necessary to deal with him' and he had been restless. Sylvester Allcock also often got out of bed during the night when his great feebleness made him liable to fall. Whilst this evidence was clearly circumstantial, 'unsatisfactory and unconvincing' (sic) establishing a definite cause for this man's injuries proved impossible and in these circumstances the Visitor's Inquiry could only decide that in future a more careful examination of patients' persons should be made, at the time of the individual's admission to the asylum and that a full record made of the patient's state must be entered in the institution's Patients' Case Book. ¹⁰⁸⁸

The lessons of Sylvester Allcock's case were clearly learned and in August 1866 when William Edwards ¹⁰⁸⁹ from Kidderminster arrived at Powick Asylum in an injured state there was again a suspicion that his injuries might have been caused by physical abuse. However, this patient was a boy of about sixteen years who was not able to speak. He had bruising and contused wounds all over his body and limbs injuries that were obvious to the staff admitting him to the asylum immediately he arrived there. Thus, the Assistant Medical Officer examined this youth and carefully recorded all of William Edwards' injuries in the Patient's Notes suggesting that his injuries had been caused at several different times before this youngster entered the institution. This led the Asylum Visitors to ask Mr. Talbot one of the Asylum Visiting Committee Members who was from Kidderminster to enquire into the circumstances of William Edwards' injuries. When Mr. Talbot reported on this matter and on whether these injuries had been caused by ill treatment the Visiting Committee would bring the matter to the attention of the Magistrates. ¹⁰⁹⁰ However, after a month Mr. Talbot reported that on investigation of this youth's injuries by the Police no evidence that required 'further investigation' was found. ¹⁰⁹¹ Thus, at this juncture the Visitors were clearly satisfied with the explanation they had received from Mr. Talbot about this youth's injuries and no further action was found necessary although this Visitor's Inquiry did demonstrate the level of care taken by the Committee of Visitors in dealing with what were merely suspicious injuries to a defenceless young pauper lunatic committed to the asylum.

The Lunacy Commission's Annual Reports on Powick Asylum usually also made comments on a miscellany of other issues so that in their 1866 Report, the Commissioners criticised the 'Dead House' at the asylum which they regarded as 'too basic' and they suggested that this room should be partitioned off to form a 'decent room' where the friends of deceased patients would have an opportunity of seeing the bodies of their (deceased) relatives'. ¹⁰⁹² However, the Asylum Visitors felt that the alterations suggested by the Lunacy Commissioners would 'destroy the effect of the room' so instead the Visitors suggested that a curtain be used to divide the 'Dead House', but also that a few additional articles of furniture should be provided, to reduce

¹⁰⁸⁶ 13th AR, January 1866.

¹⁰⁸⁷ Ibid.

¹⁰⁸⁸ Ibid.

¹⁰⁸⁹ PN 1828, William Edwards, of 24 Dudley Street, Kidderminster, who was a 16 year old youth for whom no occupation was recorded on the asylum Admission's Register, arrived at the asylum on 30 July 1866, suffering from dementia, which was an unusual diagnosis in a patient as young as this. He died on 2 February 1867.

¹⁰⁹⁰ VM 6 August 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁹¹ VM 3 September 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁹² 13th AR, January 1866.

the bareness of the room and these improvements were then carried out¹⁰⁹³ This same Lunacy Commissioner's Annual Report, also stated that a suicide had occurred at the asylum in December 1866 which had led the Asylum's House Committee a Sub Committee of the Visiting Committee to report that the man who had committed suicide had been suffering from melancholia. Thus, he had 'hanged himself whilst being of unsound mind' and this was confirmed by an Inquest.¹⁰⁹⁴ However, whilst this man's death was unfortunate it was believed that a majority of attempted suicides would inevitably result in death, but patients other than melancholics were sometimes vulnerable to suicide although most attempts of self-destruction were made by inmates afflicted with melancholia. At about this same time the Lunacy Commissioners reported that two epileptic patients had separately been found dead in bed,¹⁰⁹⁵ but in neither of these cases did the Coroner deem an Inquest necessary because both of these deceased patients had clearly died from 'natural causes'. However, Dr. Sherlock did suggest that at the time of these deaths there were at least 125 epileptic patients at the asylum and that some of these patients might also die suddenly which led the Commissioners in Lunacy to suggest that it was desirable, to arrange 'special supervision for (such vulnerable) epileptic patients during the night', which was an arrangement that was immediately accepted as necessary by the Asylum Visitors.¹⁰⁹⁶

In September 1867 a case of injury to William Bateman¹⁰⁹⁷ possibly at the hands of a member of the asylum staff was reported although nothing could be proved from the evidence of Dr. Hearder the Assistant Medical Officer who saw this patient when he entered the asylum or from any of the other attendants who witnessed this incident.¹⁰⁹⁸ Another case of injury was reported in December 1867 when the Medical Superintendent reported that two patients had fractured bones, but these injuries were thought to have been caused by another patient which led to Frederick Hart¹⁰⁹⁹ a Criminal Lunatic who had been habitually violent whilst in the asylum, being separated from the other patients at least when he was 'especially irritable'.¹¹⁰⁰ Deaths at Powick Asylum from June 1866 to the end of 1867 were recorded by the Lunacy Commissioners as eighty six patients; forty eight males and thirty eight females. However, in addition to the unusual deaths discussed earlier a female patient had died of typhoid fever an infection that was also said to have caused this patient's mania. Indeed, this woman was committed to the asylum because of her insanity and it was only after admission to the institution that this patient was diagnosed as suffering from typhoid fever. She died in the asylum just a few hours after being admitted there. Thus, seemingly the Medical Superintendent's continuing concerns about patients being sent to the asylum when they were seriously ill with an infectious disease were still justified and they had still gone on unheeded. However, there was no indication in this case that this woman's condition was known to those who sent her to the asylum. The rest of the deaths in 1867 were from 'ordinary causes' such as general and ordinary paralysis, brain disease, epilepsy and disorders of the heart and lungs. Whilst, the 'Death Rate' at Powick Asylum at this time was not high for Pauper Lunatic Asylums generally the recorded figures did contrast markedly with the asylums' performance in previous years; the Death Rate was lower.¹¹⁰¹

Of twenty eight male deaths in Powick Asylum during 1868 twenty eight per cent were due to general paralysis¹¹⁰² one per cent were due to epilepsy associated with brain disease seven per cent to epilepsy which

¹⁰⁹³ Ibid.

¹⁰⁹⁴ VM 3 December 1866 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁹⁵ 14th AR, January 1867.

¹⁰⁹⁶ Ibid.

¹⁰⁹⁷ PN 2002, William Bateman, was a 38 year old married labourer, from Birlingham, in Pershore Poor Law Union, who was admitted to the asylum, suffering from acute mania, on 21 August 1867. This man died in the asylum on 14 October 1867.

¹⁰⁹⁸ VM 2 September 1867 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹⁰⁹⁹ PN 989, Frederick Hart, was a 26 year old clerk, for whom no marital status was recorded, who was a Criminal Lunatic. He was suffering from acute mania, when he was transferred to the asylum, from Worcester County Gaol on 16 August 1860. He died in the asylum on 21 December 1905 having spent over forty five years incarcerated in the asylum.

¹¹⁰⁰ VM 7 October 1867 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

¹¹⁰¹ 15th AR, January 1868.

¹¹⁰² General paralysis was contemporaneously defined as

was about the same proportion as for phthisis, four per cent were due to accidents and the remaining forty three per cent were caused by 'other causes', but there had been no male deaths from heart disease, at a time when seventeen women had died of this condition. Twenty four per cent of women had died from general paralysis with a similar proportion dying from apoplexy and brain disease whilst twelve per cent of women died from phthisis with a similar proportion of women patients at the institution dying from heart disease six per cent because of accidents and the remaining twenty two per cent from 'other causes'. There were no deaths of women patients from epilepsy at this time.¹¹⁰³ One of the male patients had died from a fracture of the skull caused by a fall, during an epileptic fit and one woman; who was suffering from paralysis was accidentally burned to death. Thus, the Rate of Mortality at Powick Asylum during 1868 was a fraction over eleven and a half per cent with the highest 'Death Rate' recorded during the winter months when mortality was fifteen per cent higher than in the summer months. Inquests had been held on two of the inmates mentioned above plus a Post Mortem Examination for another patient, but all of the autopsies conducted had concluded that there was nothing suspicious about the deaths investigated in this way.¹¹⁰⁴ However, a spate of suicides at the asylum in 1868 led to the suggestion that both the day and night attendants should have 'their special attention drawn to the propensity for suicides amongst individual patients' and that this information should also be communicated to the asylum staff, by the Assistant Medical Officer in writing in an attempt to reduce the incidence of such deaths.¹¹⁰⁵ This sort of pattern of deaths and the Mortality Rates that were recorded at Powick Asylum at this time, were typical for the period from 1865 and 1872,

In November 1868 there was an unusual case admitted to Powick Asylum which the Commissioners in Lunacy drew attention to; when Elizabeth George¹¹⁰⁶ the wife of Henry George the Worcester City Treasurer was admitted to the Powick institution having been found to be 'not under proper care and control' although the specific problem highlighted in this woman's case was that her Certificate of insanity was based on a weak case because the Commissioners felt that this woman's Certificate was 'invalid' as they suspected the cause of her committal to the asylum was 'intemperance rather than insanity'. However, the Asylum Visitors had a different problem with Mrs. George's committal to the asylum because she had been described in the Asylum Records as a 'gentlewoman' so she could not legally be treated as a pauper at Poor Law Union expense. However, Dr. Sherlock disagreed with the Commissioners belief about the cause of this woman's insanity because he insisted that this Mrs. George had been committed to the asylum suffering from 'mania a' potu' a definite form of mania so he felt that she was indeed insane, and that her recovery would only be speedy if she remained at the asylum otherwise her return to sanity would be retarded. This opinion led the Asylum Visitors to admit Elizabeth George to the asylum as a 'Private Patient' at 15/- a week maintenance fee and the Lunacy Commissioners were informed of this.¹¹⁰⁷ However, no mention was made, by either the Visitors or by the Commissioners in Lunacy about Mrs. George not even being eligible to be a 'Private Patient' under Powick Asylum's Regulations. However, Dr. Sherlock's expectation that this woman would 'quickly recover' was fortunately fulfilled so that Mrs. Elizabeth George did not remain at the asylum for long. In this case the patient's husband, was well known to the Medical Superintendent and to some of the Members of the Committee of Visitors, so that keeping Mrs. George at the asylums as a 'Private Patient' appeared to be a favour to a man who was almost considered to be an employee of the asylum.

In January 1868 the Medical Superintendent reported that a paralytic female patient who had got out of bed, fallen and set fire to her clothes had burned to death. Then, at a subsequent Inquest the verdict passed

¹¹⁰³ 16th AR, January 1869.

¹¹⁰⁴ Ibid.

¹¹⁰⁵ Ibid.

¹¹⁰⁶ PN 2189 and Private Patient Pri 27, Elizabeth George, from Boughton Fields, who was 46 years old, was married to the Worcester City Treasurer. She was described as a 'gentlewoman', who was suffering from mania a'potu, induced by alcoholic drink. She was admitted on 13th December 1868 and because she was certainly not a pauper, she soon moved to the Private Class.

¹¹⁰⁷ VM 7 December 1868 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

suggested that this woman had died, because she had been 'accidentally burned'.¹¹⁰⁸ Later, in June 1868 suicides were again said to be 'quite common' at the asylum so the staff there were again told to be particularly vigilant about the personal safety of inmates with suicidal tendencies.¹¹⁰⁹ In December 1868 some pauper lunatics were received at the Powick institution in a filthy and verminous state. An example of this was when Eliza Giles¹¹¹⁰ who had been diagnosed as an idiot and had been employed as a nailer in Bromsgrove was committed to the asylum in such a state that the Asylum Visitors asked Bromsgrove Guardians about her.¹¹¹¹ However, the Visitors received no reply to their letter, but Dr. Sherlock then reported that Mr. Graves the Assistant Poor Law Commissioner for the West Midlands had conducted an Inquiry at Bromsgrove Union after Dr. Sherlock had reported that this woman was infected with vermin when she arrived at Powick Asylum. The mere suggestion that this woman was verminous led the Bromsgrove Union Officials to contradict the Powick Asylum Medical Superintendent's assertions about this case. The Board of Guardians insisted that Eliza Giles was perfectly clean when she left the Union Workhouse but when Dr. Sherlock produced a signed declaration from him, the Matron of Powick Asylum and the patient's attendants there that this woman was indeed infested with vermin on her arrival at the asylum the Matron of Bromsgrove Workhouse and several other witnesses from that institution counter claimed, under oath that Eliza Giles was certainly not dirty and verminous when she left the workhouse. Then perhaps inevitably Mr. Graves the Assistant Poor Law Commissioner found that the situation created by this conflict of evidence was difficult to resolve so he decided not to submit the evidence he had collected to the Poor Law Board. Further correspondence with the Powick Asylum Visitors on this matter now ensued¹¹¹² and once full details of Eliza Giles' case were available the Poor Law Board decided in June 1869 that there were sufficient grounds to believe that Eliza Giles had indeed left Bromsgrove Workhouse in the dirty state, described by Dr. Sherlock and his colleagues, at Powick Asylum.¹¹¹³ In this case and others like it the patient's state inevitably concerned the Asylum authorities because lice faeces were thought to be a vector of typhus fever a highly infectious disease that the Asylum Managers certainly would not want to be introduced into their institution. However, this case also appeared significant because it illustrates well that the relationship between the County Pauper Lunatic Asylum and the Boards of Guardians and the staff of Union Workhouses in Worcestershire were not always good and that the relationship between these two types of Poor Law institutions both dealing with paupers in the county, were not always easy ones.

There were no epidemic diseases reported in Powick Asylum during 1869, but concern was then expressed about thirty deaths that had occurred at the asylum during that year particularly because some of these deaths had again occurred soon after patients were committed to the institution sometimes within only a few days of these individual's arrival there.¹¹¹⁴ However, by now this issue was regarded as a perennial problem by the Asylum Visitors so that its reoccurrence was regarded as 'normal' and simply noted and no further comment was made about this situation in spite of the obvious concern of the Medical Superintendent about these deaths. The Lunacy Commissioners now reported on two cases one of a man the other of a woman who had died suddenly in Powick Asylum with the first of these deaths attributed to epilepsy and the second to apoplexy. However, these two causes of death were regarded as 'normal' amongst mentally infirm individuals in Pauper Lunatic Asylums In July 1870 it was reported that a patient called Edward Robins¹¹¹⁵ had been kicked by another patient called John Murray¹¹¹⁶ which had caused the victim's death when he sustained a

¹¹⁰⁸ VM 6 January 1868 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹⁰⁹ VM 1 June 1868 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i)

¹¹¹⁰ PN 2192, Eliza Giles, was a 24 year old single woman, who was an idiot, who had managed to work as a nailer. She was admitted to the asylum on 22 December 1868, from Bromsgrove Workhouse. She died at the asylum on 29 December 1868.

¹¹¹¹ VM 1 February 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹¹² VM 1 March 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹¹³ VM 7 June 1869 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹¹⁴ 17th AR, January 1870.

¹¹¹⁵ PN 2346, Edward Robbins, was an 18 year old single nailer, from Love Lane, Lye, in Stourbridge Union, who was admitted to the asylum on 13 December 1869, suffering from mania with epilepsy. This young man died in the asylum on 9 June 1870.

¹¹¹⁶ The man who kicked Edward Robins (see above) was John Murray, (PN 2134), who was a 31 year old married miner, from Dudley Workhouse, who was suffering from mania with epilepsy. He was committed to the asylum on 17 June 1868. He left the

ruptured spleen which indicated how violent the kick that caused this injury must have been. An Inquest was inevitably held and returned a verdict of Manslaughter and the perpetrator was committed to gaol on a 'Coroner's Warrant' with the intention that he should be tried for Manslaughter at the next Quarter Sessions. However, inevitably John Murray was quickly acquitted on the ground of his insanity after the asylum's Medical Superintendent had confirmed it. However, Dr. Sherlock also requested that the Secretary of State remove John Murray from Powick Asylum and commit him to Broadmoor Criminal Lunatic Asylum as soon as possible.¹¹¹⁷ The assailant was then temporarily but unusually held in seclusion at Powick Asylum in a single room and he was then Removed to Broadmoor Criminal Lunatic Asylum only four days after Edward Robbins had died which illustrated well that in cases considered urgent the Home Department would act quickly to remove dangerous Criminal Lunatics, to Broadmoor Asylum.

In late 1870 a male patient committed suicide and an Inquest was held¹¹¹⁸ that returned a verdict of 'suicide by hanging' which was the only case of suicide at Powick Asylum in 1870 investigated in this way. Indeed, Inquests were only held in cases where there were 'special reasons' to hold an autopsy, but even then only after the patient's relatives had been apprised of the facts about their relative's demise and given their consent to a Post Mortem being conducted. A man who was suffering from general paralysis who also had other 'very grave bodily diseases' to complicate his mental condition¹¹¹⁹ had 'no fractures' evident on his admission to the asylum, seven months previously, but at the time of his death this patient had 'several fractured ribs' some of which had been inflicted very shortly before his death. Thus, an Inquest was held into this case that found that this man had died from 'natural causes'. However, in 1871 the Commissioners in Lunacy made more 'minute inquiries' about this case. They examined the Asylum Medical Officers and the principal attendants both males and females, who had been responsible for caring for this man in the wards where he had been housed from his admission until his death. However, beyond the fact that this inmates fractures could not have been of 'recent occurrence' and were not the cause of this man's death the Commissioners failed to arrive at any definite conclusion, about how or when, this man's fractures were caused.¹¹²⁰

In January 1871 there was another suicide at the asylum when Alfred Pardoe¹¹²¹ cut his own throat with a 'dinner carving knife' whilst William Archer the attendant in charge of the ward where this patient lived was called away whilst he was serving dinner to the patients. The attendant went to deal with an inmate who was choking¹¹²² and when he left the dining area he put the sharp edged knives he was using in the pantry. However, he did not close the pantry door and when he returned five or six minutes later he found the patients still at the dining table, but he then had to go for some stimulants to revive the choking patient. This time when he returned to the dining room after three or four more minutes he found Alfred Pardoe missing from his place at the dining table and on searching, for him Alfred Pardoe was found in a lavatory with his throat cut and a carving knife was lying at his feet which was the same knife that William Archer had left in the pantry. Alfred Pardoe died from the effects of the wound he had inflicted on himself and an Inquest returned a verdict that he had 'committed suicide whilst he was of unsound mind'. However, it was then recommended that Rule 41 of the Asylum Staff Discipline Code be strictly adhered to and William Archer the attendant involved in this incident and the other attendants on the same ward were examined at the Inquest. They were then also interviewed by the Asylum Visitors who found that William Archer had indeed been negligent for not properly securing the knives when he was called away. However, the Committee of Visitors then decided

asylum 'not improved' just four days after his victim died, on 13 June 1870, when he was sent to Broadmoor Criminal Lunatic Asylum.

¹¹¹⁷ VM 4 July 1870 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹¹⁸ 18th AR, January 1871.

¹¹¹⁹ 18th AR, January 1871.

¹¹²⁰ 19th AR, January 1872.

¹¹²¹ PN 2407, Alfred Pardoe, was a 27 year old married horse nail maker, from Baldwin's Green, in Stourbridge Union who was admitted to the asylum on 13 April 1870. He died by cutting his own throat in the asylum on 3 March 1871.

¹¹²² VM 9 December 1871 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

not to impose a severe penalty on this attendant because of his previous general good conduct and character, but this was probably only possible because the Visitors recognised that suicides amongst severely mentally disturbed people in a lunatic asylum, were inevitable.¹¹²³

In November 1871 the Asylum Visitors were informed that Edwin Richardson from Worcester Workhouse had severe and 'recently sustained injuries' when he arrived at the asylum; injuries that had apparently been caused by violence. This man had been taken to Worcester Workhouse where he was detained for some time before an Order of Committal to Powick Asylum was signed which should have allowed this man's immediate Removal to the asylum. However, his transfer was delayed which led the Asylum Visitors to ask the Worcester Board of Guardians both how this man received his injuries and why he had been detained in the workhouse for two days, after an Order of Committal to the asylum had been signed. The Worcester Guardians explanation for this delay was that at about half past six on the evening of Tuesday 29 November 1871, Mr. M. and his wife, with whom Edwin Richardson and his wife had been lodging went to the Assistant Union Relieving Officer's private residence with a Certificate of Lunacy which was signed by Dr. Woodward. At this stage Edwin Richardson's wife stated that although her husband had been quiet he had been 'very queer in manner'. However, the doctor then recommended that the afflicted man should remain in the workhouse overnight and that he should then be sent to the lunatic asylum the next morning. This was a situation that the wife of Mr. M. the landlord, now confirmed although she also added that she had no idea there was anything the matter with the afflicted man until the night of his illness. The Assistant Relieving Officer now too Edwin Richardson to Worcester Workhouse and handed him over to the Workhouse Master there together with a Certificate of Lunacy and at that time Edwin Richardson was quiet and he answered questions in a rational manner. However, at 8.30 a.m. the next morning the Assistant Relieving Officer was sent for by the Master of the Workhouse because Edwin Richardson had acted in a very different manner than that represented by his wife and his landlord, once he was in the workhouse.

Once he was in the workhouse ward the mentally afflicted man was put into bed, but he then got out of bed and tried to strangle one of the other inmates of the workhouse ward. Then, in an attempt to prevent further violence this afflicted man was again put into bed, but by this time he had already received some injuries. Mr. J. D. Jeffrey the Workhouse Medical Officer was now sent for and he stated that Edwin Richardson was not in a fit state to be taken to the lunatic asylum at that time which was a decision in agreement with the view of the medical man who had signed the original 'Certificate of Insanity'. Mr. Jeffrey now suggested that the injured man should stay in the workhouse for that night and that he should then be conveyed to the asylum the next morning. Indeed, Edwin Richardson was removed to Powick Asylum the next morning in accordance with Mr. Jeffrey's orders. Thursday 1 December 1871¹¹²⁴ was the day that Worcester Board of Guardians met. Thus, Edwin Richardson's case was reported to the Board of Guardians who immediately sent the Union's Assistant Relieving Officer and the Master of the Workhouse to Powick Asylum to fully explain this case to the asylum authorities. Dr. Sherlock was not available either because he was unwell or because he was not at the asylum for some reason so the Union Officers explained Edwin Richardson's case, to the asylum's Assistant Medical Office with the request that he should apprise the Medical Superintendent of the circumstances of Edwin Richardson's committal to the asylum as soon as Dr. Sherlock returned.¹¹²⁵

The Worcester Workhouse Master's Report on this case provided more detail of Edwin Richardson's behaviour when he was admitted to the workhouse on the evening of Tuesday 29 November 1871. This Report largely confirmed the circumstances in which this man was brought to the workhouse.¹¹²⁶ However, the Workhouse Master added that he had placed Edwin Richardson under the care of Thomas D. who was a

¹¹²³ Ibid.

¹¹²⁴ VM 9 January 1871 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹²⁵ Ibid.

¹¹²⁶ Ibid.

workhouse inmate who had previous experience of being in charge of pauper lunatics. This man was described by the Workhouse Master having been always very attentive in carrying out the duty of caring for mentally disturbed fellow paupers. The Workhouse Master then saw Edwin Richardson twice during the evening of his arrival at the Union Workhouse when this man was quiet and he spoke rationally. In the early morning of 30 November 1871 the Workhouse Master was awoken at about 5.00 a.m. by a workhouse inmate called Gilbert C. who stated that Edwin Richardson had murdered or was murdering an old man called Edward T. Thus, the Master urgently went to the ward where this mentally infirm man was detained where he found Edwin Richardson on the floor, grasping Edward T. by the throat with both hands, but then standing on a bed above the insane man was another inmate who was striking the lunatic assailant with a stick presumably with the intention of trying to drive Edwin Richardson off. The Workhouse Master then got hold of the pauper lunatic and put him onto his bed, but on examining him the Master noticed cuts around the man's head which he assumed had been inflicted in the struggle. He also noticed bruising caused by blows also received during this incident. The Workhouse Porter was now sent to fetch the Workhouse Medical Officer to dress Edwin Richardson's wounds and then later that morning the Workhouse Master and the Union's Assistant Relieving Officer went to Powick Asylum to communicate details of the Richardson case there. However, at a later time the asylum's Committee of Visitors, was not satisfied with these explanations of what was an unusual case and this inevitably led to an investigation by the Lunacy Commissioners who found it unnecessary to take any further action on this matter.

As was discussed earlier in this book, there were occasions when individuals were sent to Powick Asylum with infectious diseases and inevitably this continued to be taken very seriously by the asylum authorities who knew how devastating, the effects of such diseases would be in what was essentially a 'closed total institution'.¹¹²⁷ Thus, in March 1872 precautions were taken against smallpox and the asylum's Assistant Medical Officer was authorised to have the patients at the asylum vaccinated against this disease 'at his discretion'.¹¹²⁸ Then, in May 1872 the Medical Superintendent was allowed to spend up to £15 on a microscope for 'pathological examinations' which was an instrument that could have been used in attempts to identify smallpox amongst the asylum patients.¹¹²⁹ It was now reported that there were 705 patients and servants at Powick Asylum who had been vaccinated against smallpox and that 595 of these vaccinations had taken whilst 110 other individuals required revaccinating.¹¹³⁰ Then, in November 1872 in another effort to prevent the spread of smallpox the Powick Asylum Visitors forbade friends of patients from the districts of Worcestershire where smallpox was virulent from visiting the asylum.¹¹³¹ However, in December 1872 when smallpox came uncomfortably close to the institution when a severe case was reported and confirmed at the Bowling Green within a quarter of a mile of the asylum's entrance the Visitors completely closed the institution and they wrote to the Upton on Severn Union Board of Guardians the Poor Law District in which Powick Asylum was situated expressing the hope that every precaution was being taken to prevent the threat of smallpox infection to the asylum.¹¹³²

In April 1872 a patient called Elizabeth White¹¹³³ of Ashton under Hill in Evesham Poor Law Union was admitted to the Powick institution, having been injured. This woman had 'much and extensive bruising'¹¹³⁴ and she died four days later from the 'exhaustion of mania', but also after she had obstinately refused food.

¹¹²⁷ A Total Institution was defined in the 'Introduction' to Erving Goffman's book, *Asylums*, Penguin, 1984, p. 11 as 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.'

¹¹²⁸ VM 4 March 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹²⁹ VM 6 May 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹³⁰ VM 3 June 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹³¹ VM 4 November 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹³² VM 2 December 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹³³ PN 2753, Elizabeth White, was a 68 year old farm labourer's wife, from Ashton under Hill, in Evesham Union, who was admitted to the asylum on 16 April 1872, suffering from acute mania. This woman died in the asylum just four days later, on 20 April 1872. .

¹¹³⁴ VM 6 May 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

Then, an Inquest concluded that this patient had died from 'natural causes' although the Coroner's Jury did ask that representation about this case be made to the Poor Law Commissioners expressing concerns about the cause of this woman's death. This led the Asylum Visitors to defer investigating this case themselves until after they had heard from the Poor Law Board. However, there was no indication of any outcome to this inquiry included in the Asylum Visitor's Minutes so possibly the Central Poor Law Authority found that nothing untoward happened in this case.¹¹³⁵ In November 1872 Dr. Sherlock wrote to the Commissioners in Lunacy, regarding the case of William Saunders¹¹³⁶ who was found, by the night porter dead in bed in the dormitory of male ward No. 7 at 2.40 a.m. on 14 October 1872. Dr. Gowan the Assistant Medical Officer was immediately summoned by the night attendant to examine the body of William Saunders which by this time was 'almost cold' which in the doctor's opinion meant that death had occurred more than an hour previously. Then, in spite of there being no suspicions about this death the Committee of Visitors still examined Charles Danford the night attendant who had originally found William Saunders' body and they also heard a statement from Dr. Gowan about this death, which led to Charles Danford being found guilty of neglect although he was only cautioned, and he was not dismissed from his post for his unspecified omissions. However, it appeared that this night attendant had, never formally acted in contravention of the Asylum Staff Rules which required such attendants to visit each ward, every hour during the night. However, this Rule was the subsequently altered so that night attendant's visits, were now made every three quarters of an hour during the night; which was a Rule change approved of by the Commissioners in Lunacy who whilst they agreed to this Rule change they also insisted that the gas lights should be left burning all night to provide light in the asylum corridors and to make inspections visits, by night attendants easier.¹¹³⁷ From December 1872 the corridors and passages of Powick Asylum were lit by gas at night¹¹³⁸ and all of the night attendants now visited the dormitories at three quarters of an hour intervals during the night.¹¹³⁹

What this and previous Chapters in this book have attempted to do is to provide a context, for Powick Asylum. The institution produced a vast number of 'Patients' Notes' and the intention of this book was to enable readers to understand more fully the 'Asylum Careers' of individual pauper lunatics at this lunatic asylum in the hope that these readers will be 'enabled' to produce for themselves 'Histories From Below', of individuals or groups of patients they identify from the records of Powick Patients available on the George Marshall Medical Museum Web Site Archive, (at www.medicalmuseum.org.uk). The author deliberately decided not to give examples of such 'Asylum Careers' for individual pauper patients available on the Museum Website, using the search engine provided there. See the Appendix to this book, for details of how to use this search facility.

¹¹³⁵ *Ibid.*

¹¹³⁶ PN 1859, and Pri 12, William Saunders, was a 30 year old single farmer, from Lockeridge, in Upton on Severn Union. He was committed to the asylum on 4 October 1866 suffering from mania with epilepsy. He was moved to the Private Class on 12 April 1867. He died in the asylum on 14 October 1872.

¹¹³⁷ VM 4 November 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹³⁸ VM 2 December 1872 WCRO Ref. b. 125, Acc. No. 710, Par. 1(i).

¹¹³⁹ *Ibid.*

CONCLUSION AND POSTSCRIPT.

The intention of this book was to investigate the Worcester City and County Pauper Lunatic Asylum during the period from 1852 to 1912 so as to be of interest to a general readership, but also to users of the Powick Asylum Archive on the website of the George Marshall Medical Museum (www.medicalmuseum.org.uk) that contains the Patient's Notes of several thousand paupers committed to Powick Asylum in the time covered by this study. This investigation began by attempting to identify the types of pauperised individuals, who were thought by the communities where they lived, and by Society at large, in the 1840s and 50s, to be a threat, because of their untoward behaviour and violence. Such people were after 1845¹¹⁴⁰ incarcerated in Pauper Lunatic Asylums, but in Worcestershire, the focus of this book, no such institution was built until the early 1850s, when the Worcester City and County Pauper Lunatic Asylum opened at Powick, as a joint institution to be funded and used by both the City and County of Worcester. In the interim, before the new County Asylum opened, Private Lunatic Asylums, or in the parlance of the day, 'mad houses' continued to be used for pauper lunatics from the thirteen Poor Law Unions of Worcestershire. Of these institutions only Droitwich Lunatic Asylum, was in Worcestershire, but other private lunacy institutions, in adjacent areas to the County were used. The book then attempted to discuss the nature of the mental afflictions that caused insane pauper individuals to be incarcerated in such lunatic asylums. However, it was decided that nineteenth century definitions of the mental afflictions suffered by patients in these asylums would be used in these discussions, so that Daniel Hack Tuke's *Dictionary of Psychological Medicine*, first published in 1872,¹¹⁴¹ was used as the source to derive the definition of these conditions to be discussed in this context; definitions that were contemporaneous to the developments discussed in this book. Then, having identified the types of patients treated, and the conditions these mentally infirm patients were treated for. Then it investigated the planning, funding, building and the preparations for opening the new institution. Then, the book investigated the way that the asylum was 'bedded down' when it first opened; including the way that the Officers, and the ordinary staff of the asylum,¹¹⁴² were initiated into their roles, and how these individuals coped with the problems of working with mentally disturbed people. Finally, the book investigated some aspects of the patient's view of Powick Asylum.

What emerged from this study was that in spite of the ambivalence of large sections of Society, locally and nationally, in the early 1840s to the likely cost of building and maintaining Public Pauper Lunatic Asylums, the Law passed in 1845¹¹⁴³ gave responsibility for implementing this measure to the Committee of Justices for an area. This Act was then effectively implemented in the decade after the passing into Law of this Legislation. Worcestershire was somewhat slow in creating its County Pauper Lunatic Asylum, in part because of initial reticence in promoting the idea locally, but then because of attempts to form a joint asylum with neighbouring Counties and then by some ineptitude shown by the Lunacy Commission. Eventually a joint Pauper Lunatic Asylum, shared with the City of Worcester, was built, which opened on 12 August 1852. Once the asylum site was purchased, the design of the institution and its construction proceeded quite smoothly and what was created at Powick, about two miles from Worcester, was an institution approved by the Poor Law Board, the body officially responsible for all Poor Law institutions, but also by the Lunacy Commission, who were made responsible for the probity of the running of such institutions once they opened. What soon emerged, at Powick Asylum, was the primacy of the Lunacy Commission over the Poor Law Board, in matters relating to the treatment of patients in Powick Asylum. What was created in this institution were several different environments designed to provide a suitable context in which specific mental afflictions – dementia, idiocy (and imbecility), mania (including monomania) and melancholia - could be treated. As with all other

¹¹⁴⁰ The enactment of 8 & 9 Vic. C. 126 (Lunatic Asylums' Act) 1845.

¹¹⁴¹ TUKE, Daniel Hack, (ed.), *A Dictionary of Psychological Medicine*, Blackiston, Philadelphia, 1892.

¹¹⁴² The Asylum Officers, included; the Medical Superintendent, the (Assistant) Medical Officers, and the Matron, whilst the ordinary staff included; the Asylum Steward, the attendants, instructors, who taught the trade skills taught in the asylum, including the farm manager and his staff and the gardeners, the laundress and the laundry maids and sundry maids, and the asylum porters.

¹¹⁴³ 8 & 9 Vic. C. 126 (Lunatic Asylums' Act) 1845.

Poor Law institutions the patients were rigorously segregated by gender, onto two sides of the asylum, with one ward for each type of affliction created on each side of the asylum, plus a ward for dirty patients and a hospital ward. Whilst the asylum built at Powick clearly functioned effectively from the outset, experience of running the institution led to changes, the most significant of which was a decision to ignore the initial classification of patients' mental affliction in determining where afflicted individuals would live in the institution. It now emerged that it was the ease with which an inmate was managed that determined where they were accommodated in the asylum, unless they were either dirty or physically ill.

However, what now also became apparent was that the wards on either side of the asylum became ranked, with one ward regarded as superior to another, so that patients were said to be 'promoted', or 'relegated' from one ward to another according to the ease with which they were managed, which was often coincidental with their state of recovery. What was also clear was that attendants approved of some patients more than they did others, again often because of the ease with which an inmate was managed, but also according to the patient's ability to cope with life in the institution. Thus, those patients who could get out of bed and leave their ward to go out to work were approved of most, those able to get out of bed and work in the ward were the next most approved of, whilst patients who were out of bed sitting in a chair were next most approved of, and bed ridden patients were least approved of. These levels of approval were probably shared by the asylum managers, who preferred patients to be out of their wards at work, because this reduced the need for attendants in the wards during working hours – indeed in most wards only one member of staff was on duty at this time. The inadequate numbers of staff employed at Powick Asylum was a matter that was perpetually criticised by the Lunacy Commissioners during the period dealt with in this study, although the level of overcrowding at Powick Asylum was another contentious issue for the Commissioners. Powick Asylum's 'cure rate'; the proportion of patients who recovered their sanity and were discharged from the institution, was also carefully monitored by the Lunacy Commission, but the Powick institution was usually comparable with other Pauper Lunatics Asylums in this respect, although it did have more feeble and incurable cases than other similar institutions, and the reason for this discrepancy was unclear..

What was clear was that in the first five years of its operation Powick Asylum was regarded more favourably by the relatives of pauper individuals committed there, than the private madhouses it had replaced. This was partly because of a belief created by positive publicity that the Moral Treatment Régime, adopted at the new institution, would lead to a recovery of sanity. There was a prevailing confidence in society at this time that this would be the case. However, the continuing deaths of patients entering Powick Asylum soon disabused people in the local community of this belief; an impression that was enhanced by an inexorable growth of the institution, caused by the accretion of incurable demented, idiots and imbeciles in the institution, who according to the 1845 Legislation¹¹⁴⁴ should have been sent to specialist institutions for the incurably insane; asylums promised by the Home Department in 1845 that were never built. However, the most remarkable fact about Powick Asylum, and indeed all other such institutions, was that there was no drug available to specifically treat mental illness. At this time 'treatment' meant careful observation and attempts to socialise patients, mainly by employing them usefully in the controlled atmosphere in which they were immersed, in what was essentially a community within a community'. Then, if these patients conformed to the behavioural norms of society, they could be safely returned to home communities as 'recovered', with the term 'cured' seldom used. Patients committed to the asylum were often ill, but their infirmity was usually physical as well as mental. If these patients did not regain 'normality' they were then incarcerated in the institution for the rest of their lives, unless a relative, or friend, agreed to take responsibility for that individual and provided that they signed a legal agreement to do this. In some such cases Poor Relief was then paid to enable this to happen. Pauper patients in Powick Asylum who were physically ill were treated by an asylum Medical Officer, with the few medicines available and very occasionally using surgery to treat such patients. In

¹¹⁴⁴ Ibid.

spite of the relatively meagre treatment on offer, this was certainly superior to that available to paupers outside the asylum. Similarly the diet in the institution was more adequate, which aided the asylum patient's recovery, which led to claims that the two major tenets of the new Poor Law; 'National Uniformity' and 'Less Eligibility' were ignored in Pauper Lunatic Asylums, possibly demonstrating the extent of the influence of the Lunacy Commissioners over such institutions. Whilst sedatives like morphine, often administered as laudanum, chloral hydrate and potassium bromide¹¹⁴⁵ were certainly used at Powick Asylum, these drugs were used to reduce the threat of obstreperous and violent patients, or to induce sleep in insomniacs. However, there were a small number of other cases where morphine was used to control severe and prolonged epileptic seizures, but these attempts proved futile, and sometimes they resulted in severe side effects, including apoplexy that led to paralysis. Thus, these drugs were not used to ameliorate mental infirmities, and this was a situation that persisted at Powick Asylum throughout the period investigated by this book. Whilst therapeutic drugs were occasionally used in some institutions for the insane, towards the end of the nineteenth century this usage was often experimental. However there was no evidence of such drugs being used at Powick Asylum. This was probably to be expected. It was clearly the case that Powick Asylum was well managed in the period investigated and this institution was as successful as most other similar institutions at this time.

Whilst it was decided not to include details of the 'Asylum Careers' of patients, drawn from the Archive of Patient's Notes that are available, because the purpose in this book was to facilitate the use of these records by readers, it was decided to use the 'Asylum Career' of one extraordinary patient, as a POSTSCRIPT to this book. Henry Bushell's case¹¹⁴⁶ was specifically chosen, because it was atypical, unique, and extraordinary. This monomaniac man came to Powick Asylum in March 1865, when he was 72 years old, with a very long and complex history of previous insanity that meant that he had been treated in many other different lunatic asylums, in England, and elsewhere including in Ireland and Europe. Whilst this man was resident at the Powick Asylum for only about nine months, before he died, he came there with 'notes' from other asylums. His case is also of great interest, because of the 'unique life experiences' of this man, which provide some insights into the chaotic life of a mentally unstable man in the late nineteenth century, and into what might be termed this mentally infirm man's 'Lunatic Asylum Career'. However, no attempt will be made, at this point, to discuss the specific type of insanity suffered by this patient.

The case of Henry Bushell, who was suffering from 'monomania of pride', when he was admitted to Powick Asylum, in January 1865, demonstrates well the chaotic nature of some pauper lunatic's lives. He was transferred to Powick Asylum, from Warwick County Lunatic Asylum, at Hatton, and an extract from the 'casebooks' of that institution were included in the 'Patients' Notes', sent to Powick Asylum, when he was transferred there. However, careful examination of these 'Notes' suggests that abridged versions of 'notes' from other institution were included in the Warwick 'Notes'. This patient was described as; 'Henry Bushell, alias Doctor Bushea, alias Alexander Dignum', who had been admitted at Warwick Asylum, in August 1864, when he was thought to be 72 years old. He was married, and was described as, a 'peripatetic lecturer, on phrenology'. His religious persuasion was unknown, and he had been taken to Warwick Asylum, from Warwick County Gaol, where he had been committed, in July 1864, having defaulted on a fine of £2 13 -0, for being drunk and disorderly. He was undoubtedly sent to Warwick Asylum, because it was the closest asylum to Warwick County Gaol, where this man was undergoing, a two month sentence, but whilst there, he had attempted to hang himself. He had been 'manifestly depressed', and he had so many 'erroneous beliefs', that

¹¹⁴⁵ Potassium bromide suppressed patients and made them drowsy, although it was commonly believed that it was used to suppress the sex drive in individuals it was administered to. Whilst it probably did this it was only one of the effects on the suppressions of bodily functions general.

¹¹⁴⁶ PN 1606, Henry Bushell, was transferred to Powick Asylum from Warwick County Pauper Lunatic Asylum, at Hatton, although he had been in numerous other institutions. His Settlement was in Worcester and he was suffering from Monomania of Pride. On the Admissions Register he was described as a 'lecturer (Criminal)'. He was 72 years old and Married and he was admitted on 17 March 1865. This man was Discharged 3 October 1865 when he died

a Secretary of State's Warrant, had been obtained, for him to be sent to a Pauper Lunatic Asylum. It was known that, Henry Bushell was the son of respectable parents in Worcestershire, where he had been employed, as a stationer, and a printer, and when a young man he had married a woman of his own rank, with whom he had, a family, but he soon deserted them, and 'lived as a vagabond...(having a) most disreputable life'. He now 'generally represented himself as, a man of science, by writing in prose, or verse, about phrenological developments'. Then, when in Ireland, Henry Bushell married a woman, called Miss Ward, who died soon after they were married. This woman was 'possessed of property', and perhaps inevitably, her husband 'laid claim to it', which was an action that, was resisted by Miss Ward's brother. The court case that resulted, led to Henry Bushell being prosecuted for bigamy, and he was imprisoned. Whilst in gaol, in Ireland, he attempted suicide, for the first time, by cutting his throat. On release from prison, he resumed his wanderings, and married another woman in France. However, after about 1854, this man was said, frequently to be an inmate of hospitals, gaols, workhouses and asylums.

Henry Bushell, was known to have been incarcerated in Rainhill, Suffolk, Oxford Lunatic Asylums, and in at least three other County Asylums. He developed a 'long time' addiction to intemperance, and he suffered several attacks of 'delirium tremens'. He was described as, a tall, well-built man, with grey hair, grey eyes and very prominent features, but with shoulders that were rounded. His 'general aspect' was said to be, 'indicative of feebleness', and his head 'bore a cicatrix, resulting from a blow from a bludgeon...(and) his throat was marked with old incisions'. He had, also, been 'tapped for hydrocephalus', ¹¹⁴⁷ and his voice was husky, His breathing was described as, 'asthmatical', and he complained of sickness, depression and great frustration. This patient deliberately exaggerated his symptoms, in an attempt to obtain stimulants, by using this ploy. Henry Bushell now gave a 'most wild description of his life...(and) stated that he was, the son of a German Baron, whose mother was possessed of large estates, in Worcestershire'. He also claimed that, he had been educated at Oxford and Cambridge Universities, and had been a Third Wrangler, ¹¹⁴⁸ at Cambridge University, although he also suggested that, he had served as a soldier, in India. This was after he had, divorced his first wife. Then he suggested that, he had become editor of an Irish journal, called *Galingan*, and then that he had lectured at the University of Edinburgh, where he had made £2,500 per year. Henry Bushell then claimed that, in Glasgow he had been consulted by Judges, in cases of murder. Henry Bushell also claimed that, he held an 'Honorary LLD Degree of Cambridge University, awarded to him, after he had been employed in the Secret Service. However, he also claimed that, he was the 'greatest philosopher of his age'. Within a few weeks of being incarcerated at Warwick Asylum, this man was already physically improved, and he was less troubled by 'pectoral symptoms'. He was stouter, and had a better complexion, and he ate, and slept well. He was also more cheerful, and of a more equable temper, than he had been. In the Warwick Asylum he 'busied himself, in concocting lectures, and drawing his companion's heads', but on a daily basis, this man 'emitted innumerable falsehoods'. He had a 'prodigious propensity for lying', which was, so overpowering, and insatiable that, it was said to have 'amounted to a mental perversion'. Henry Bushell was, 'again and again...(guilty) of falsehoods...(and he) always had a plausible excuse to offer' for these lies. After several months, at Warwick Asylum, this man developed slight diarrhoea, which improved 'favourably, under treatment'. He was now both physically, and mentally, improved, and he expected to be 'liberated from the asylum'. However, when his sentence expired, he continued to 'give such incredible accounts of himself...(so that he) intimated he was a prize fighter, and the headmaster of a grammar school'. These stories led the Visiting Committee, of Warwick Asylum, to doubt this man's suitability for release, from the asylum, so he was retained there, which made him 'depressed, and irritable'. He clearly longed to be discharged from the institution, so that he became even more amiable, and more reasonable, in his statements; which was apparently a ploy, to secure his release. However, this patient still had an 'extraordinary craving for alcohol,

¹¹⁴⁷ Hydrocephalus was commonly described as 'water on the brain', and patients with this condition often had the watery fluid surrounding their brain 'tapped'.

¹¹⁴⁸ Wrangler was a status position amongst students at Cambridge University, that indicated that the person had attained a First in the Mathematics Tripos Examination.

and he was still thought intensely hypocritical'. He now began to suffer from diarrhoea, and shortness of breath, in the morning, which was diagnosed as 'morning pyrosis', and he 'brought up clear frothing fluid'. Extra beer was prescribed for him, and this corrected this digestive disorder, but it also 'fed his 'former vice', more effectually, than tonics and astringents'. Henry Bushell now had asthma, and emphysema, that was treated with potassium bromide. He now 'attempted to secrete shreds of curtain, which could be converted into a rope', presumably to escape from the asylum, or to hang himself. This patient was now, in better physical health, but he still 'fabricated stories about himself'. He was now, even more restless, and anxious, to be liberated, but as he still had the same exalted notions of his own position, and powers, the Warwick Visitors would not agree to release him. He now stated that he was 'free from giddiness and swimming in the head', which he had suffered from, at the time of his admission to Warwick Asylum, but he was still nervous, and easily startled. Warwick Asylum now decided to agree to transfer this troubled man, to Powick Asylum; the County Pauper Lunatic Asylum, in his County of Settlement, which was a requirement of the 1845 Lunatic Asylums' Act ¹¹⁴⁹

Henry Bushell now had chronic bronchitis, and he claimed that his ill health was due to the 'want of stimulants'. He also believed that, he would only be detained in Powick Asylum, until his legal Settlement was made out, and then he would immediately be discharged. The Powick Asylum Assistant Medical Officer, now ordered that Henry Bushell be given gin, instead of beer; a spirituous drink that, the patient wished to take early in the morning, but he then wanted to go without breakfast; and in fact, he 'wanted to do without all food and live on stimulants' alone. However, this man was 'brought to reason, when his gin was stopped, unless he took the usual asylum meals'. He agreed to this and afterwards his bodily health was greatly improved. However, he now remained very restless, and dissatisfied, because he believed that he was 'deprived of sufficient stimulants'. He constantly talked about being released from the asylum, and he was depressed, and often almost in tears. He attempted to impress the asylum authorities, by claiming that he could realise £10 a day, for lectures, if allowed out of the institution, and he also spoke of 'publishing his writings, and thereby occurring a large sum of money'. However, his 'craving for stimulants was (still) not reduced, but he now claimed that he had passed through his depressed periods, which brought him to the verge of idiocy, because of his imprisonment'. Henry Bushell still wanted more 'stimulants...(because he claimed he was) dying by inches, (so he claimed the) Powick Asylum Medical Superintendent was, an assassin, and a murderer'. When asked how much alcohol he required to make him comfortable, this patient responded 'I think I could manage a quart of gin'. Whilst this man was, now improved mentally and physically, and he now took his food moderately well, and he exercised himself, in the asylum grounds regularly, he was still suffering from periodic asthma attacks, with chronic bronchitis, and his lungs were emphysematous. The right side of this man's heart was also enlarged and his pulse was irregular, and occasionally intermittent. In this very weak physical state, Henry Bushell now took little food, apart from eggs, brandy and beef essence, but even now his craving for stimulants continued. He died of bronchitis, asthma and 'morbis cordis', in October 1865, after thirty seven weeks in Powick Asylum, with his age confirmed to be 72 years old.

Henry Bushell was born in the 1790s, and probably he had a normal childhood, with his 'respectable parents', who placed him, in trade, with a stationer and printer. He then made an appropriate marriage, and fathered children. However, in the early years of the nineteenth century, this man's life changed radically, and irrevocably. From an individual, who was functional and doing what was expected of him, this man became dysfunctional, and he began to act in ways that, were opposed to the morality, he had been socialised to accept. He became a bigamist, a fraudster, a criminal, and then an inveterate liar. What this man became, at this time, caused him to be on the margins of both criminality, and insanity, which made him liable to be incarcerated in various sorts of institutions, intended for individuals who were perceived as a threat to Society. After being arraigned, in the law courts for bigamy, and then for a fraud, associated with his illegal

¹¹⁴⁹ 8 & 9 Vic. C. 126 (Lunatic Asylums' Act) 1845.

marriage, Henry Bushell was sent to gaol. This meant that, he became impecunious, which in turn meant that, on his release from prison, he gained the status of pauper, so that his only refuge in his penury, was the workhouse. His response to this was to develop an elaborate tissue of lies that, aggrandised his position, in Society, and enabled him to make money dishonestly. As an inveterate liar, who made up incredible stories about himself, Henry Bushell inevitably was thought mentally unstable. However, his insanity did not relate to the whole of his behaviour, rather, he had a 'partial insanity' that influenced only part of his behaviour. Contemporaneously, this was labelled 'monomania of pride', where the afflicted person aggrandised themselves. Such people were liable to be incarcerated in lunatic asylums, which Henry Bushell made more certain, by attempting suicide, which was a crime and a sin at this time, particularly in Ireland, a Roman Catholic country, where he first attempted to take his own life. Individuals, like Henry Bushell, who survived self-destruction, were inevitably sent to a lunatic asylum. Thus, Henry Bushell had, crossed the line between criminality and insanity, and from being sent to a prison, to being sent a lunatic asylum. When this man was released from an institution, the lies he told, about himself, apparently became even more incredible, and as an itinerant quack medical man, prize fighter, performer, etc. he must have become a *cause celebre*, as he was committed to, and discharged, as a pauper, from numerous lunatic asylums. His infamy was probably demonstrated, by the passing of his Patient's Notes, from one asylum to the next, so that he could never make a fresh start – his notoriety followed him. This patient's problems were then compounded by his addiction, at first, to alcohol, and then to stimulants. The result of all of this was that, Henry Bushell degenerated into a pitiable state. Indeed, the reason that this example of the effects of insanity is so potent, and worthy of citing here, is that, it demonstrates the chaotic state that some insane individuals degenerated to. This case is not typical of the Patient's Notes contained in the archive, of such Notes from Powick Asylum, because there is little detail of this man's behaviour, or mental condition given. However, it remains a mystery why the Assistant Medical Officer, at Powick Asylum, replaced Henry Bushell's beer with gin, in the last few months of his life. One can only assume that this change was made to make Henry Bushell more manageable, as the ease of maintaining such a patient in the ward of a Pauper Lunatic Asylum, may have been a price worth paying, although this switch of stimulants, so that stronger intoxicants were available to this man, also clearly ensured that he ate his meals, more readily, and without problems, which was another facet in the ease, with which this man was managed in the institution. However, what was ironical about this, was that Henry Bushell's eventual plight, as a dying pauper lunatic, in Powick Asylum, was that, in spite of his peripatetic lifestyle, his Settlement was still Worcester, where he had been born 72 years previously, and it was this Union that, paid his asylum expenses, in spite of all the success and wealth, he had lied and bragged about, in the 50 intervening years, since he left Worcester as a young man.

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Kidderminster	From 1836	B251	403	
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Martley	532	14079-14102	
Pershore	533	14103-14114*	*Records Missing 1840-47
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