

**Writing the Asylum:
Madness, Culture and
Subjectivity at the York Retreat,
c.1875-c.1940**

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Abstract

This thesis brings together the archival specificity of an institutional asylum study and more theoretical concerns raised in recent work on the cultural history and the subjective experiences of madness. In order to link these two often contrasted approaches I examine the Retreat as a site of writing. I analyse the textual forms of institutional and medical self-presentation and use the rich holdings of the Retreat to explore the perceptions and self-perceptions of Retreat residents. I analyse different types of source material and move from the institutional towards the personal. I begin by looking at public documents produced by the institution and end by investigating the private letters and diaries of patients. I look at annual reports as a literary form and consider how they construct an image of the Retreat. I examine case notes and doctors letters to explore doctors' writing in relation to professional identity and medical practice. By looking at admissions forms and letters from families to the Retreat I investigate family relationships with patients and the Retreat doctors. The main part of my thesis focuses upon patient writings. In 1982 Dale Peterson called for historians to 'hear from those who, by experience, are more closely connected to the issues—mad people, mental patients themselves'.¹ Since then there have been several anthologised collections of 'mad peoples writings', investigations of patients' letters from asylums and oral history studies. I similarly want to uncover the voice of those considered insane but I adopt an approach that moves away from a homogenous and pathologising view of what has been called 'mad people's writings'. I am not interested in diagnosing insanity, but rather exploring what patients had to say about mental illness, the experience of incarceration, their family life and understandings of society. I also interpret their writings in terms of the different genres, styles and literary tropes that they used.

¹ Dale Peterson, 'A Mad People's History of Madness (Pittsburgh, 1992), p.1.

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Notes and Abbreviations

Unless otherwise stated all primary source material is from the Retreat Archives held at the Borthwick Institute for Archives in York.

In order to respect confidentiality and maintain anonymity, the genuine surnames of Retreat patients and their relations have not been used, but have been abbreviated or given pseudo-abbreviations.

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Introduction

My daily interviews and letters bear striking testimony to the almost unique place the Retreat holds in the public estimation.¹

Lastly my father wishes me to ask you if you can detain my brother a little longer in your Retreat until he is a little stronger, and better able to tackle the case himself.²

I came here July 30 1871 and I have no friend or relation in the world. I have no brother he said you buggar [sic] get back to the Friends Retreat.³

These three quotations all come from documents in the archive of the York Retreat. The first is a piece of crafted rhetoric composed by the Retreat superintendent Dr Henry Yellowlees for the 1922 Retreat Annual Report. The second is taken from a letter written in 1891 by a patient's son to the Retreat staff asking for their relative to remain under care of the institution. It is one example of an epistolary network that linked the Retreat and patients' families from all over the country. The final example comes from a letter written by a delusional patient, Charles W., who was in the Retreat between 1884 and 1890. He was writing to his brother, voicing the loneliness and frustration that he felt as a result of his incarceration. Unfortunately his brother never received it as it remains today in the Borthwick Institute alongside many other letters that were written by Retreat residents.

These extracts are very diverse and offer contrasting (even contradictory) perspectives. However, together they all show just how much the Retreat was a site of writing. This thesis explores the texts written about the Retreat, to the Retreat and from the Retreat between approximately 1875 and 1940 in order to develop a textual and cultural history of the hospital, its employees and its residents. It aims both to explore the textuality of an asylum and more generally to advance our understanding of the relationship of insanity and writing.

William Tuke and the Society of Friends founded the Retreat in 1792. The institution opened on the outskirts of York in 1796 and still exists today. The Retreat was a non-profit making registered mental hospital that took in

¹ A/3/1/15, Annual Reports 1920-1929, Annual Report 1922. p. 11.

² C/1/84, Incoming Correspondence 1891, 20 April 1891, letter to Retreat.

³ K/17/2/27, Patients' Letters and Papers c. 19-20, 26 April 1885, letter from Charles W. to brother Henry.

private patients. At the end of the eighteenth and beginning of the nineteenth century it pioneered moral treatment. Those afflicted with madness were not to be treated like animals, beaten and chained, but rather to be regarded as children who with the care and loving support of a family environment could be brought back to reason. The Retreat became famous for this approach and attracted much publicity and many visitors. As Kathleen Jones observes, when Samuel Tuke, William Tuke's grandson, published his popular description of the Retreat in 1813, he 'elevated a small, provincial experiment to something like a national monument'.⁴ However, by the time this study begins, the Retreat's progressive therapeutic approach had been either superseded by reforms, such as the mid-nineteenth-century campaign for non-restraint, or rejected by public asylums that found its methods too difficult to apply to their overcrowded populations.⁵

The Retreat and its moral therapy are also well known in the history of psychiatry and have been at the centre of long-lasting historiographical debates. Michel Foucault argued that the Retreat imposed religious morality, a strong work ethic, and 'substituted for the free terror of madness the stifling anguish of responsibility'. In contrast, Roy Porter revealed that many patients' letters indicate that early inmates were content with the care and treatment that they received in the Retreat. Kathleen Jones also dismisses Foucault's arguments and has proposed that,

The good middle class family, with its warmth and affection, was the best model available at the time. Of course it was paternalistic by late twentieth-century standards; but in comparison with the inhuman treatment in Bedlam and elsewhere at the time, a substitute family represented an enormous advance in understanding.⁶

⁴ Kathleen Jones, *Asylums and After: a Revised History of the Mental Health Services: from the Early 18th Century to the 1990s* (London, 1993), p. 41.

⁵ On non-restraint see Akhito Suzuki, 'The Politics of Non-Restraint – The Case of the Hanwell Asylum', *Medical History* 39 (1995), 1-17; Nancy Tomes, 'The Great Restraint Controversy: a Comparative Perspective on Anglo-American Psychiatry in the Nineteenth Century', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1988), vol 3, *the Asylum and Psychiatry*, pp. 190-225. On rejection of moral therapy and large asylums see Michael J. Clark, 'The Rejection of Psychological Approaches to Mental Disorder in Late Nineteenth-Century British Psychiatry', in Andrew Scull (ed), *Madhouses, Mad-Doctors and Madmen: the Social History of Psychiatry in the Victorian Era* (Philadelphia, 1981), pp. 271-312; Andrew T. Scull, *Museums of Madness: the Social Organization of Insanity in Nineteenth-Century England* (1979; repr. Harmondsworth, 1982); John Walton, 'The Treatment of Pauper Lunatics in Victorian England: the Case of Lancaster Asylum', in Andrew Scull (ed), *Madhouses, Mad-Doctors and Madmen: the Social History of Psychiatry in the Victorian Era* (Philadelphia, 1981), pp. 166-197.

⁶ Michel Foucault, *Madness and Civilization: a History of Insanity in the Age of Reason*, trans. Richard Howard (trans. 1965; repr. London, 1971), pp. 244-247; Roy Porter, *Mind Forg'd*

There has also been an important influential case study of it: Anne Digby's 1985 *Madness, Morality and Medicine: A History of the Retreat 1796-1914*. This has inspired many other institutional studies of asylums such as Charlotte Mackenzie's 1992 book on Ticehurst and Pamela Michael's 2003 history of the North Wales asylum.⁷ Digby's book successfully combines a quantitative investigation of patients and treatments with a more qualitative analysis of everyday life, staffing regimes and individual patient case studies. It was a pioneer in the social history of medicine, looking at the impact of demographic changes and exploring the Retreat in the context of the asylum and society, familial circumstances, sex norms and social control theories.

The history of psychiatry and asylums has been described by Jones as an 'academic minefield'.⁸ Traditionally historical accounts of psychiatry were written by authors who were part of, or strongly supported the medical profession. These accounts were often celebratory and charted the 'progress' of psychiatry. However, Roy Porter and Mark S. Micale have recently argued that many of the earlier accounts of the history of psychiatry addressed difficulties with the profession, and that some medical professionals wrote from an anti-psychiatric perspective.⁹ From the 1960s onwards revisionist scholars such as Michel Foucault and Andrew Scull began challenging traditional views. They were labelled as part of an 'anti-psychiatry' movement, akin to that spearheaded by those such as R. D. Laing and Thomas Szasz, which linked the growth of psychiatric confinement to social control by forces such as the state and the

Manacles: a History of Madness in England from the Restoration to the Regency (Cambridge, 1982), pp. 223-229; Jones, *Asylums and After*, pp. 30-31.

⁷ Anne Digby, *Madness, Morality and Medicine: a Study of the York Retreat, 1796-1914* (Cambridge, 1985); Charlotte Mackenzie, *Psychiatry for the Rich: a History of Ticehurst Private Asylum, 1792-1917* (London, 1992); Pamela Michael, *Care and Treatment of the Mentally ill in North Wales, 1800-2000* (Cardiff, 2003).

⁸ Jones, *Asylums and After*, p. 4. For conflicting overviews of historiographical debates see W. F. Bynum, Roy Porter and Michael Shepherd 'Introduction', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1985-1988), *vol 1, People and Ideas*, pp. 1-24; W. F. Bynum, Roy Porter and Michael Shepherd 'Introduction', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1985), *vol 2 Institutions and Society*, pp. 1-16; German E. Berrios and Hugh Freeman 'Introduction', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), *vol 1*, pp. ix-xv.

⁹ Roy Porter and Mark S. Micale, 'Introduction: Reflections on Psychiatry and Its Histories', in Mark S. Micale and Roy Porter (eds), *Discovering the History of Psychiatry* (Oxford, 1994), pp. 8-11.

medical profession. Many historians still think along these lines today. For example, Phil Fennell in his 1996 book *Treatment without Consent* persuasively argues that ‘throughout its history the psychiatric profession has striven to establish, maintain, and expand the legal recognition of “clinical authority” to treat, if necessary without consent’.¹⁰ However, there is also some truth in Porter and Micale’s suggestion that much revisionist scholarship unreflectively works from within its own distinctive political mindset, and that ‘its demystifications of Whig idealizations have often only generated “heroic” neo-Marxist and Foucauldian remystifications’.¹¹ Recently scholars have also criticised some of the original revisionist arguments for their simplicity and have produced more nuanced understandings of the history of asylums and psychiatry by investigating specific institutions or localities. John Walton, for example, has somewhat revised Scull’s argument that in the nineteenth century the mature market capitalist system meant that many of the insane poor were placed out of the way in asylums, or as Scull terms them ‘museums of madness’. His local study of Lancashire concluded that many poor families continued to support their insane relatives at home.¹² Some modern accounts, such as Jones’s, have also rejected revisionist interpretations in favour of more complicated but still generally progressive narratives. Edward Shorter, for instance, while conceding that ‘the history of the asylum era is the story of how progressive and humane aspirations became relentlessly and repeatedly disappointed’, champions chemical

¹⁰ Phil Fennell, *Treatment Without Consent: Law, Psychiatry and the Treatment of Mentally Disordered People Since 1845* (London, 1996), p. 12. See Foucault, *Madness and Civilization*; Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (1961; Harmondsworth, 1968); Scull, *Museums of Madness*; Thomas Szasz, *The Manufacture of Madness: a Comparative Study of the Inquisition and the Mental Health Movement* (London, 1971). For more recent arguments along the same lines and social control debates see Stanley Cohen and Andrew Scull (eds), *Social Control and the State: Historical and Comparative Essays* (Oxford, 1983); David J. Mellett, *The Prerogative of Asylumdom: Social, Cultural and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth-Century Britain* (London, 1982); Lawrence J. Ray, ‘Models of Madness in Victorian Asylum Practice’, *European Journal of Sociology (Archive Europeennes de Sociologie)*, 22 (1981), 229-64; Andrew Scull, ‘Museums of Madness Revisited’, *Social History of Medicine*, 6 (1993), 3-23.

¹¹ Porter and Micale, ‘Introduction: Reflections on Psychiatry and its Histories’, p. 11.

¹² See Scull, *Museums of Madness*, p. 30. For examples of responses to Scull see John L. Crammer, ‘Where Scull is Wrong’, *History of Psychiatry*, 5 (1994), 103-115; John Walton, ‘Lunacy in the Industrial Revolution: a Study of Asylum Admissions in Lancashire 1848-50’, *Journal of Social History*, 13 (1979), 1-23; J. K. Walton, ‘Casting Out and Bringing Back in: Victorian England Pauper Lunatics 1845-1870’, in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (London, 1985), vol 2, *Institutions and Society*, pp. 132-146. Other specific examples include, Digby, *Madness, Morality and Medicine*; Porter, *Mind Forg’d Manacles*.

medications and believes that ‘at the end of the twentieth century ... the biological approach to psychiatry – has been a smashing success’.¹³

There has also been a shift from the history of the psychiatry towards the history of madness. This was pioneered by Michel Foucault’s *Madness and Civilization*, which charted changes in the societal and cultural understandings and treatment of madness, maintaining for instance:

The constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made.¹⁴

His work has been much criticised for its lack of historical accuracy, but has nonetheless provided a theoretical inspiration for many historians.¹⁵ Bynum, Porter and Shepherd comment:

We can readily agree with him, however, that to understand insanity, we need to consider *both* the free power of madness as an existential moment of the human condition, *and* also its inscription within the disciplines of nosology, pathology and therapeutics.¹⁶

More recently scholars have begun looking at the experience of madness by consulting documents and texts produced by and for patients. Dale Peterson, Allan Ingram and Roy Porter among others have edited anthologies with such titles as *A Mad People’s History of Madness*, *Voices of Madness* and *Stories of the Insane*.¹⁷ While Ingram’s collection of four edited pamphlets covers the

¹³ Edward Shorter, *A History of Psychiatry: from the Era of the Asylum to the Age of Prozac* (New York, 1997), p. vii; Jones, *Asylums and After*; Michael, *Care and Treatment of the Mentally Ill in North Wales*.

¹⁴ Foucault, *Madness and Civilization*, p. x.

¹⁵ Foucault, *Madness and Civilization*. For examples of analysis of Foucault’s work and work inspired by Foucault see Gary Gutting, ‘Michel Foucault’s Phänomenologie des Krankegeistes’, in Mark Micale and Roy Porter (eds), *Discovering the History of Psychiatry* (Oxford, 1994), pp. 341-347; Michael Macdonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge, 1981); Porter, *Mind Forged Manacles*.

¹⁶ Bynum, Porter and Shepherd, ‘Introduction’, in *The Anatomy of Madness*, vol 1, p. 7.

¹⁷ Allan Ingram (ed), *Voices of Madness: Four Pamphlets, 1683-1796* (Stroud, 1997); Dale Peterson (ed), *A Mad People’s History of Madness* (Pittsburgh, 1982); Roy Porter, *A Social History of Madness: Stories of the Insane* (London, 1987); Roy Porter (ed), *The Faber Book of Madness* (London, 1991), p. xiii; Jonathan Andrews, ‘Case Notes, Case Histories, and the Patient’s Experience of Insanity at Gartnavel Royal Asylum Glasgow in the Nineteenth Century’, *Social History of Medicine*, 11 (1998), 255-81; M. Barfoot and A.W. Beveridge, ‘Madness at the Crossroads: John Home’s Letters from the Royal Edinburgh Asylum, 1886-87’, *Psychological Medicine*, 20 (1990), 263-284; Michael Barfoot and Allan Beveridge, ‘“Our Most Notable Inmate”: John Willis Mason at the Royal Edinburgh Asylum, 1864-1901’, *History of Psychiatry*, 4 (1993), 159-208; Allan Beveridge, ‘Voices of the Mad: Patients’ Letters from the Royal

period between 1683 and 1796, Peterson and Porter have covered a much wider time span from the medieval to modern day. Peterson's collection has largely focused upon negative accounts of asylum life and treatments, whereas Porter claims to have included 'madness in some of its wider sections, including its relations with genius and with sexuality'.¹⁸ This historical project to recover mad people's voices and experiences has continued to the present. In contrast to these selections, which were mostly written by patients once they had recovered or left asylums, Allan Beveridge has examined letters sent by patients incarcerated in the Royal Edinburgh Morningside asylum between the late nineteenth and the early twentieth centuries. Beveridge has used a variety of forms of analysis, breaking down the letters in terms of psychopathological symptoms, investigating what patients wrote about asylum life, exploring individual case studies and placing patients' illnesses in their historical context. One other method of accessing patient experience has been to talk to the patients themselves. Peter Barham and Robert Haywood, Maggie Potts and Rebecca Fido, and Diana Gittins have all carried out oral history projects involving asylum residents and people diagnosed with mental illness.¹⁹ Their investigations have explored issues such as institutional life, the effects of decarceration and reintegration into the community. While often acknowledging the oppressive environment of institutions, they have also acknowledged the inadequacies of community care and the safety offered by mental hospitals.

Such investigations use a social history approach, which attempts to access the experiences of everyday people in society. The social history of medicine aims to explore the voice and day-to-day experiences of not only nurses and doctors but also patients.²⁰ However, many historians, influenced by literary

Edinburgh Asylum, 1873-1908', *Psychological Medicine*, 27 (1997), 899-908; Allan Beveridge, 'Life in the Asylum: Patients' Letters from Morningside, 1873-1908', *History of Psychiatry*, 9 (1998), 431-469; Akhito Suzuki, 'Framing Psychiatric Subjectivity, Doctor, Patient and Record-Keeping at Bethlem in the Nineteenth Century', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800-1914: a Social History of Madness in Comparative Perspective* (London, 1999), pp. 115-136.

¹⁸ Porter (ed), *The Faber Book of Madness*, p. xiii;

¹⁹ Peter Barham and Robert Haywood (eds), *Relocating Madness: from the Mental Patient to the Person* (London, 1995); Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913-1997* (London, 1998); Maggie Potts and Rebecca Fido, 'A Fit Person to Be Removed': *Personal Accounts of Life in a Mental Deficiency Institution* (Plymouth, 1991).

²⁰ See for example, W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1985-88); Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market For Medicine, 1720-1911*

critics, have come to feel a sense of unease with the idea that texts offer a transparent means to 'give voice' and access experience. Instead they have become sensitive to the textual form itself, thinking about how the subject is produced 'textually'.²¹ For example, Jonathan Andrews and Akhito Suzuki have looked at the form, style, contents and production of case records and have asked whether it is indeed possible to access patient experiences. Such questions and forms of analysis are central to my thesis, which sees itself as part of the linguistic turn in the history of madness. I explore the meanings of the texts produced by and about the Retreat and its residents.

As well as looking at the language and contents of the documents I also explore how and why the material was constructed and archived. For example, Patrick Joyce argues that 'there has been limited reflection on the truth that the archive which produces history is also the product of history'.²² I examine what the Retreat archive reveals about the collective construction and self-presentation of the institution. Michael Lynch has shown that archives are often products of historical struggles.²³ This is true even of their contents, for instance, I consider how some of the documents such as private patients letters, came into the possession of the Borthwick Institute rather than being sent to their intended recipients. I also consider the institutional practices that led to the creation of the texts. I adopt an approach that Adrian Wilson names *document genesis*, to see documents as ' "effects" or as "signs" of antecedent historical processes'.²⁴ In

(Cambridge, 1994); Mary Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991); Joan Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (London, 2001); Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920* (London, 1994); Roy Porter (ed), *Patients and Practitioners: Lay Perceptions of Medicine industrial Society* (Cambridge, 1985).

²¹ See Roland Barthes, 'On Historical Discourse', *Comparative Criticism*, 3 (1981), 7-20; Michel Foucault, 'What is an Author?', in Josue V. Harari (ed), *Textual Strategies: Perspectives in Post-Structuralist Criticism* (London, 1980), pp. 141-160; Terry Eagleton, *Literary Theory: an Introduction* (2nd edn, Oxford, 1996). Historical approaches, see, for example, Patrick Joyce, *Visions of the People: Industrial England and the Question of Class, 1848-1914* (Cambridge, 1991); Patrick Joyce, *Democratic Subjects: the Self and the Social in Nineteenth-Century England* (Cambridge, 1994); Joan W. Scott, 'Experience', in Joan W. Scott and Judith Butler (eds), *Feminists Theorize the Political* (New York, 1992), pp 22-40; James Vernon, *Politics and the People: a Study of English Popular Culture c. 1815-1867* (Cambridge, 1993).

²² Patrick Joyce, 'The Politics of the Liberal Archive' *History of the Human Sciences*, 12 (1999), p. 36.

²³ Michael Lynch, 'Archives in Formation: Privileged Spaces, Popular Archives and Paper Trails', *History of the Human Sciences*, 12 (1999), 68.

²⁴ Adrian Wilson, 'Foundations of an Integrated Historiography', in Adrian Wilson (ed), *Rethinking Social History: English Society 1570-1920 and its Interpretation* (Manchester, 1993), p. 305.

exploring the above, this thesis focuses on three themes and falls into roughly three sections: the textuality of the institution and its workers, the textuality of the family and the textuality of the insane.

Textuality of the Retreat

There have been no detailed investigations into the ways in which psychiatric institutions have a specific textual identity and style of writing, although institutional studies such as Digby's *Madness, Morality and Medicine* and the recent *History of Bethlem* have touched upon this.²⁵ The Retreat has always been rather successful at self-publicity, from Samuel Tuke's famous 1813 *Description of the Retreat* to Harold Hunt's 1932 *Retired Habitation and I will make this a significant part of my analysis by focusing on how the Retreat presented itself.²⁶ I investigate what sort of image or institutional ethos the Retreat committee, superintendent and doctors wished to create and promulgate, and consider whether this changed over time. I also examine how representations were disseminated through public printed documents, like annual reports, but also through case-note entries and doctors' letters to patients' friends and families. In light of debates about the increasing standardisation of psychiatry and psychiatric practice in the late nineteenth and early twentieth centuries, I wish to uncover to what extent the Retreat constructed its own institutional identity, or whether it became more interested in allying itself with the general psychiatric profession.²⁷*

²⁵ Digby, *Madness, Morality and Medicine*, pp. 49, 84, 101, 104; Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker and Keir Waddington, *A History of Bethlem* (London, 1997), pp. 437, 493, 521.

²⁶ Harold Capper Hunt, *A Retired Habitation* (London, 1932); Samuel Tuke, *A Description of the Retreat: an Institution Near York for Insane Persons of the Society of Friends: Containing an Account of its Origin and Progress, the Modes of Treatment, and a Statement of Cases* (1813) (London, 1964).

²⁷ For these debates, see Digby, *Madness, Morality and Medicine*; Kathleen Jones, 'Law and Mental Health: Sticks or Carrots?', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry 1841-1991* (2 vols, London, 1991), vol 1, pp. 89-116; Edward Renvoize, 'The Association of Medical Officers of Asylums and Hospitals for the Insane, the Medico-Psychological Association, and their Presidents', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1981* (2 vols, London, 1991), vol 1, pp. 29-78; Richard Russell, 'The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century, with Special Reference to the West Riding Lunatic Asylum', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1988), vol 3, *the Asylum and Psychiatry*, pp. 297-315; Roger Smith, 'Legal Frameworks for Psychiatry', in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, pp. 137-151; Trevor Turner, ' "Not worth the Powder

I also study the texts produced by those who worked in the Retreat – predominantly doctors’ writings. Historians of medicine, sociologists and literary critics have become interested in how doctors create medical case records and hospital charts. They have considered how medical power and authority is played out through these texts, and, as mentioned above, to what extent such records are recording the experience of doctors rather than patients.²⁸ I engage with such issues and focus on how the practice of case note writing played an important part in the construction of medical identity and authority. I develop some of Bruno Latour’s ideas about scientific writing and its role in the creation of facts to explore the process in which opinions and actions were transformed into authoritative scientific, or (in this instance) medical, writing.²⁹ I also look beyond medical records to examine other much less researched forms of medical writing. I explore annual reports and letters and show that writing for members of the public and to relatives was an important part of medical practice that reflected and helped create professional medical identities. I also argue that doctors, especially the Retreat superintendents, employed and relied upon their personal writing style and tone to conduct relationships with patients’ relatives.

Textuality of the Family

My next theme investigates the textual relationships formed by the friends and relatives of residents in the Retreat. I consider their roles in constructing the case records and explore debates about how far family and friends’ versions of events are present in the records. I also examine the role of letter writing in establishing and maintaining relationships between family and friends and Retreat doctors and patients. Drawing upon studies of family letter writing I look at the frequency, style, form and content of the letters to uncover what they reveal about the culture of family letter writing, interfamilial

and Shot”: the Public Profile of the Medico-Psychological Association, c. 1851-1914’, in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), vol 1, pp. 3-16.

²⁸ See for example, Kathryn Montgomery Hunter, *Doctors’ Stories: the Narrative Structure of Medical Knowledge* (Princeton, 1991); Suzanne Poirier and Daniel J. Blauner, ‘Voices of the Medical Record’, *Theoretical Medicine*, 11 (1990), 29-39; Ray, ‘Models of Madness in Victorian Asylum Practice’, 229-264; Guenter B. Risse and John Harley Warner, ‘Reconstructing Clinical Activities: Patient Records in Medical History’, *Social History of Medicine*, 5 (1992), 183-205.

²⁹ Bruno Latour and Steve Woolgar, *Laboratory Life: the Construction of Scientific Facts* (1979; repr. Princeton, 1986); Bruno Latour, *Science in Action: How to Follow Scientists and Engineers Through Society* (Cambridge, Mass., 1997).

relationships and the types of relationships constructed between doctors and families.³⁰ I consider whether such relationships were familial or formal, whether families played an important role or had a significant impact upon patient care and treatment.

Textuality of the Insane

The majority of this thesis focuses upon patients' writings. I wish to uncover the voice of the 'mad', as advocated by historians such as Peterson and Porter. Porter, for instance, comments:

I wish simply and quite literally to see what they had to say. It is curious how little this has been done; we have been preoccupied with explaining away what they said.³¹

I reveal patients' writings that have previously been silenced, looking at patients' letters that have remained unopened, texts that have been dismissed or only used to provide proof of insanity.

However, I employ a more suspicious reading of the patients' material. Firstly, hearing the voice of oppressed subjectivities is not in itself inherently liberatory; more often than not it can reinforce stereotypes. Petra Munroe, for instance, writing about the oral history testimonies of her study, acknowledges how:

In fact the notion of 'giving voice' has been particularly unsettling because it actually underscores my perceptions of those I was researching as disempowered and conflicted with my understandings of them as meaning makers.³²

Many of the patients I looked at were very self-reflective and articulate, but listening to some of the subjects merely uncovered their irrationality and nonsensicalness and showed some manipulative, misogynistic and selfish character traits. Bynum, Porter and Shepherd have also acknowledged that 'we

³⁰ See for example, Elizabeth Beuttner, 'Parent-Child Separations and Colonial Careers: the Talbot Family Correspondence in the 1880s and 1890s', in Anthony Fletcher and Stephen Hussey (eds), *Childhood in Question, Children, Parents and the State* (Manchester, 1999), p. 118; John R. Gillis, *A World of Their Own Making: Myth, Ritual and the Quest for Family Values* (Oxford, 1997).

³¹ Porter, *A Social History of Madness*, pp. 1-2. Beverley Skeggs also advocates this approach aiming to 'provide a rhetorical space where the experiences and knowledges of the marginalized can be given epistemic authority, be legitimated and taken seriously'. Beverley Skeggs, *Formations of Class and Gender: Becoming Respectable* (London, 1997), p. 38.

³² Petra Munro, *Subject to Fiction: Women Teachers' Life History Narratives and the Cultural Politics of Resistance* (Buckingham, 1998), p. 12.

must avoid, of course, the trap of automatically privileging the testimony of the mad' and that 'madness, in any case, has no corner on insight'.³³

At times I also question the truthfulness of some of the residents' writings. I compare patients' accounts to their case records and research details to see if they were getting their facts right. However, as Alessandro Portelli comments about why he felt that it was a necessary part of his oral history studies to go to archival records to check facts connected with his informants' stories:

This reconstruction ... was not an end in itself, but a step toward the reconstruction of the subjective truths implicit in the tales and the creative "errors" they contained.³⁴

For example, my research into one patient Charles W's 'delusional' letters enabled me to discover that where he was not telling the 'truth', he was instead revealing some personal ambitions and reflecting certain nineteenth-century fears and aspirations.

I also wish to highlight the distinction between the subject and text. I see the texts I look at, such as autobiographies and personal letters, more as representations than as reflections of their authors. However, I do not wish to undermine and silence the patients once more, and believe that the Retreat residents had agency in these representations. Some literary critics have moved towards understandings of the 'death of the author', arguing that authorial intentions are irrelevant and inaccessible.³⁵ Instead I would agree with Terry Eagleton who proposes:

To see language as a practice rather than as an object; and there are of course no practices without human subjects.³⁶

I too want to explore language as a practice, and to investigate how writing was often an important part of patients' identities. By taking an approach advocated by Quentin Skinner with reference to political thought, I explain what they wrote

³³ Bynum, Porter and Shepherd, 'Introduction', *The Anatomy of Madness*, vol I, pp. 13-14.

³⁴ Alessandro Portelli, *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (Albany, New York, 1991), p. ix. Portelli also argues against seeing 'factual credibility as a monopoly of written documents', emphasising how many written documents were prepared with hindsight and based on oral accounts, p. 51.

³⁵ Roland Barthes, 'The Death of the Author', in Roland Barthes, *Image-Music-Text*, essays selected trans. Stephen Heath (London, 1977), pp. 142-148 and Foucault, 'What is an Author?'.
³⁶ Eagleton, *Literary Theory: an Introduction*, p. 114. See also Peter Brooks, *Reading for the Plot: Design and Intention in Narrative* (London, 1992); Jonathan Culler, *Structuralist Poetics: Structuralism, Linguistics and the Study of Literature* (1975; repr. London, 1989).

but also what they were doing in making decisions to put pen to paper.³⁷ I am also interested in how such representational practices were often informed by popular contemporary language, genres and tropes. The patients presented themselves in a way that was influenced by literary styles such as social reform literature, spiritual narratives and satirical and nonsense writings. Moreover, they were also all writing from a position of madness, which perhaps meant that they were writing from within a genre of ‘mad writing’.

I ask whether the category of ‘mad writing’, as used by Peterson, Porter and others, is a useful one to employ. Firstly it is not possible to reach a firm conclusion as to what madness is. As suggested above, definitions of madness have changed over time, and have been subject to social, cultural and material forces. In thinking about and discussing my work with others the difficulty of such definitions has also become clear. For example, in one paper I presented at a conference largely made up of feminist academics from cultural studies and sociology, my audience chose to normalise the fantastical and delusional elements of the text I was discussing and refused to think about the possibility of insanity. At a history of medicine seminar my approach of historically and culturally contextualising the writings of one particular patient was dismissed as irrelevant ‘because the author was mad’. What became more important was reading the text for any pathological symptoms.

I am also particularly concerned about whether the term madness is a valid and appropriate one to use. Jones, for instance, in the introduction to *Asylums and After* writes:

The present study is what the title says: a history of mental health services – that is, an account of the social care of people who were or are diagnosed as mentally ill. It is not a history of psychiatric treatment: still less is it a sociological study of ‘madness’. The study of societal responses to rational behaviour is valuable in its own right, but the terminology is objectionable. I suggested to one revisionist writer that the use of ‘madness’ in a modern context might be distressing to mentally ill people and their relatives. The reply was ‘I don’t think it matters’. I think it matters.³⁸

³⁷ Quentin Skinner, ‘“Social Meaning” and the Explanation of Social Action’, in James Tully (ed), *Meaning and Context: Quentin Skinner and his Critics* (Cambridge, 1988). Skinner using J. L. Austin’s concept of the ‘illocutionary force’ explains that ‘to gain “uptake,” as he put it, of this element of illocutionary force co-ordinate with the ordinary meaning of the locution will be equivalent to understanding what the agent was *doing* in issuing that given utterance’, p. 83.

³⁸ Jones, *Asylums and After*, p. 3.

Today, for example people are no longer defined as mad. They have mental health difficulties or disorders. They suffer from specific illnesses such as schizophrenia, depression and anorexia nervosa. They are placed not in asylums but in hospitals; often they are not called patients but clients.

However, I still use the term 'madness' or rather 'mad writing' when thinking about the texts produced by the Retreat residents. I use such terms because they are clear and simple; 'mental illness writing' or 'writings of people considered to be insane' just doesn't work as well. Porter argued that 'it [madness] is the right term, because it conveys the richest resonances in everyday parlance'.³⁹ I also use this to engage with others who have used such words like Porter in his *Faber Book of Madness* or Peterson with *A Mad People's History of Madness*. I do not, however, use this term without problematising it. For instance, with the above examples, anthologised collections of autobiographical accounts from different time periods are placed together under the category of mad writing. To an extent I am somewhat unhappy with this and do not believe that there is any one distinctive collective factor that constitutes 'mad writing', especially over long time periods. As Allan Beveridge has pointed out, 'the testimonies of the mad pose problems in interpretation; their statements were made for a host of different personal, polemical and literary purposes'.⁴⁰ Instead I propose that just as there are different types of mental disorders there are different forms of 'mad writing'. In *A Social History of Madness*, Porter divides his writings up into categories such as 'Religious Madness' and 'Madness and Genius'. To an extent I have followed such groupings, looking at different types of writing such as spiritual and protest writing. However, I also create new ways of separating the term; for instance, through my research it will be shown that 'mad writing' can be seen as an indecipherable and illegible text produced from a state of cognitive confusion, a coherent and considered account of a personal experience of madness or incarceration, and any piece of writing produced from within the walls of the Retreat or other mental hospitals. I argue that such variety in many ways makes the term 'mad writing' redundant.

³⁹ Porter (ed), *The Faber Book of Madness*, p. x.

⁴⁰ Beveridge, 'Life in the Asylum', p. 461.

In addition, one of the main aims of my thesis is to demonstrate that there is much more to the patients' texts than their madness. To an extent I wish to take madness out of the equation and to place patients' writings within a more general historical context. The authors were defined as 'mad people' but they were also people. They were often articulate and insightful, reflecting upon the nature of their madness, their experiences of institutionalisation and familial, national and international events outside the asylum walls. It is also clearly evident that they were engaging with a wide variety of cultural forms from newspapers and books to radio programmes and films and, as mentioned above, their writings were often informed by various contemporary genres. I am interested in exploring the contingent interplay between the internal world of some of the Retreat patients and the social experiences, discourses, cultural scripts and narratives that prevail in late nineteenth and early twentieth-century British society.

While wishing to listen to the Retreat residents and to understand them as people, it may seem strange that I have decided not to use their full names. It would in all likelihood have been technically possible to do so. The 1998 Data Protection and 2005 Freedom of Information Acts makes it possible on a case-by-case basis to disclose and publish details on personal information gathered from public authority records, that refers to people who are deceased (as with all my case studies). It is likely that the Retreat although a private institution, would also follow these guideline. I am also fortunate enough to have been granted permission by the Retreat to access twentieth-century records up to 1940. While many studies of patients treat subjects anonymously others decided to use full names. Colin Gale and Robert Howard, for example, who used names in their anthology of case books, put forward the following argument:

We want to rescue their cases from being discussed impassively as no more than examples of Victorian diagnosis and treatment ... real individuals are the subject of these stories. By giving them their true names, we can correctly attribute their experiences and make them count for something.⁴¹

I think that this argument is valid and I do agree that by refraining from providing names I am reinforcing the idea that it is a stigma to be associated with

⁴¹ Colin Gale and Robert Howard, *Presumed Curable: an Illustrated Casebook of Victorian Psychiatric Patients in Bethlem Hospital* (Petersfield, 2003), p. 14.

mental illness. However, I feel it is still possible to respect the subjects, treat them as people, and to uncover much about them without being specific enough to use names. It is feasible, especially with the later patients that someone may recognise those I have studied and be upset or disturbed to discover that some information has been publicly disclosed. I have therefore decided to standardise all the names, using first names and initials only, with the exception of Ben Adam, which is not his given name but what he himself wished to be called.

Another area of concern is that I am unjustifiably disclosing the patients' words in a way that the patients themselves would have been unhappy with. Many of the writings I explore do not necessarily represent the authors and their families in the best of lights. The texts I have looked at were very personal and included details of emotional and familial difficulties. In addition, some documents even came with specific requests by their authors as to how they should be handled. For instance, I came across many letters marked with phrases such as 'private and confidential', and found a parcel that was accompanied with instructions that it was to be destroyed if the author himself did not claim it. I was initially torn between remaining loyal to the subjects of my research and wanting to uncover what they had to say. However, as Carolyn Steedman concedes:

The historian who goes to the Archive must always be an unintended reader, will always read that which was never intended for his or her eyes ... The historian always reads an unintended, purloined letter.⁴²

I justify my disclosing of such details because, as mentioned above, I am providing the first opportunity for many of the residents to be heard. I also think that such texts offer up so many important insights into the motivations, experiences and desires of the authors and those in similar situations. I feel that as long as the material is treated sensitively and sympathetically then such research should be carried out.

* * *

I will now show how these ideas and themes link together by outlining of structure and contents of the chapters. The first chapter of this thesis takes as its main source the annual reports from 1875 to 1940, and is made up of two parts. The first half uses the annual reports to chart changes in the structure, staff,

⁴² Carolyn Steedman, *Dust* (Manchester, 2001), p. 75.

patients and treatments of the Retreat. I will extend the analysis of the issues and questions that Digby raised in her book up to 1940, exploring the hitherto under-researched subject of twentieth-century psychiatry.⁴³ The second and main part of the chapter concentrates on the annual reports as texts, looking at how the institution chose to publicly represent itself. I investigate the purpose of the reports, their audience and the significance of, and changes in, their format and layout. I focus in detail upon the two largest sections of the reports, the statistical sections and the superintendents' contributions.

Chapter 2 investigates the Retreat's case records. These present a different form of asylum writing and textual presentation, one that is less public and one which provides closer access to the everyday routines and behaviour of the Retreat staff and residents. I examine some of the issues that arise from debates about how far it is possible to access patient experience through such records. Taking a sample of certification papers, admission questionnaires and patient case notes I begin by investigating the role of the Retreat institution, the medical profession and the Commissioners in Lunacy in designing the structure and format of the case records. Moving on to analyse how the case notes were filled in, I consider the role of doctors, family, friends and patients. I consider how doctors created case notes and explore how important such records were to medical practice and identity. I investigate how doctors created stories of patients' lives and time in the Retreat. I also look at the contributions of family, friends and patients, investigating how families often played an important part in the certification process and asking whether patients ever had any say in what was written about them.

The chapter on letters is a transitional one, bridging the gap between institutional and patient writing. Initially, I briefly explore the general importance of letter writing within the Retreat, showing how it formed a significant part of the bureaucracy and routines of the institution. I then focus

⁴³ Access to twentieth century case records has been difficult due to Data Protection laws. Some other example studies on twentieth-century psychiatric institutions and patient experiences are Andrews et al, *The History of Bethlem*, Barham and Haywood (eds), *Relocating Madness*; Kerry Davies, 'Silent and Censured Travellers'? Patients' Narratives and Patients' Voices: Perspectives on the History of Mental Illness Since 1948', *Social History of Medicine*, 14 (2001), 267-292; Gittins *Madness in its Place*; Jill Julius Matthews, *Good and Mad Women: the Historical Construction of Femininity in Twentieth Century Australia* (London, 1984); Potts and Fido, 'A Fit Person to be Removed'.

specifically on the superintendents and assistant medical officers' letters to patients' family and friends (sources remain for the late nineteenth century). I consider how far doctors can be seen as institutional representatives and how far as private practitioners, placing this in the context of debates over the role of the medical profession in the late nineteenth century. I then look at the role that such letters played in mediating between family, friends and patients. This is developed further in the second section, which investigates correspondence from family and friends to the medical staff. I consider familial correspondence practices and examine how the friends and families related to the doctors. The final and largest part of this chapter looks at a selection of letters from residents. I argue that the form and content of patient letters create a distinct institutional style. However, in this section I also look at the issue of 'mad writing' and reveal how the variety of letters produced by residents highlights the complexity of this category. In addition, this chapter offers two case studies of two-way correspondence, one between a patient and his family and the other between a patient and medical staff. These enable me to explore in more detail the dynamics of the exchange between these different groups.

The next chapter moves from a general overview of patients' writings to a more detailed analysis by using specific case studies. I look at two sources that both focus upon what was evidently one of the major preoccupations of patients: the Retreat regime, treatments and staff. I develop the previous chapter's arguments about whether there is such a thing as 'mad people's writing' and consider whether the category 'literature of confinement', writing that is about and protesting against the asylum regime, is useful to employ. I examine two contrasting texts, a lengthy articulate letter of complaint written in 1892 by a middle-aged woman, Elizabeth C. who was an ex-patient, and a satirical humorous newspaper written in 1906 by a young man, Alec. A., while he was still in or had just left the Retreat. In this chapter I investigate the reasons, motivations and purposes for which the authors produced their texts. The material is also compared to other writings from patients and ex-patients of asylums. In addition, I show how these texts can be usefully examined in terms of other forms of writing, such as social reform and nonsense literature.

While Chapter 4 deals with writing about the experience of the Retreat, Chapter 5 looks at writing about the experience of mental illness. In this chapter

I investigate the writings of Ben Adam (a pseudonym), who wrote at great length about what he called ‘his mental and spiritual crisis’ of May 1927. Ben Adam was a prolific and exceptionally self-reflective writer. I explore the meaning and purpose of Ben Adam’s writings and look at the emphasis he placed upon preserving them. The main part of this chapter is concerned with the ‘mental and spiritual crisis’. I examine his descriptions of what happened and what it felt like, and explore from his various writings the themes he used to explain and understand the events – those of religion, psychology, biology and sex and morality. As Ben Adam himself does, I will place these understandings within a wider historical context, looking at the texts he read and the films he saw, and examine prevailing debates and beliefs surrounding his explanations.

In the final chapter my investigation descends into ‘madness’ to show that historical and cultural contextualisation can also be applied to the world of fantasy and delusion. I look at the delusional letters of Charles W., a patient in the Retreat from 1884 to 1890. The chapter begins with an auto/biographical narrative where I have decided to create the character of Charles W., turning the contents of his letters into a chronological story of his life. I also problematise and consider the value of producing such a story. I then focus upon ways of interpreting Charles W’s delusional writings. I firstly look at his letters in psychological and social terms, seeing them as symptomatic of madness, the experience of the Retreat and Charles W’s specific life circumstances. I subsequently focus upon a discursive and textual interpretation, taking the madness out of the equation and exploring popular literary tropes and common cultural and societal themes that his writing engaged with.

The case studies that are used in these specific chapters tend to spill out and are used in other sections of the thesis. For example, Ben Adam’s extensive writings on the experience of the Retreat are brought into Chapter 4. His and Charles W’s letters are also referred to in Chapter 3 on letter writing. Similarly, the source material is distributed throughout the texts, as information gathered from case notes and annual reports are consistently referred to in other chapters. All of this flags up the interrelatedness of the Retreat and its writings. Indeed, this is the main project of this thesis, to explore the ways in which the institution, its doctors, residents and their families, used, created and were constructed by a variety of written forms. But first it is necessary to give a picture of the Retreat.

Chapter 1

An Institution Writes Itself: Annual Reports and the Retreat

This chapter sets the scene for the rest of this thesis, but it also interrogates the kind of scene the source material allows me to set. I will begin by outlining basic details, such as who ran and worked in the Retreat, who resided there between 1875 and 1940, what new buildings were constructed, what treatments and regimes were introduced, and where the Retreat was placed in relation to the general field of psychiatry, other mental asylums and hospitals. I thus develop Anne Digby's *Madness Morality and Medicine*, asking similar questions and exploring similar themes but continuing the analysis up to 1940. However, in the main part of this chapter, I concentrate on the annual reports and analyse them as a literary form. I suggest that historians have often taken a too literal-minded approach to annual reports when using them as a basis for institutional histories, and that we should focus upon how and why the reports have been put together and consider if they are more an exercise in rhetoric than an accurate reflection of the activities of the institution. I look at how similar the Retreat annual reports were to other institutional and asylum reports and propose that there is a general report format and style of writing. I then investigate what the contents of the reports reveal about their readership. I also examine the purposes for which the reports and their specific sections were written. I will show that the reports served a variety of purposes ranging from instilling an institutional ethos to fundraising campaigns, and that the information they contained was often skewed towards such aims. The final part of this chapter examines the superintendents' reports. I present biographical information on the superintendents and relate this to how each superintendent represented the Retreat. I examine how they constructed their own public identities and whether their individual voices were subsumed into a general institutional style.

Government and Staff

Since opening in 1796, the Retreat had been organised and governed in a similar way. It was financially supported by legacies, bequests, annual subscriptions largely drawn from the Society of Friends, and patient fees, loans

and investments.¹ The Retreat's government was invested in the governors (directors), every agent (representative) who was appointed by a Quarterly or Monthly meeting of the Society of Friends, and the Committee of Management.² There were 40 governors who met biannually, with eight retiring and being replaced each year. All the governors were members of the Society of Friends and two were appointed by the London Yearly Meeting. These two were also on the Committee of Management. The committee comprised of no more than 17 members (usually eight), including the chairman of the governors, a deputy chairman and an honorary treasurer. The committee met eight times a year and was responsible for 'the inspection, control and management of the Institution and the control of all the persons employed'.³

The governors and committee appointed a resident superintendent, who from 1847 was a qualified medical practitioner.⁴ The 1878 rules of the Retreat called the superintendent the 'master of the family'.⁵ By the end of the period such rhetoric had disappeared in line with the Retreat's more professional and medical outlook. The 1932 regulations and rules merely stated that the superintendent was responsible for the institution's 'moral tone and its general conduct'.⁶ Richard Russell writes that the superintendent 'embraced every aspect of asylum life'.⁷ He was in charge of the Retreat's day-to-day running, from care of the staff and patients, to overseeing the writing of case notes and maintenance of the Retreat buildings. He was, however, held accountable to the committee and governors and to legal bodies such as the Commissioners in Lunacy (renamed Board of Control in 1913).⁸ During the period of this study

¹ A/4/1/14, Regulations for the Government of the Retreat York (1932), p. 17.

² A/4/1/14, Regulations for the Government of the Retreat, p. 7.

³ A/4/1/14, Regulations for the Government of the Retreat, p. 12.

⁴ Digby, *Madness, Morality and Medicine*, p. 112.

⁵ L/1/4, Regulations for the Government of the Friend's Retreat near York 1879, Rules 1878, p. 7.

⁶ A/4/1/14, Regulations for the Government of the Retreat, p. 14.

⁷ Richard Russell, 'The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century, with Special Reference to the West Riding Lunatic Asylum', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1988), vol 3, *the Asylum and Psychiatry*, p. 304. See also Edward Renvoize, 'The Association of Medical Officers of Asylums and Hospitals for the Insane, the Medico-Psychological Association, and their Presidents', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), vol 1, p. 62.

⁸ Anne Digby, *Madness, Morality and Medicine: a Study of the York Retreat, 1796-1914* (Cambridge, 1985), p. 21; Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913-1997* (London, 1998), p. 61; Renvoize, 'The Association of Medical Officers of Asylums

there were five Retreat superintendents (see Table 1). The individual superintendents will be discussed in more detail later on.

<i>Superintendent</i>	<i>Years</i>
Dr Robert Baker	1874-1892
Dr Bedford Pierce	1892-1922
Dr Henry Yellowlees	1922-1929
Dr Neil Macleod	1920-1938
Dr Arthur Pool	1938-1950

Table 1 Retreat Superintendents

The superintendent was sometimes assisted by visiting and consulting physicians. These were often the previous superintendents who were called upon to help smooth over the transition from one superintendent to another and also to help out in circumstances such as during a superintendent’s illness.⁹

Under the control of the superintendent were the assistant medical officers. From 1886 the Retreat had two, a senior and a junior officer. This remained the case for the rest of the period with the exception of a year or so during wartime.¹⁰ The assistant medical officers were appointed by the committee and the 1932 regulations stated that ‘at least one of them shall, if practicable be a woman’.¹¹ 1898 saw the appointment of Dr Norah Kemp, who was the first female asylum doctor in the county. She was the junior medical officer responsible for the female patients and after her resignation in 1912 she was followed by a succession of female medical officers, all of whom were also junior.¹² Diana Gittins notes that the low status in which psychiatry was held at this time offered women doctors opportunities they would not have found in

and Hospitals for the Insane’, p. 63; Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (London, 1993), p. 247.

⁹ See for example, A/3/1/10, Annual Reports 1880-1889, Annual Report 1880, Dr North helped out when Dr Baker was ill, p. 3.

¹⁰ A/3/1/10, Annual Report 1886, A/3/1/14, Annual Reports 1910-1919, Committee Annual Report 1915, (unless otherwise stated all reports after 1903 are Superintendent’s reports) p. 7. In 1914 Dr Brienies volunteered for medical work in London and it was decided not to try and replace her but to manage with just one assistant medical officer. This only lasted a short while, however, as in 1915 Dr Wilson was appointed.

¹¹ A/4/1/14, Regulations for the Government of the Retreat, p. 15.

¹² A/3/1/12, Annual Reports 1890-1892, 1895-1899, Annual Report 1898. p. 15.

other fields.¹³ While some medical assistants were promoted to superintendent, such as Drs Macleod and Pool who had both been assistant medical officers at the Retreat, many in the profession were overlooked. In general, medical assistants were responsible for most patient care, with little prospect of career development. Russell argues that in public asylums,

The increasing workload in the already bulging asylums meant that medical officers were sometimes doubling for the superintendent while being expected also to cope with extra clerical duties. They felt their skills were undervalued, and they resented the high esteem in which the superintendents were held while their own efforts went unappreciated.¹⁴

Alongside the doctors, other Retreat officers included, the secretary, who was responsible for the accounts and under the supervision of the treasurer, the steward, who was responsible to the secretary, and a matron, who was in charge of the care and comfort of the patients and responsible for attendants or nursing staff.¹⁵ From the 1890s a professional hierarchical nursing regime was introduced, which turned the Retreat into more of an ordered hospital. Attendants gained the opportunity to become nurses. In 1893 they were given uniforms and national examinations in nursing were established, and by 1902 the Retreat was training nurses on a four-year course.¹⁶ The Retreat also maintained a high ratio of attendants to patients, only exceeded by elite private institutions such as Ticehurst.¹⁷

The annual report of 1895 listed 129 staff (Table 2). This total was only slightly below the 151 residents that was the Retreat's average population during this year. If the 40 governors were included, the total of staff would exceed the number of residents. Looking at this list, it is surprising how many staff were required not just for the immediate care of the patients but also for the upkeep of the building.

¹³ Gittins, *Madness in its Place*, p. 122.

¹⁴ Russell, 'The Lunacy Profession', p. 306. See also Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker and Keir Waddington, *A History of Bethlem* (London, 1997), p. 619; Dodd, Stratham and Greenless, 'Assistant Medical Officers in Asylums: their Status in the Speciality', *Journal of Mental Science*, 36 (1890), 43-50.

¹⁵ A/4/1/14, Regulations for the Government of the Retreat, Secretary, p. 28; Steward, p. 15; Matron, p. 16.

¹⁶ Digby, *Madness, Morality and Medicine*, pp. 164-170; Peter Nolan, *A History of Mental Health Nursing* (London, 1993), p. 68; Uniform, A/3/1/11, Annual Reports 1889-1894, Annual Report 1893, p. 17; Examinations, A/3/1/11, Annual Report 1894, p. 28; Training, A/3/1/13, Annual Reports 1900-1909, Annual Report 1902, p. 24.

¹⁷ Digby, *Madness, Morality and Medicine*, pp. 145-46. See Charlotte Mackenzie, *Psychiatry for the Rich: a History of Ticehurst Private Asylum, 1792-1917* (London, 1992), p. 137.

<i>General</i>	<i>Male side</i>	<i>Female Side</i>
Superintendent	House Steward	2x Ladies Companion
Senior Medical officer	Head Attendant	Housekeeper
Junior Medical Officer	Deputy Head Attendant	Nursing Supervisor
Secretary	19x Attendants	Matron (Belle Vue)*
Assistant Secretary	Garden Attendant	Matron (Gainsbrough)*
	3x Night Attendants	6x Charge Nurses
	House Porter	16x Nurses
	2x Coachmen	4x Night Nurses
	5x Gardeners	9x Ward Maids
	2x WEA Workers	5x Kitchen Maids
	2x Farm Workers	4x Dining room Maids
	Laundry Worker	8x Laundry Maids
	2x Gatekeepers	2x Nurses (East Villa)
	3x Engineers	3x Nurses (Belle Vue)
	2x Plumbers	Cook (Belle Vue)
	2x Joiners	2x maids (Belle Vue)
	2x Painters (Belle Vue)	3x Nurses (Gainsbrough)
	Gardener (Belle Vue)	3x Maids (Gainsbrough)
		Cook (Gainsbrough)

Table 2 List of those Employed by the Retreat 1895¹⁸

*** For details of Gainsbrough and Belle Vue see Table 3.**

¹⁸ A/3/1/12, Annual Report 1895, p. 54.

Patients

Unlike public asylums, the Retreat between 1875 and 1940 was a small institution.¹⁹ Its patient numbers increased gradually over the years (Graphs 1 and 2), but at its peak in 1927 it only had 210 residents. The Retreat deliberately tried to maintain its status and reputation as a small institution. In 1881, for example, the management committee commented upon how they had requested that the superintendent limit numbers to 150.²⁰ Parallels can be drawn with the private Ticehurst asylum, which never contained more than an average of 79 patients during this period.²¹

The gender balance of patients also remained relatively stable. There was a slight increase in the number of women, and throughout the period there were significantly more women admitted than men (Graphs 3,4 and 5), a trend that was common throughout the asylum system.²² One of the most significant changes was that a decreasing number of residents were connected in any way with the Society of Friends. Graphs 6,7 and 8 show that by the turn of the century more non-Friends were entering the Retreat. This change should be set alongside how, from the mid-nineteenth century, the Society of Friends moved towards an increasingly liberal and ecumenical outlook, becoming more closely linked with other denominations and ending prohibitions on outside marriages.²³ However, financial necessity probably played an important part as the increasing number of fee-paying non-Friends meant that the Retreat largely accommodated middle and upper-class patients.²⁴ By the late nineteenth century, patients also came from a narrower geographical area than early in the century, and, as Digby argues, the Retreat became 'less a national institution for Friends than a Yorkshire establishment catering for an increasingly affluent clientele'.²⁵

The nature of the Retreat would also have changed because there was an increasingly rapid turnover of residents. While patient numbers remained

¹⁹ Digby highlights 'this slowing rate of growth contrasted with that of public asylums'. Digby, *Madness, Morality and Medicine*, p. 203.

²⁰ A/3/1/10, Annual Report, 1881, p. 6.

²¹ Mackenzie, *Psychiatry for the Rich*, pp. 129, 169.

²² Digby, *Madness, Morality and Medicine*, p. 174. See also Elaine Showalter, *The Female Malady: Women Madness and the English Culture, 1830-1980* (London, 1987).

²³ Digby, *Madness, Morality and Medicine*, pp. 102-3, 173-4.

²⁴ Digby, *Madness, Morality and Medicine*, pp. 54, 182-186.

²⁵ Digby, *Madness, Morality and Medicine*, pp. 178-180.

relatively stable, the annual number of admissions increased significantly during this period (Graphs 9 and 10), especially in the twentieth century, rising from 20 in 1875 to 110 in 1938. This may suggest that treatments were better, but can also be attributed to an increased number of voluntary patients admitted towards the end of the nineteenth century (Graphs 11 and 12). The Lunacy Acts of 1853 and especially 1890 permitted private patients to be admitted voluntarily rather than being legally certified. Such patients were more likely to recover and be discharged because their conditions were usually less chronic and because they had been admitted at an earlier stage of their illness.²⁶ The Retreat therefore moved from being a compulsory long-term institution to mainly a place of voluntary, short-term residence.

Changes in the infrastructure of the institution reflected and reinforced these alterations in the patient population. The original Retreat building was designed as a deliberately unimposing Georgian domestic retreat. However, it increasingly modernised and expanded to accommodate its changing client base, and to reflect technological advances and developments in understandings of the treatment of the insane. For example, under the superintendence of Dr John Kitching (1850-74) the Retreat was internally redecorated to make it more comfortable and accommodating to non-Friend patients. By the late nineteenth century, the Retreat had changed from an 'austere Quaker, domestic establishment' to a 'much larger institutional complex'.²⁷ Dr Baker introduced the Hospital Villa system. Additional buildings to the Retreat during the period under study separated out and offered more elite specialist care for affluent patients. In the 1870s a building named the Lodge was constructed for 30 higher-class males, and eight female patients were given the opportunity to stay in the recently purchased Belle Vue House.²⁸ By the turn of the century, a permanent holiday home in Scarborough had been acquired. In the 1890s the Retreat also adapted to new technologies; telephone communication linked up separate buildings and the West Villa was provided with fresh air by an engine

²⁶ The 1930 Mental Health Treatment Act also established the concept of temporary patients. These were admitted for a period of six months (with the possibility of being extended to a further two six-month periods) without certification.

²⁷ Digby, *Madness, Morality and Medicine*, pp. 40, 37-42

²⁸ A3/1/9, Annual Reports 1870-1879, Annual Report 1879.

<i>Year</i>	<i>Building</i>	<i>Purpose</i>
1876	Gentleman's Lodge	Accommodation for 30 higher-class males
1879	Belle Vue	Detached house, accommodation for eight higher-class patients
1880	Cottage Hospital	Isolation hospital
1881	East Villa	Detached house, accommodation for three patients
1887	Gainsbrough House	Holiday/convalescent home at Scarborough, accommodation for 15 patients
1888	Nurses Home	Accommodation for nurses
1890	West Villa	Accommodation for 12 acute female patients
1903	Throxenbury Hall	Holiday/convalescent home at Scarborough (1919-1922), used as accommodation for ladies with nervous disorders
1915	5 and 16 Belle Vue Terrace	Cottage, accommodation for night nurses
1919	Millfield	House for accommodating men suffering from nervous disorders. Changed to accommodate acute ladies in 1922. Sold in 1928
1927	New Nurses Home	Accommodation for 94 nurses
1927	Garrow Hill Estate	Estate house renovated to accommodate 20 non-certified patients
1928	Male Nurse Hostel	Accommodation for 20 male nurses
1940	Moorland's Estate	Farm estate. From 1942 a house on the estate accommodated patients, sold in 1955.

Table 3 List of Retreat Buildings

and fan. Similar developments were occurring at Ticehurst in the 1880s, for, despite a fall in the asylum's profits, the institution was renovated and expanded and a new house for residents was added.²⁹

Treatments

The Retreat also saw changes in treatment and therapy in this period. Digby has argued that from the mid-nineteenth century moral management, which involved a more systematic organisation of patients and the implementation of classifications, rewards and punishments, superseded moral treatment. This was also accompanied by the growth of medical treatments, such as chemical medications.³⁰ However, moral treatment continued to play a significant role. From 1875 Dr Baker and his successor, Dr Pierce, attempted to 'make their professional mark in developing moral treatment' through the encouragement of sport.³¹ Between 1880 and 1900 two tennis courts, a new golf course, organised tennis, football, cricket and billiards and an annual sports day were established.³² Annual reports also detailed other forms of entertainment, including many excursions, magic lantern lectures, recitations, plays, conjuring and annual festivities such as New Year's parties and, from 1901, Christmas celebrations.³³ Such treatments were also found in institutions such as Ticehurst and the other asylums in York. For instance, the 1887 annual report of the Clifton asylum in York noted that there had been an annual picnic up the river Ouse, cricket matches, several concerts and a good new billiard room.³⁴ As Mackenzie notes when comparing Ticehurst with the public Morningside asylum, 'the only way in which treatment at Morningside differed from therapy at Ticehurst was that Clouston's lower-class patients were encouraged to work in the asylum'.³⁵ Importantly, however, not all the treatment in the Retreat was inspired by moral therapy. Drs Baker and Pierce increased the expenditure on

²⁹ Mackenzie, *Psychiatry for the Rich*, p. 169.

³⁰ Digby, *Madness, Morality and Medicine*, pp. xiv, 61, 85, 104.

³¹ Digby, *Madness, Morality and Medicine*, p. 46.

³² Tennis courts, A/3/1/10, Annual Report 1886, p. 7; Golf, A/3/1/11, Annual Report 1893, 16; Sports day, A/3/1/12, Annual Report 1896, p. 29.

³³ A/3/1/13, Annual Report 1902, p. 27.

³⁴ CLF 1/2/3 Clifton Hospital Annual Reports 1874-1884, Report of the Lunatic Asylum for the North Riding of Yorkshire 1881, p. 6.

³⁵ Mackenzie, *Psychiatry for the Rich*, p. 174.

drugs (though in 1880 Ticehurst spent significantly more³⁶), and the Retreat used the sedative chloral or chloral with bromide on an extensive scale.³⁷

The Retreat saw few developments in treatments in the first decades of the twentieth century. This is again similar to Ticehurst where Mackenzie observes, 'after 1900 the principals of treatment applied by the Newingtons [superintendents] remained much the same as in the latter decades of the nineteenth century'.³⁸ This was a disillusioning time for psychiatry. As Diana Gittins notes in her history of Severalls hospital:

Those who designed Severalls [in 1913] allocated little space for treatments, primarily because there were virtually no effective treatments available at the time ... Well-managed routines, nourishing food, clean clothes, plenty of light and exercise – these were by and large the ideals of care and treatment ... These were reinforced by regular use of sedatives and hypnotics.³⁹

However, after the war the Retreat's treatments increasingly began to reflect contemporary debates between somatic ideas of mental illness and Freudian inspired psychodynamic understandings and therapies.⁴⁰ There was a growth of a 'new psychology' where the Freudian psychodynamic approach was adapted and pioneered by psychologists such as James Arthur Hadfield and William McDougall.⁴¹ The Retreat set up residential treatment houses along such lines,

³⁶ Mackenzie, *Psychiatry for the Rich*, p. 157.

³⁷ Digby, *Madness, Morality and Medicine*, pp. 124-129. This can be placed in a general context of increased drug expenditure. See Phil Fennell, *Treatment Without Consent: Law, Psychiatry and the Treatment of Mentally Disordered People Since 1845* (London, 1996), p. 37.

³⁸ Mackenzie, *Psychiatry for the Rich*, p. 188.

³⁹ Gittins, *Madness in its Place*, p. 189. See also Andrews, Briggs, Porter, Tucker and Waddington, *The History of Bethlem* (London, 1997), p. 677.

⁴⁰ See for example, Michael Clark, 'The Rejection of Psychological Approaches to Mental Disorder in Late Nineteenth-Century British Psychiatry', in Andrew Scull (ed), *Madhouses, Mad-Doctors and Madmen: the Social History of Psychiatry in the Victorian Era* (Philadelphia, 1981), pp. 271-312; L. S. Jacyna, 'Somatic Theories of Mind and the Interests of Medicine in Britain, 1850-1879', *Medical History*, 26 (1982), 233-258; Roy Porter, 'Two Cheers for Psychiatry! The Social History of Mental Disorder in Twentieth-Century Britain', in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, pp. 383-406.

⁴¹ German E. Berrios, 'British Psychopathology Since the Early Twentieth Century', pp. 232-244; I. R. D. Hinshelwood, 'Psychodynamic Psychiatry Before World War One', pp. 197-231; Malcolm Pines, 'The development of Psychodynamic Theory', pp. 206-231 in German, E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1891* (2 vols, London, 1991), vol 1; David Pilgram and Anne Rogers, 'Mental Health, Critical Realism and Lay Knowledge', in Jane M. Ussher (ed), *Body Talk: the Material and Discursive Regulation of Sexuality, Madness and Reproduction* (London, 1997), p. 36; Trevor Turner, 'James Crichton Browne and the Anti-Psychoanalysts', in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, pp. 144-168; McDougall, Graham Richards, 'McDougall, William (1871-1938)', *Oxford Dictionary of National Biography*

for men and women with nervous disorders. Millfield house was purchased for the treatment of gentlemen suffering from nervous illnesses and other mild forms of mental disorder; women suffering in the same way were allocated the Retreat's Scarborough property, Throxenbury Hall. These specific institutions, however, were rather short lived: by 1923 their uses had changed. Millfield was altered for the use of chronic females and was sold in 1928, and Throxenbury hall reverted back to its status as a holiday home for patients.⁴²

It seems that somatic understandings were increasingly dominant in the Retreat. From as early as 1912 the Retreat had its own laboratory.⁴³ In line with other hospitals in the 1920s, staff began instituting malarial trials. The virus was injected into all the Retreat patients diagnosed with general paralysis of the insane.⁴⁴ By the 1930s psychiatrists introduced a whole array of new medical experiments and treatments that, as Edward Shorter concedes, 'had an aura of desperateness about them, seemingly radical and possibly quite dangerous innovations'.⁴⁵ For example, in the Retreat a new diathermy apparatus was introduced to raise body temperature and to stimulate and provoke physical reaction within a patient's body. Regular injections were given to patients with schizophrenic symptoms in order to raise temperatures and to produce recurring fevers. Protein shock treatment, hypoglycaemic shock treatment for schizophrenia, and prolonged narcosis for manic-depressives were all introduced. In 1938 cardiazol therapy was applied to patients diagnosed with schizophrenia. This involved the injection of the drug cardiazol that inflicted epileptic symptoms according to the rationale of a 'biogenic antagonism between schizophrenia and epilepsy'.⁴⁶ The superintendent's conclusions as to this treatment's effectiveness are alarming to say the least:

About half the patients treated developed a phobia towards the drug, but this in itself can be considered quite an achievement as the average case

(Oxford, 2004) <<http://www.oxforddnb.com/view/article/34716>> (10 Aug 2005); Hadfield, James Arthur (b. 11 November 1882 - d. 4 September 1967) *Who's Who 2005 and Who Was Who 1897-2004* (2005) <<http://www.xreferplus.com/entry/4934761>> (10 Aug 2005).

⁴² A/3/1/15, Annual Reports 1920-1929, Annual Report 1923. p. 12.

⁴³ A/3/1/14, Annual Reports 1910-1919, p. 21.

⁴⁴ A/3/1/15, Annual Report 1927, p. 8.; Fennell, *Treatment Without Consent*, pp. 122-126.

⁴⁵ See Edward Shorter, *A History of Psychiatry; from the Age of the Asylum to the Age of Prozac* (New York, 1997); Fennell, *Treatment Without Consent*, p. 126.

⁴⁶ A/3/1/16, Annual Reports 1930-1938, Annual Report 1938, p. 4.

of schizophrenia is usually completely apathetic and totally indifferent to his environment.⁴⁷

The Retreat's therapeutic outlook was clearly different in 1940 from what it had been in 1875. Take this statement from Dr Macleod in 1935

After they are admitted patients should realise that they are in a hospital, that the atmosphere is a hospital one, and that they are invalids who require treatment. This often helps them to see that their worries and troubles may be merely symptoms of illness and not signs that the world is tumbling about their ears ... in due course patients become well enough to leave the admission hospital and are transferred to other departments. In these the atmosphere is of necessity quite different. The surroundings are as attractive and homelike as possible; hospitalisation need no longer be stressed.⁴⁸

The moral treatment ideal was still present but was clearly separated out from medical treatment. Moreover, moral treatment was only worth administering to those well on the way to recovery. By the 1930s the Retreat had become a more secular, medicalised and business-like institution.

Retreat and Psychiatry

During the period of this study where did the Retreat stand in relation to other mental hospitals and asylums, and to the psychiatric profession? Did it maintain its reputation as a progressive and well-respected institution? The answer is yes and no. Digby argues that in the mid-nineteenth century, the Retreat's refusal to adopt a policy of non-restraint on its patients,

Proclaimed its 'conservative' rather than 'progressive' nature. It underlined the extent to which, by the second half of the nineteenth century, this asylum was less a blueprint for current imitation than a historical inspiration.⁴⁹

However, as shown in the previous sections, it experimented with and introduced new building and staffing regimes, treatments and therapies. Moreover, as we shall see in the final section, many of its superintendents, especially Dr Pierce and Yellowlees, were at the forefront of the psychiatric profession. The Medico-Psychological Association of Great Britain and Ireland also decided to hold their

⁴⁷ A/3/1/16, Annual Reports 1930-1938, Annual Report 1938, p. 4. For consideration of these treatments, see Fennell, *Treatment Without Consent*, pp. 122-141; Shorter, *A History of Psychiatry*, pp. 190-224.

⁴⁸ A/3/1/16, Annual Report 1935, p. 7.

⁴⁹ Digby, *Madness, Morality and Medicine*, p. 256.

general meeting at the Retreat in 1892, in celebration of the Retreats 100th anniversary.⁵⁰ As Digby states, the Retreat served ‘as a symbol of a new orthodoxy in the care of the insane’, those who governed and ran the Retreat were aware of this, and as we shall see in the next section, much energy was devoted to writing its place in history and making sure that it would not be too easily forgotten.⁵¹

Textuality of Annual Reports

This short description of the institution and those who worked and lived within it was mainly extracted from the annual reports. Such reports are commonly used in the history of psychiatry to create understandings of various institutions.⁵² While there is often some analysis of the source material, many asylum studies do not pause to discuss the nature of the texts upon which their research was based.⁵³ For example, Hunter and Macalpine’s study of the Colney Hatch/Friern Asylum predominantly relied upon material drawn from printed annual reports. They adopted a rather literal minded interpretation, for example noting how,

The committee of visitors published their second annual report dealing with the first full twelve months’ work in January 1853. They pointed with pride to the success, which had already “attended the medical moral and social means employed for the recovery of the afflicted lunatics entrusted to their care”.⁵⁴

They took the information the reports provide as given, and did not consider why that information was put there in the first place, by whom and for what reasons. This neglect continues to this day. I focus on such questions for the rest of this chapter, looking at the creation, reception and contents of the reports and how this changed over time. I particularly focus upon the statistical section and the superintendents’ contributions.

⁵⁰ A/3/1/11, Annual Report 1892, p. 14.

⁵¹ Digby, *Madness, Morality and Medicine*, p. 258.

⁵² See for example, Andrews et al, *The History of Bethlem*; Digby, *Madness, Morality and Medicine*; Richard Hunter and Ida Macalpine, *Psychiatry for the Poor: 1851 Colney Hatch Asylum Friern Hospital 1973: a Medical and Social History* (Folkestone, 1974); Mackenzie, *Psychiatry for the Rich*; Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales, 1800-2000* (Cardiff, 2003).

⁵³ For examples of analysis see Andrews et al, *The History of Bethlem*, pp. 437, 493, 521; Digby, *Madness, Morality and Medicine*, pp. 49, 84, 101, 104,

⁵⁴ Hunter and Macalpine, *Psychiatry for the Poor*, p: 36.

Annual reports were not peculiar to the Retreat. Other mental hospitals, general hospitals, schools, clubs and associations all produced them. Andrews et al have even suggested that Bethlem's general reports, which began in 1843, borrowed the style and tone of eighteenth-century voluntary hospital reports.⁵⁵ The format and layout of institutional reports were comparatively standardised. They often began with contents pages and lists of committee members, moving on to separate reports from staff, directors, and other asylum officials. They generally included details of accounts and the occasional photograph, and ended with rules and lists of subscribers and beneficiaries.⁵⁶ However, it is also clear that they had many variations. A comparison of 17 County Lunatic Asylum reports from 1874 reveals that they varied in length from 30 to 108 pages.⁵⁷ Different reports also had different sections, such as reports from the chaplain, matron, engineer, farm and garden.⁵⁸

The Retreat produced annual reports from its opening in 1796. By 1875 the annual report contained a plan of the newly constructed Gentleman's Lodge, a list of Retreat directors, committee members and officers, a statement declaring that the reports were presented to the directors, a brief committee report which was only two pages long, details of accounts, and a longer superintendent's report which detailed the number of patients admitted, epidemics, suicide attempts, escapes, causations of illness, treatments and forms of entertainments. Over the years these reports also noted changes in staffing and buildings and reflected upon developments in the general psychiatric profession.⁵⁹ There were

⁵⁵ Andrews et al, *The History of Bethlem*, p. 437.

⁵⁶ See for example YCT/BCS/8/1, Annual Reports for York Blue Coat School Old Boys Association 1934, 1937, 1938, Annual Report 1937; YCT/YCS/7/4, Reports of the Blue Coat Boys and Grey Coat Girls Charity School, 1884-1897, Report 1885; YCH/1/2/4, York County Hospital Reports 1879-1887, Report 1879; York Minster Library, York, Bootham School Old York Scholars Association Annual Report, 1899; Friends of Norwich Cathedral 10th Annual Report, 1939; Friends of York Minster Report, 1929; First Report of the Committee of the Yorkshire School for the Blind, 1837.

⁵⁷ *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham: Presented to the Court of Adjourned Annual Session Holden at Preston, 31st December 1874 with the Accounts of the Receipts and Payments of the Respective Treasurers of the said Asylums* (London, 1875), Wellcome Library, London.

⁵⁸ 'Thirtieth Report of Committee of Visitors, County Lunatic Asylum Hanwell', in *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham: Presented to the Court of Adjourned Annual Session Holden at Preston, 31st December 1874 with the Accounts of the Receipts and Payments of the Respective Treasurers of the said Asylums* (London, 1875), Wellcome Library, London, pp 1-100.

⁵⁹ These reports can be compared to other superintendents' reports. See L/2/1/4, Glamorgan Annual Report 1881; CLF/1/2/3, Report of the Lunatic Asylum for the North Riding of Yorkshire

also 11 statistical tables detailing admission and recovery rates, probable causes of illness, details of deaths, and whether patients were actively employed in the Retreat. The last pages contained a list of the agents, brief details of certification rules and a bequest form.

The Retreat reports changed between 1875 and 1940. The report length generally increased, from 30 pages in 1882 to 97 pages in 1913, as can be seen in Graph 13. The reports were, however, briefer during the First World War. Photographs or contents pages were omitted during the war, and in 1917 a very brief report was written. This report was not published and printed in the usual way; it was only a few sides of A4 paper and contained no statistics. This was due to limited time and resources.⁶⁰ However, the general increase in length was due to additional sections. Dr Pierce introduced the Lunacy Commissioners' reports, descriptions of buildings, details of nurse training and exams, explanations of how the Retreat was governed and a brief history of the institution.⁶¹ The overall increase in the size of the reports may be a result of more resources being available. However, it probably also reflects an increased marketing role for the reports, as the additional sections contained basic information that would primarily have been useful for those unfamiliar with the institution. From 1903 onwards there were two separate reports. The report of the committee of management ran from the first of April to 31 March, and the medical superintendent's report (including most of the other sections and statistics) was altered to cover the calendar year (it had previously gone from the 1 July to 30 June).

Several people or groups of people were involved in the production of the Retreat reports. Contributors included the superintendent, committee members, senior assistant medical officer (who compiled the statistics), and, presumably, the treasurer and secretary (who would have presented financial accounts). These people would doubtless have worked together to produce a coherent finished product. The reports were therefore a collective representation and a polished product. The only instance of disagreement that I found was when Dr

1881; Boo/1/2/6, Bootham Park Hospital Annual Reports 1879-1889, Annual Report 1881; *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill and Whittingham*.

⁶⁰ A/3/1/14, Annual Report 1917.

⁶¹ See for example A/3/1/12, Annual Report 1897; A/3/1/13, Annual Report 1907.

Yellowlees in his annual report discussed the potential use of Garrow Hill (purchased by the Retreat in 1928):

The Retreat Committee are not yet fully prepared to decide among the various schemes which have been put forward and discussed. With the experience of Throxenbury and Millfield in mind, they naturally wish to defer action till the correct course is made absolutely clear.

I sympathise fully with their hesitation although I do to share it ... I have put my detailed views before the committee and it would be unseemly, as well as needless, to repeat them here.⁶²

Presumably other disagreements would have been discussed verbally, something to which there is unfortunately no access.

Readership

It is difficult to determine for whom the Retreat reports were intended. They were not like the County Lunatic Asylum reports discussed above presented to the Court of Adjourned Annual Session, or like the reports of Clifton Asylum presented to the County Council for the Riding.⁶³ As a registered hospital the Retreat had no external regulating organisation that it was accountable to in this way. However, the Retreat had its own internal hierarchies. The reports were rather intra-institutional in nature. For example, the superintendents' reports were submitted to the committee.⁶⁴ In turn, before printing, the reports were presented to the directors. For example, the 1875 report noted:

At a General Meeting of the Directors and Friends of the Retreat Held at York, 28, of 7 month 1875 it was agreed that the Statement of Accounts and Report of the Committee and of the Medical Superintendent, now presented to the Meeting, be printed and circulated as usual.⁶⁵

On no occasion was it suggested that the directors made any alteration to the reports. The ritualised presentation of the report reinforced and rhetorically represented the hierarchical structure of the institution, both to those who were part of it and to those outside of the Retreat.

⁶² A/3/1/15, Annual Report 1928, pp. 12-13.

⁶³ *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham: Presented to the Court of Adjourned Annual Session Holden at Preston;*

⁶⁴ A/2/1/5, Committee Minute Books 21 May 1889-18 Aug 1903, 12 Aug 1896, p. 214.

⁶⁵ A/3/1/9, Annual Reports 1870-1879, Annual Report 1875.

Once printed it is likely that Retreat reports were sent to all 40 governors and all of the agents and clerks attached to Quarterly meetings of the Society of Friends. The copies of the reports in Friends House Library came from the Recording Clerk of the London Yearly Meeting.⁶⁶ An undated, but probably early nineteenth-century list of 200 people to whom the reports were to be posted, reveals that the reports were sent to many individual Friends.⁶⁷ They may also have been distributed to patients' relatives, other mental institutions and medical men who would consider sending their patients to the Retreat. One reference was made to circulation in a letter to agents in 1900:

Copies of our Annual Report are sent herewith. As in former years, the fuller Report (buff cover) is intended especially for Friends, the abridged copy (grey cover) for distribution amongst medical men and non-members generally.⁶⁸

The covers of the reports in the archives varied, so I am not 100 per cent sure which of these reports I have looked at.⁶⁹ The care shown to ensure that the Society of Friends received the fuller reports indicates that the support of the Society of Friends was still considered important as late as 1900, when more non-Quakers were resident in the Retreat.

How many people actually read the reports, especially cover to cover, is open to question. It was perhaps more important to receive an annual report than to read it. An article in the 1873 *Journal of Mental Science* observed:

What becomes of all the reports issued annually? To obtain the true answer it is only necessary to enter the library of almost any superintendent ...where we may see these documents ... lying in a heap of confusion at the bottom of some cupboard specially reserved for the reception of 'dead dogs', as they have been called.⁷⁰

It is likely that different sections appealed to different groups of people. Families of potential patients may have looked at the superintendents' reports for

⁶⁶ E-mail correspondence Jennifer Milligan Friends House, 28 Feb 2005.

⁶⁷ 1/2/2/1, 'List of names', Reports Sent by Post (n.d).

⁶⁸ A/5/1/9, Papers re-appeals for Nurses Home etc, Letter to Agents, 10 Dec 1900. Other indications of circulation are devised from the distribution of other material. In 1874 the directors directed that new rules of the Retreat should be sent to agents, directors, privileged persons and privileged meetings. In 1933 10,300 prospectuses were ordered and circulated, A/1/1/2, Directors' Minute Book, 30 Sept 1841-30 Oct 1895, Minutes Oct 1876, p. 193; C/3/3/4, 1933 Prospectus and Correspondence Concerning its Distribution.

⁶⁹ The early reports were anything from pink or blue, to yellow. From around the turn of the century the superintendents' reports were a dark greyish/green colour while the committee reports were a light grey.

⁷⁰ 'Asylum Reports for 1872', *Journal of Mental Science*, 19 (1873), p. 266.

indications of what sort of amenities were available, medical professionals may have looked at statistics for recovery rates and Friends may have been interested in the financial accounts. Instead, perhaps families were interested in the fees and admission procedures, medical professionals in analysis of treatment and Friends in how far the Quaker ethos of the institution was being upheld.

Purposes

It is clear that the annual reports had several different purposes. Firstly, as discussed above, they were a way of accounting for the institution to the committee of management and the directors. They also served to advertise the facilities, treatments and successes of the Retreat to doctors, families and members of the Society of Friends, and thus sought to attract patients. Another one of the main aims was to raise money. As Digby notes, the material included in the reports was generally selected to provide a 'favourable impression of the progress that was being made, not least because reports were often used in conjunction with fund-raising efforts'.⁷¹ The annual reports were also one of the most important forms of appeal because,

The Retreat by its very name, and by the nature of the service it renders to its afflicted inmates, cannot urge its claims for support through means involving great publicity; but not the less on that account does it deserve the hearty and continued confidence in Friends.⁷²

Many reports campaigned for general funds, new buildings and facilities.⁷³ The reports also gave recognition to those who helped fund the Retreat or gave their services in other ways. For example:

I have to thank many Friends, some of whom have come from a distance, for being willing to assist in the Meeting for Worship held every Sunday evening at the Retreat.⁷⁴

Such an acknowledgement in print would have encouraged further assistance from members of staff, or from those who helped out or subscribed to the institution, and would have recognised their achievement and status among either the local community or members of the Society of Friends.

⁷¹ Digby, *Madness, Morality and Medicine*, p. 36.

⁷² A/3/1/11, Annual Report 1893.

⁷³ See for example, A/3/1/11, Annual Report 1893, pp. 6-7; A/3/1/14, Annual Report 1918, pp. 28-33.

⁷⁴ A/3/1/11, Annual Report 1893, p. 17.

Reports could also be a way for specialists in lunacy and asylums to share research and compare treatments and results. The *Journal of Mental Science* included extracts and details from a selection of annual reports, and commented upon how,

The medical officers of public asylums have thrust upon them ... so vast an amount of knowledge and experience, whose diffusion would be of the utmost importance to the interests of suffering humanity, that not to communicate that knowledge, and not to extend this experience in every feasible and available manner, would seem to be a dereliction of professional and social duty ... The annual reports may not be the most convenient vehicle for such professional communication, but they are better than none.⁷⁵

One way in which the Retreat reported its successes and failures was through the statistical section of the reports. In her investigation of employment related statistics created and compiled in France between 1847 and 1848, Joan Scott has shown the benefit of 'a reading of statistical reports that problematizes and contextualizes their categories and conclusions'. Following her approach it is possible to examine the shifts and changes in the categorisation process and comment upon observations made about the statistics in the Retreat's reports.⁷⁶

At the end of the nineteenth century, statistical classification of mental illness was an important preoccupation of the lunacy profession. For instance, Daniel Hack Tuke (the great grandson of the founder of the Retreat William Tuke, one time assistant medical officer of the Retreat and co-author of famous mid-nineteenth-century medical textbook⁷⁷) in the 1890 *Journal of Mental Science*, celebrated a resolution passed at the 'International Congress of Mental Science' on statistical classifications:

If it is adopted by the "bureau statistique" of the different countries, if it is employed by all the mental physicians, the *collaborateurs* will possess in the course of some years a series of very useful documents which can be compared with one another.⁷⁸

⁷⁵ 'Asylum Reports for 1872', p. 265.

⁷⁶ Joan Scott, 'A Statistical Representation of Work: La Statistique de l'industrie a Paris, 1847-1848', in Joan Scott, *Gender and the Politics of History* (Chichester, 1988), p. 115.

⁷⁷ Digby, *Madness, Morality and Medicine*, p. 60; John Charles Bucknill and Daniel H. Tuke, *A Manual of Psychological Medicine: Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity, with an Appendix of Cases* (London, 1858).

⁷⁸ D. Hack Tuke, 'International Congress on Mental Science', *Journal of Mental Science*, 36 (1896), p.120.

The same volume of the journal also included several articles on statistics, such as ‘On the Influence of Age, Sex and Marriage on the Liability to Insanity: Being an Analysis of Some Statistical Tables in the Thirty Second Report of the Commissioners in Lunacy’ and ‘Statistics and Causes of Suicides’.⁷⁹

In the 1875 Retreat annual reports there were 11 tables (Table 4) providing figures on the causes of death, duration of illness before admission, and the numbers of patients employed in the Retreat. These statistics were drawn up in compliance with guidelines from the Medico-Psychological Association.⁸⁰ Similar tables occurred in the other 1874 asylum reports. However, the number of tables varied from 6 to 19, and additional tables were included that gave information about matters such as patient nationality, religion and consumption. These reflected the different patient populations of these public asylums and their need to be financially accountable.⁸¹ The Retreat statistics were generally concerned with analysing the patient population in terms of factors such as age, and gender, and about determining the outcome (death or discharged recovered, relieved or not improved) of admissions to the Retreat. Such statistics could be used to compare different institutions and ultimately help standardise care and treatment. They could also offer comparable details for potential customers to research. Different tables were added and omitted over the years. For example, in 1883 a chart was added that detailed the occupations of admitted patients and in 1903 the employment chart (no.11) disappeared. This may have been because efforts to employ the patients were rather unsuccessful, with sometimes only 50 per cent of the patients being employed.⁸² By 1904 there were 19 statistical tables, including duration of present attack, age of all residents, age at first attack, age upon recovery and an extensive aetiological chart. Individual charts

⁷⁹ T. Algernon Chapman, ‘The Influence of Age, Sex and Marriage on the Liability to Insanity: Being an Analysis of Some Statistical Tables in the Thirty Second Report of the Commissioners in Lunacy’, *Journal of Mental Science*, 36 (1890), 23-40; Kenneth M’leod, ‘Statistics and Causes of Suicides’, *Journal of Mental Science*, 36 (1890), 62-67.

⁸⁰ A/3/1/13, Annual Report 1900, p. 33.

⁸¹ For example, religion and nationality, ‘Report of the Committee Visitors of the County Lunatic Asylum at Rainhill’, pp. 114-155; consumption see ‘Report of Leicestershire and Rutland Lunatic Asylum’, pp. 193-249 in *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham: Presented to the Court of Adjourned Annual Session Holden at Preston, 31st December 1874 with the Accounts of the Receipts and Payments of the Respective Treasurers of the said Asylums* (London, 1875), Wellcome Trust, London.

⁸² A/3/1/10, Annual Report 1888; A/3/1/11, Annual Report 1894. See also Digby, *Madness, Morality and Medicine*, pp. 62-66.

<i>Number</i>	<i>Chart/Table</i>
1	Shewing the admissions, discharges and deaths during the year 1874-1875
2	Shewing the admissions, re-admissions, discharge and deaths, from opening to present
3	The admissions, discharges and deaths; with the mean annual mortality and proportion of recovery per cent., of the admissions, for each year since the opening of the asylum
4	Showing the history of annual admissions since the opening of the asylum, with the discharges and deaths, and the numbers of each year remaining at midsummer of the year reported in
5	Showing the causes of death during the year
6	Showing the length of residence for those discharged recovered, and of those who have died during the year
7	Showing the duration of disorder in the admissions, discharges and deaths, during the year
8	Showing the ages of the admissions, discharges and deaths, during the year
9	Condition as to marriage in the admissions discharges and deaths, during the year
10	Showing the probable causes, apparent or assigned, of the disorder in the admissions, discharges and deaths, during the year
11	Shewing the number employed, and the principal kinds of employment, during the year 1874-75

Table 4 Statistics and Charts in the Retreat Annual Report of 1875

also expanded; one chart, for example, which showed categories of insanity ranging from mania to melancholia and general paresis and congenital defects, continued to increase in size and by 1883 there were many more categories and subsections. For instance, under mania there was acute mania, chronic mania, recurrent mania, mania-a-potu, puerperal mania and senile mania.⁸³

The historian, Richard Russell, has commented that no conclusions were ever drawn from statistics, suggesting that 'the reams of statistical tables continued to appear as if this were a ritual process that would one day lay bare the facts of insanity'.⁸⁴ Perhaps, as Bruno Latour and Steve Woolgar have observed about the inscription of scientific knowledge:

Writing was not so much a method of transferring information as a material operation of creating order ... Between scientists and chaos, there is nothing but a wall of archives, labels, protocol books, figures, and papers.⁸⁵

In the asylum such statistical writings were perhaps a way of creating order and reasserting a confidence in the medical validity of work on insanity.

However, these tables and ways of classifying patients became increasingly unpopular. In 1904 the statistical committee of the Medico-Psychological Association decided to amend statistics for the following reasons:

First, simplification and ultimate saving of labour; second, the necessity for maintaining, as far as possible, a distinction between certain classes of cases; third, the elimination of information which has not proved itself to be of much value; fourth the advantages of correlating certain facts; and fifth, the guarding against ambiguities of expressions which have in the past led compilers to take varying views of what was really required.⁸⁶

It appears that the committee were more preoccupied with saving time and resources than developing more sophisticated forms of analysis. During and after the war there was a significant decrease in the number of statistical tables in the Retreat. Only basic details were recorded in six tables. This remained the case right up until 1940, suggesting that it was not just limited wartime resources

⁸³ A/3/1/10-13, Annual Reports 1880, 1883, 1903, 1904.

⁸⁴ Russell, 'The Lunacy Profession', p. 298. See also D. J. Mellett, 'Bureaucracy and Mental Illness: the Commissioners in Lunacy, 1845-1890', *Medical History*, 25 (1981), p. 234.

⁸⁵ Bruno Latour and Steve Woolgar, *Laboratory Life: the Construction of Scientific Facts* (Princeton, 1986), p. 245.

⁸⁶ 'Medical-Psychological Association Report of the Statistical Committee, Appointed at the Meeting Held at Liverpool in 1902, Presented to the Annual Meeting of the Association July 21 1904', *Journal of Mental Science*, 51 (1905), appended at back.

that led to their decline but an overall decrease in their perceived value. This seems to be strange considering that medical statistics remained important in the twentieth century. Edward Higgs has investigated the growth and history of the Medical Research Council statistical unit founded in 1911. He links this with increased medical specialisation and University centred research. He does concede, however, that ‘Pearsonian statistics were only haltingly accepted by medical scientists in Britain in the 1920s and 1930s, and were little understood by medical practitioners’.⁸⁷ One reason why the Retreat statistics declined may lie in the following observation from Dr Pierce in 1893:

But this artificial classification is by no means satisfactory, since in mental, perhaps more than in general bodily disease, the causes are very imperfectly understood; there are many factors which unite to produce a mental breakdown, and but few of these can be traced or explained.⁸⁸

It is perhaps because such forms of classification were not scientific enough that they were considered useless.

One final purpose of the reports was to try to instil and reinforce a strong Retreat identity. They consistently referred to the Quaker lineage and moral treatment legacy, for example, in 1897 adding a section on the history of the Retreat.⁸⁹ However, this was added at a time when fewer and fewer members of the Society of Friends were being admitted to the Retreat, and perhaps served to compensate for such changes and to remind readers of the Quaker legacy of the institution.⁹⁰ Another example was the Retreat’s centenary in 1892. The annual reports noted that the following celebrations were held:

There have been two centenary celebrations of the projection of the York Retreat, one held on May 6th and principally attended by members of the Society of Friends. On this interesting occasion papers were read by Elizabeth Pumphrey, Wm Pumphrey, Dr Hack Tuke, and myself, and I hope and believe that this meeting has aroused amongst the members of

⁸⁷ Edward Higgs, ‘Medical Statistics, Patronage and the State: the Development of the MRC Statistical Unit, 1911-1948’, *Medical History*, 44 (2000), p. 323; ‘The Statistical Big Bang of 1911: Ideology, Technological Innovation and the Production of Medical Statistics’, *Social History of Medicine*, 9 (1996), 406-426. For details of Karl Pearson, the famous eugenicist and statistician see Joanne Woiak, ‘Pearson, Karl (1857-1936)’, *Oxford Dictionary of National Biography* (Oxford, 2004) <<http://www.oxforddnb.com/view/article/35442>> (13 Jan 2006).

⁸⁸ A/3/1/11, Annual Report 1893, p. 13.

⁸⁹ Examples include Dr Baker’s reference to the Retreat’s primary concern with Quaker patients A/3/1/9, Annual Report 1876, p. 31; Dr Yellowlees’s reference to how the hospital like nature of the Retreat was still compatible with older traditions, A/3/15, Annual Report 1922, pp. 15-16; section of History of the Retreat introduced A/3/1/12, Annual Report 1897.

⁹⁰ A/3/1/12, Annual Report 1897, pp. 54-55.

the Society of Friends, a renewed interest in, and affection for the York Retreat.

The second celebration took place on July 21st, and was attended by a large number of the Members of the Medico-Psychological Association, and by alienist physicians and other visitors interested in promoting the humane treatment of the insane, from various parts of the United Kingdom and from the Continent.⁹¹

The second event suggests that the Retreat saw itself as a forerunner of asylums on a national level. In the published report of the celebrations of the centenary, Daniel Hack Tuke noted how,

The Medico-Psychological Association of Great Britain and Ireland has decided to recognise the importance of this centenary by holding their annual meeting in this City in July, and by making the Medical Superintendent of the Retreat President of the Association'.⁹²

The first celebration also reflects how the Retreat wanted to be still very much associated with the Society of Friends. Tuke noted that Mr John S. Rowntree hoped that the above celebrations would 'excite renewed interest in the Retreat' amongst the Society of Friends.⁹³ This is again perhaps a response to the declining role of the Society of Friends. Digby, for instance, notes that, just three years earlier in 1889, 'the directors of the Retreat were sufficiently worried by lack of interest to consider adjourning the Yorkshire Quarterly Meeting to the Retreat, on the account of its Annual Meeting'.⁹⁴

The anniversary was a way to assert or perhaps rather invent traditions, to publicly represent and create a role and identity for the Retreat. In contrast to these celebrations not much was done for the fiftieth anniversary. Samuel Tuke, grandson of William Tuke, wrote a lengthy history of the institution in the annual report, and this was also reprinted separately.⁹⁵ However, even more was done for the Retreat's 150th anniversary. There was a celebration at the Retreat, again with descendants of the Tuke's present, a printed souvenir brochure, a commemorative meeting at Friends House in London, a BBC play on mental illness, a special commemorative book *Light Through the Clouds* and articles in

⁹¹ A/3/1/11, Annual Report 1892. p. 14. D. Hack Tuke, *Reform in the Treatment of the Insane: Early History of the Retreat York; its Object and Influence, with a Report of Celebrations of its Centenary* (London, 1892), Friends House, London.

⁹² Tuke, *Reform in the Treatment of the Insane*., p. 59.

⁹³ Tuke, *Reform in the Treatment of the Insane*, p. 68.

⁹⁴ Digby, *Madness, Morality and Medicine*, pp. 102-3

⁹⁵ A/3/1/6, Annual Reports 1840-1849, Annual Report 1846; A/5/3/1/5, *Review of the Early History of the Retreat near York...From the Fiftieth Report*.

the *Friends Quarterly Examiner* and *Picture Post*.⁹⁶ It seems that the further the Retreat moved away both in time and practice from its original ethos and links with the Society of Friends the harder it worked to publicise such ideals.

Superintendents' Contributions

This section will investigate the role of the superintendents and the superintendents' reports in representing the Retreat. I examine the practice of writing the reports, and explore in more detail the lives and careers of the superintendents and relate these to the language, tone and content of their reports. I also draw distinctions between what was happening in the Retreat during this time and what the superintendents' reports said was happening. For example, Digby provides an example from the superintendent's report of 1870:

Ironically, it would appear that as confidence in the curative potential of occupational therapy wavered, its perceived value in promotional literature increased. Thus, what had earlier been thought of as simple country rambles were described as 'the study of botany' and visits to the public library were depicted as 'literary employment'. This was a far cry from the simplicity of the Retreat's early domestic regimen.⁹⁷

As a figurehead of the institution, it was the superintendents' responsibility to produce the largest section of the annual reports, the superintendents' reports. It seems that much time and thought went into their production. For example, Dr Pierce, apparently struggled to write his reports, his obituary noted:

Pierce used to say that he found writing difficult and he liked to keep on his desk Sir Clifford Allbut's *Notes on the Composition of Scientific Papers* ... Every year we found him groaning in his study over his annual report, and every year we enjoyed reading the masterly and lucid review that arose above those groans.⁹⁸

The reports were often drafted, as can be seen in Figure 1, a surviving version of Dr Baker's 1875 superintendent's report. The reports were also collaborative. Two typescript copies of Dr Pierce's 1916 superintendent's report, both with a few different pencilled in corrections in different handwriting,

⁹⁶ Katherine Webb, *The Retreat Archives* (Unpublished archive report, 2002).

⁹⁷ Digby, *Madness, Morality and Medicine*, p. 49.

⁹⁸ F/3/3/16, Dr Pierce's obituary in *The Friend*, 22 July 1932, p. 637.

The second improvement is the Establishment of a
 comfortable Home sufficiently near the Retreat for the supervision
 and vigilance of the Superintendent of the Asylum in chief. The
 writer believes that after all acute symptoms have passed
 away an Asylum is ^{often} ^{generally} not the best place for the ^{the further progress of} ^{improving and} ^{the} ^{Establishment}
 and consolidation. The patient emerging from an attack of
 Insanity - usually sensitive to his surroundings - requires home
 life ^{family-life} surroundings and ~~the~~ removal from an atmosphere
 of insanity to domestic treat. when the object of an
 Asylum have ceased to be curative & have become
 painful & oppressive.
 Home life but beyond the grounds
 out of reach of the Asylum but conducted by the
 Asylum Physician.
 larger amount of liberty & finer atmosphere.
 blend into the enjoyment of Asyl. life.
 Dr. Maudsley has expressed it "that the removal of an insane
 patient from the Asylum sometimes directly conduces to his recovery."

Figure 1 Draft of Dr Baker's Annual Report 1875⁹⁹

⁹⁹ H/2/3/3, Notes on Improvements Probably by Robert Baker (n.d 1870). Subsequently discovered to be annual report draft 1875.

indicate that more than just one person was involved in constructing such reports.¹⁰⁰ The superintendents' reports could also be altered by the committee; one entry in the committee minute books commented that 'the draft annual report of the superintendent had now been read and it has now been approved with one or two verbal alterations'. Therefore while the views expressed can be attributed to the superintendent, it is clear that these had to go through an editing process and be approved by the Retreat's management.

The first author of the reports was Dr Robert Baker. He was the nephew of the Retreat treasurer, Jonathan Burt, and was appointed superintendent in 1874. He came from a Yorkshire Quaker family and had been educated at the nearby Ackworth School.¹⁰¹ He obtained his degree from Edinburgh and then studied in Paris. His obituary stated that he 'possessed great charm and manner and was particularly persuasive in his dealings with his patients'.¹⁰² In 1892 he retired from the Retreat and became President of the Medico-Psychological Association.

Dr Baker's reports were relatively brief and pragmatic. He used a rather factual style, recording, for instance:

The system of cesspools in connection with the main building having been found in several instances objectionable, it was determined to remove some of them and ventilate the branch-drains.¹⁰³

He generally wrote with a sense of distance, employing phrases such as 'the writer believes' and 'the writer has watched with much interest the effect of the bath as a therapeutic agent in the treatment of cases of mental disease'.¹⁰⁴ This tone, while highlighting that these are his beliefs and ideas also lends authority to his opinions and suggests that they were representative of a wider body, i.e. the Retreat institution.

Dr Baker wrote in favour of the modernisation of the Retreat. He celebrated the 'modern treatment of the Insane' and the 'spirit of progress'.¹⁰⁵ Perhaps this was wishful thinking, as he was writing when the Retreat was not a

¹⁰⁰ A/3/2/4, Typescript of Annual Report of Medical Superintendent 1916 (2 copies differently amended with manuscript annotations).

¹⁰¹ Digby, *Madness, Morality and Medicine*, p. 115.

¹⁰² A/3/1/13, Annual Report 1901, pp. 21-22.

¹⁰³ A/3/1/9, Annual Report 1877, p. 18.

¹⁰⁴ A/3/1/9, Annual Report 1875, p. 17; 1879, p. 13.

¹⁰⁵ A/3/1/9, Annual Report 1875; 'modern treatment', p. 12; 'spirit of treatment', p. 22.

particularly progressive institution and when there were no major developments in the treatment of the insane. However, as mentioned earlier, Dr Baker did introduce a new hospital building programme. Towards the end of his superintendence he published three articles in the *Journal of Mental Science* (although these were not mentioned in the reports) on Turkish Baths, the villa system and 'asylum specialities'; among which were an improved glass-lined odourless urinal, self-locking fireguard and boots for chairs.¹⁰⁶ Of the last article, the President of the Medico-Psychological Association announced that,

Dr Baker has done the Association ... service in bringing these things forward. They might appear to be extremely small, from their highly scientific point of view ... it was perhaps very brave for a man like Dr Baker to bring them forward; but they were all valuable.¹⁰⁷

However, this attempt to recognise the achievements of Dr Baker only illustrates that his ideas were considered unusual and perhaps not worthwhile and 'scientific' enough.

In contrast to contemporaneous reports of some county lunatic asylums, Dr Baker emphasised the religious nature of the Retreat.¹⁰⁸ He retained a deep religiosity and reverence for the Retreat's traditional institutional values:

I desire reverently and gratefully to record my belief that the Divine blessing has attended and accompanied the efforts that have been made to promote the well being of the patients and the best interests of the Institution.¹⁰⁹

This probably reflected his own faith, but was also part of reinforcing the religious tradition of the Retreat. In 1882 he observed that:

Retreat Medical Staff are continually applied to by Members of the Society of Friends, and those connected with them, and others, for advice, guidance, and assistance, in times of anxiety and difficulty.¹¹⁰

¹⁰⁶ Robert Baker, 'Notes on Ten years' Experiences in the use of the Turkish Bath in the Treatment of Mental Health', *Journal of Mental Science*, 35 (1889), 184-189; 'Notes on Asylum Specialities in use at the Retreat, York', *Journal of Mental Science*, 36 (1890), 51-53; 'Descriptions of a New Hospital Villa Recently Erected in the Grounds of the York Retreat', *Journal of Mental Science*, 37 (1891), 386-389.

¹⁰⁷ 'Medical Association of Great Britain and Ireland Quarterly Meeting' *Journal of Mental Science*, 36 (1890), p. 133.

¹⁰⁸ See *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham* (1874).

¹⁰⁹ A/3/1/9, Annual Report 1875, p. 22.

¹¹⁰ A/3/1/10, Annual Report 1882, pp. 13-14.

This presentation of the Retreat as a facility for a national community of Friends, again perhaps served as compensation for their lack of involvement and to emphasise the value of continued financial support.

In the annual reports each superintendent focused upon different preoccupations and issues. Dr Baker's reports predominately addressed the immediate problems of the Retreat, such as staffing matters and building improvements. In contrast, other reports from the same time, for example, those from Prestwich and Lincolnshire asylums, addressed national issues such as the demand for increased provision for pauper lunatics, or the need for more discretion in deciding which patients were to be admitted to asylums.¹¹¹ This difference can be explained by the fact that such reports were presented to public legislative bodies, whereas Dr Baker was writing for those concerned with the activities of a small private hospital. Dr Baker may also have wanted to distinguish the Retreat from the public institutions that dominated the asylum system and to advertise its values and ideas as an institution for private patients. Dr Baker therefore chose to focus on factors such as obtaining suitable attendants for the Retreat's middle-class clientele:

The question of how to gain good Attendants, and, when trained, how to retain their services is one of great importance and pressing urgency. The writer sees no other means of solving this difficult problem but that of the gradual addition to the present staff of Attendants of others of a more educated class, more fitted to act as companions to the patients, and more competent to perform quietly and unobtrusively their multifarious aesthetical duties.¹¹²

The only instance in which Dr Baker considered issues outside of the Retreat was in the annual report of 1885, where he made some comments (such as upon the employment of female doctors and non-usage of alcohol) about his visit to asylums in America and Canada.¹¹³ Perhaps he wanted to represent the Retreat as a forerunner of the British asylum system, so looked elsewhere for inspirational ideas.

¹¹¹ 'Report of County Lunatic Asylum at Prestwich', pp. 67-68 and 'Lincolnshire County Asylum Visitors Report', p 16, in *Reports of the County Lunatic Asylums at Lancaster, Prestwich, Rainhill, and Whittingham: Presented to the Court of Adjourned Annual Session Holden at Preston, 31st December 1874 with the Accounts of the Receipts and Payments of the Respective Treasurers of the said Asylums* (London, 1875), Wellcome Library, London.

¹¹² A/3/1/9, Annual Report 1876, p. 15.

¹¹³ A/3/1/10, Annual Report 1885, p. 16.

Dr Bedford Pierce, who succeeded Dr Baker in 1892, was appointed at the relatively young age of 30, retiring three decades later, aged 60. In 1946 his successor Henry Yellowlees described Pierce as ‘perhaps the greatest and surely the most beloved of the Retreat Superintendents’.¹¹⁴ Digby argues that ‘under his leadership the Retreat was again seen as a progressive institution: it was in the vanguard of the movement to transform the asylum attendant into the psychiatric nurse’.¹¹⁵ According to Dr Pierce’s own account, he rose from humble origins, being ‘brought up in a home not far removed from poverty’. He was sent to a Friends’ boarding school and at 14 was apprenticed as a chemist. He then took evening classes in languages and science, and eight years later entered University College London, working at St Bartholomew’s hospital as a medical student.¹¹⁶ Before coming to the Retreat, Dr Pierce gained experience at Bethlem and Morningside asylums. While at the Retreat he developed a distinguished career: he built up a private practice, lectured at Leeds, was President of the York Medical Society, and in 1919 became President of the Medico-Psychological Association. He was also President of the Psychiatry Section in the Royal Society of Medicine; an associate member of the Medico-Psychological Society of Paris; a member of Society of the New York Hospital and (after he retired from the Retreat) a commissioner for the Board of Control.¹¹⁷ He published on subjects such as intemperance and mental disease, the subconscious mind and mental nursing.¹¹⁸ Digby argues that such a career path represented a more general trend in the late nineteenth century, whereby

¹¹⁴ 150th Anniversary 1946, *Retreat Anniversary Address. Meeting at Friends House, Euston Road, Friends House, London*, p. 3.

¹¹⁵ Digby, *Madness, Morality and Medicine*, p. 119.

¹¹⁶ Bedford Pierce (ed), *Addresses to Mental Nurses: a series of Fifteen Lectures, Delivered to Nursing Staff of the Retreat, York, by Various Authorities* (London, 1924), pp. 257-258.

¹¹⁷ Digby, *Madness, Morality and Medicine*, p. 117-120. See also F/3/3/16, Papers relating to Dr Pierce, Obituary in the *Friend* 22 July 1932, pp. 637-638; Pierce, Bedford (b. 1861 - d. 8 July 1932). *Who's Who 2005 and Who Was Who 1897-2004* (2005) <<http://www.xreferplus.com/entry/4978304>>(1 Aug 2005).

¹¹⁸ Bedford Pierce, *On the Relation Between Intemperance and Mental Disease* (London 1895) Paper read on October 15th, 1895, at a Temperance Conference, held in York; and issued by the Executive Committee of the Friends' Temperance Union (London; Friends Temperance Union, n.d.) (Vol 463; Vol 425); Bedford Pierce, *The Undermind: Observations on Modern Teaching as to the Influence of the Subconscious Mind* (Sheffield 1918); Bedford Pierce, *Treatment of Mental Disorders in their Early Stages* (Sheffield, 1920); Pierce (ed), *Addresses to Mental Nurses*.

doctors 'extricated themselves from the routine concerns within the asylum to the more professional fields beyond its door'.¹¹⁹

Dr Pierce took over authorship of the reports in 1893. Upon his resignation in 1922 the Retreat committee commented:

Dr Bedford's annual reports have always been of the greatest interest to the half yearly meeting of the Directors. They have been inspiring records of the Retreat, and of the advanced treatment of the mentally afflicted.¹²⁰

Dr Pierce's reports were very different from Dr Baker's. They were longer and were more organised, with subheadings (his first report had over 30 including such topics as drainage, golf and attempts at suicide). This perhaps reflects his more professional training and outlook. Richard Russell has suggested that by the 1880s and 1890s,

Gone were the days when asylums were open to men of great character and influence – men such as Ellis, Conolly, and even Maudsley in his way. The new generation of asylum doctors followed a more prosaic route, usually via a university degree from either Edinburgh or London.¹²¹

However, in contrast to Dr Baker's distant authoritative voice, Dr Pierce's writings reflected a more personally concerned paternalism:

I regret to say that some of our patients are not visited sufficiently often. "Out of sight, out of mind," is peculiarly applicable to the insane. During the past twelve months 42 patients in the Retreat received no visit from their friends or relations.¹²²

The reports were generally more anecdotal and patient centred. Dr Pierce often wrote about individual cases of attempted suicides, deaths, recoveries and amusing occurrences. Take the following example:

An epileptic was found in the hands of the police at Selby, none the worse for having been out all night, and having thrown himself into the Ouse. He told me that in compliance with inward promptings he had

¹¹⁹ Digby, *Madness, Morality and Medicine*, p. 118. See also Laurence Ray, 'Models of Madness in Victorian Asylum Practice', *European Journal of Sociology* (Archives Européennes de Sociologie), 22 (1981), p. 259.

¹²⁰ B/1/2/6, Committee Minutes April 1918-Nov 1928, Minutes 29 April 1922.

¹²¹ Russell, 'The Lunacy Profession', p. 303. Ellis, Leonard D. Smith, 'Ellis, Sir William Charles (1780-1839)', *Oxford Dictionary of National Biography* (Oxford, 2004) <<http://www.oxforddnb.com/view/article/53734>> (6 Aug 2005); Conolly, Andrew Scull, 'Conolly, John (1794-1866)', *Oxford Dictionary of National Biography* (Oxford, 2004) <<http://www.oxforddnb.com/view/article/6094>> (6 Aug 2005); Maudsley, T. H. Turner, 'Maudsley, Henry (1835-1918)', *Oxford Dictionary of National Biography* (Oxford, 2004) <<http://www.oxforddnb.com/view/article/37747>> (6 Aug 2005).

¹²² A/3/1/11, Annual Report, 1894. p. 5.

twice jumped into the river, but finding he did not sink, thought there must have been some mistake, and swam ashore.¹²³

Andrews has commented upon how such anecdotes often served as a ‘diversionary function of amusing subscribers, and in a way that regularly verged on patronizing ridicule’.¹²⁴ Another entertaining and slightly alarming story that Dr Pierce told was that:

One gentleman whilst on leave of absence was accepted for military service, although the authorities were informed that he was still of unsound mind. He spent most of his time in hospital, never trained at all, and was soon discharged mentally unfit. I believe he is entitled to a pension.¹²⁵

This time the laughter was in part at least at the expense of the war recruitment authorities. This may have been catering for an audience of anti-war Quakers. This use of anecdotes also reflects a familial tone and suggests a more personable, market oriented approach, one that prioritises the individual patient/client above that of the institution as a whole. Here it seems that Dr Pierce presented himself more as a professional private practitioner.¹²⁶

Yet, Dr Pierce also presented himself much more as part of a psychiatric profession, and the Retreat as part of a mainstream national system.¹²⁷ While, in his annual reports, Dr Baker ignored the 1890 Lunacy Act, Dr Pierce paid attention to the Mental Deficiency Bill of 1913 even though he believed it ‘concerns extremely few patients at the Retreat’.¹²⁸ This reflects how the profession was becoming more standardised. For example, in his 1921 report Dr Pierce announced that the assistant medical officer, Dr Marguerite Wilson, had attended classes at the Maudsley hospital and had passed a diploma in psychological medicine.¹²⁹ Such training had only recently been introduced. The first diploma in psychological medicine was established at Cambridge in 1912. Crammer argues that,

¹²³ A/3/1/11, Annual Report, 1894, p. 23.

¹²⁴ Jonathan Andrews, ‘Case Notes, Case Histories, and the Patient’s Experience of Insanity at Gartnavel Royal Asylum Glasgow in the Nineteenth Century’, *Social History of Medicine*, 11 (1998), pp. 272.

¹²⁵ A/3/1/14, Annual Report 1918, pp. 9-10.

¹²⁶ See discussions in next two chapters on case records and letters.

¹²⁷ Digby, *Madness, Morality and Medicine*, p. 103.

¹²⁸ A/3/1/14, Annual Report 1913, p. 18. In contrast the 1890 Act was referred to at length in the Bethlem reports. See Andrews et al, *The History of Bethlem*, p. 521.

¹²⁹ A/2/1/15, Annual Report 1921, p. 22.

The willingness of universities to consider the teaching and examination in psychological medicine in the first decade of the twentieth century was part of a general growth of medical sciences and of Government concern over medical services.¹³⁰

However, Dr Pierce presented an ambivalent attitude towards such medical and scientific developments:

Medicine is rapidly advancing, especially in relation to disease due to micro-organisms, and new methods of treatment shew [sic] much promise, but it must be admitted regretfully that these advances have not as yet done much to elucidate the problems of psychological medicine. It is, however, only reasonable to expect that the increase of knowledge in respect to bodily disease will, in due time, throw light upon the mental disorders accompanying them.¹³¹

He recognised that, as yet, methods of medical treatment were unsuccessful. This is a surprisingly honest analysis to place in an annual report, one that despite its long-term optimism and clear advocacy of medical progress could be upsetting to both relatives and medical professionals. Digby has suggested that Dr Pierce ‘put a break on the medicalisation of the Retreat’, recognising the importance of ‘the Retreat’s original philosophy of treating the insane as whole individuals’.¹³² Dr Pierce also continued, though a lot less so than Dr Baker, to employ the rhetoric of the Retreat’s original ethos. His reflections in his last annual report emphasised the legacy of the institution, combined with new psychological understandings:

But I can testify that the memories of the past stirred by the familiar walls and the little window panes, the trees and gardens, are of real consequence in daily life. We may be unaware of the influence of the silent past, yet we cannot deny its existence. Modern psychology teaches us that unconscious impulses affect our actions.¹³³

Dr Pierce retired in 1922 and was succeeded by Dr Henry Yellowlees. Like Dr Pierce, Yellowlees was ambitious. However, in contrast to Dr Pierce, who developed other career interests alongside his time as superintendent in the Retreat, Dr Yellowlees saw his superintendence as just a small part of a long-term career, leaving the Retreat in 1929 to take up an appointment at St

¹³⁰ J. L. Crammer, ‘Training and Education in British Psychiatry, 1770-1970’, in Hugh Freeman, and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol. 2, *the Aftermath*, pp. 224.

¹³¹ A/3/1/14, Annual Report, 1910, p. 7.

¹³² Digby, *Madness, Morality and Medicine*, p. 120.

¹³³ A/3/1/15, Annual Report 1921, p. 25.

Thomas's teaching hospital in London. This was very much in line with psychiatrists from an earlier generation who, as Laurence Ray describes, left the asylums in favour of alternative practices in medico-legal work, private practice, working with research foundations and university teaching.¹³⁴ Dr Yellowlees came from a medical family; he was the son of the renowned superintendent of Gartnavel Asylum, Dr David Yellowlees.¹³⁵ Dr Yellowlees obtained first-class honours in psychological medicine from Glasgow and was employed as the deputy superintendent at Morningside asylum. He served in France between 1915 and 1918, working as a mental specialist at Etaples Hospital. He was awarded an OBE in 1919. Between 1919 and 1922 he was a lecturer and assistant to a professor of psychiatry at the University of Edinburgh. He was superintendent at the Retreat between 1922 and 1929. He was the first Retreat superintendent who was not a member of the Society of Friends, but was instead a member of the United Free Church of Scotland. He resigned in 1929 to go to St Thomas's to become a Physician for Mental Diseases and Lecturer in Psychological Medicine. He also later became an examiner for the University of London and Royal College of Physicians, and a consulting psychiatrist in France between 1939 and 1940. He published extensively, for example, *A Manual of Psychotherapy* in 1923, *Clinical Lectures on Psychological Medicine* in 1932 and *To Define True Madness* in 1953.¹³⁶

In contrast to Dr Pierce's ambivalence (discussed earlier), Dr Yellowlees presented himself and the Retreat in predominately medical terms of progress. His first annual report emphasised this with such statements as, 'from a medical point of view, the admissions call for little special remark', 'there has been no very new departure with regard to the medical treatment of patients during the year' and 'an asylum is a hospital, – a place where a number of the sick are

¹³⁴ Laurence Ray, 'Models of Madness in Victorian Asylum Practice', p. 259.

¹³⁵ Jonathan Andrews and Iain Smith, 'The Evolution of Psychiatry in Glasgow During the Nineteenth and Early Twentieth Centuries' in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, pp. 313, 318-324.

¹³⁶ A/1/2/6, Directors' Rough Minutes 27 April 1918-20 Nov 1928, Minutes 30 Nov 1921; *The Friend*, 6 May 1931, p. 278; *150th Anniversary 1946, Retreat Anniversary Address*, p. 1; Yellowlees, Henry (b. 11 June 1888 - d. 5 April 1971). *Who's Who 2005 and Who Was Who 1897-2004* (2005) <<http://www.xreferplus.com/entry/5014579>> (1 Aug 2005); Henry Yellowlees, *A Manual of Psychotherapy for Practitioners & Students* (London, 1923); Henry Yellowlees, *Clinical Lectures in Psychological Medicine* (London, 1932); Henry Yellowlees, *To Define True Madness: Commonsense Psychiatry for Lay People* (London, 1953).

cared for together'.¹³⁷ The reports were also concerned more with treatments and psychiatry in general than with individual patients, and like Dr Baker, his tone was rather formal. Such an approach reflects his professional medical career ambitions. Moreover, as he was the first non-Friend superintendent, he may have felt less comfortable emphasising the importance of Quaker values, instead feeling more able to assert his authority on the basis of his medical abilities.

Dr Yellowlees was, however, writing at a time when the profession of psychiatry was undergoing much criticism. In 1921 Dr Montague Lomax's book, *Experiences of an Asylum Doctor*, based on his experiences as a doctor at Prestwich mental hospital, attacked the asylum system. Its publication led to a committee of investigation led by Dr Bedford Pierce.¹³⁸ Dr Yellowlees retaliated against public agitation surrounding these allegations:

The amount of public attention directed towards mental hospital management has increased rather than decreased during the year. The public to whom we look for sane and balanced opinion is at present in danger of resembling the reader of a "shilling shocker" who would lose half his pleasure were he forced to stop to consider whether characters and scenes depicted were in any way true to life.¹³⁹

It is perhaps slightly ironic that, in this example, Dr Yellowlees used the idea of insanity to chastise those who he believed held stereotypical views on mental illness. Was this also a potential attack on the readers of the annual report? More likely, by berating such attitudes he was implying that the select readership of the annual reports were beyond such naïve judgements.

In 1929 the assistant medical officer, Henry Macleod replaced Dr Yellowlees and in 1938 he resigned due to ill health. Not much is known about Dr Macleod, and unlike the previous superintendents, he did not go on to develop a successful career or to publish. This may suggest that by this time hospital superintendents were less influential in the field of psychiatry, or that the Retreat itself was not a useful institution for an ambitious medical man to be associated with. However, Dr Arthur Pool, who took over was slightly more successful. He had previously been an assistant medical officer at the Retreat, but had also been

¹³⁷ A/3/1/15, Annual Report 1922, pp. 5, 7, 15.

¹³⁸ Fennell, *Treatment Without Consent*, p. 108. See C/4/2/1, Correspondence with the Board of Control 1907-1920, Ministry of Health Report on the Committee on Administration of Public Mental Hospitals 1922.

¹³⁹ A/3/1/15, Annual Report 1922, p. 9.

a lecturer at Sheffield, and for the previous five years had been a superintendent of a South Yorkshire hospital. According to the Retreat committee report he was ‘the author of several papers on Mental Illness and has directed research into the causes of many types of mental disease’. For example, he wrote on the incidence of cancer at Rainhill Mental Hospital. While not a Friend, he was an active member of the Christian Endeavour Movement.¹⁴⁰

Dr Macleod and Dr Pool’s early reports were strikingly similar to Dr Yellowlees’s. Dr Macleod was after all an assistant medical officer to Dr Yellowlees, as Dr Pool was to Dr Macleod. However, this may also imply either that the Retreat management wanted a more official or standardised institutional presentation, or that by this time asylum superintendents had clearly defined professional identities. These superintendents were writing at a rather optimistic time for psychiatry. The profession had weathered the storm of the Lomax allegations. In the 1920s it was thought that general conditions in hospitals had improved, with patients being treated more as individuals, allowed to wear their own clothes and keep their possessions. There was a Royal Commission formed in 1924 which emphasised that psychiatry should be considered as prestigious as general medicine. The 1930 Mental Health Act was passed which advocated early treatment and quick recoveries by encouraging voluntary, temporary and out-patients. The economic depression also led to a better quality of staffing in the institutions. This was also a time, as we have seen in the section on treatments, when many new treatments were being introduced.¹⁴¹ The superintendents focused upon such developments. Dr Macleod used his reports to review what he termed changing ‘fashions’, from pre-War applied psychology to the post-War ‘new psychology’. While recognising the significant contributions of psychodynamic approaches, he reflected upon the return to the ‘pathological’. In concluding upon where psychology stood in 1929, Dr Macleod commented:

Psychological investigation has established itself firmly upon scientific principles, and it is, and will continue to be, of the highest importance in mental practice ... It is mainly biological in conception. The interdependence between many mental and physical reactions on the one

¹⁴⁰ A/3/1/16, Committee Annual Report 1938, p. 9; Arthur Pool, ‘The Incidence of Cancer at Rainhill Mental Hospital’, *Journal of Mental Science* (1930).

¹⁴¹ Jones, *Asylums and After*, pp. 130-138. See also Fennell, *Treatment Without Consent*, pp. 107-128.

hand, and glandular secretions on the other, has long been recognised, but nowadays all the resources of biochemistry are being used to throw a new light upon the causes of insanity and neuroses.¹⁴²

While such comments reflect the optimistic mood of psychiatry, as we have seen, many of these treatments were actually rather unsuccessful. Fennell suggests that at this time the Board of Control advocated the experimentation of such treatments, because it created 'in the minds of patients and their relatives the sensation that something was being done'.¹⁴³ Similarly the advocating of such treatments in the annual reports would have been a way of inspiring hope among their readers.

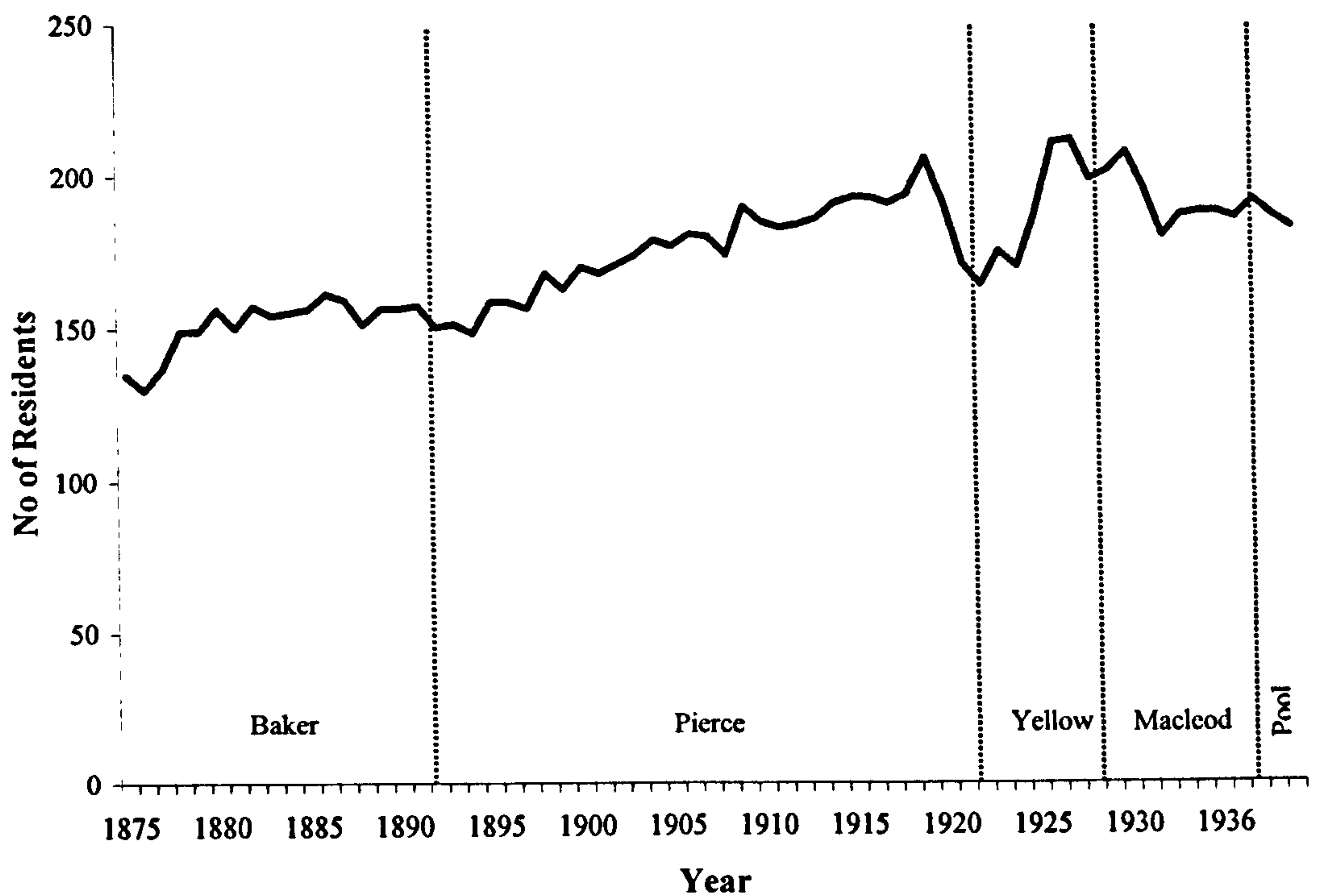
To conclude the nature of the superintendents' reports changed over time. This seems to have been partly due to the style of their individual authors. However, the superintendents were reflecting, representing and to an extent creating changes in how the institution saw itself. The changes in style and tone and in the superintendents' preoccupations were part of a process by which the Retreat moved from representing itself as an institution that emphasised its alliance with the Society of Friends and faith in moral treatment, to one that saw itself as a hospital that advocated the latest medical developments in the treatment of the insane. This move can be charted with the changes in superintendents. Dr Baker, while innovating in many ways, remained firmly in the first camp, emphasising the uniqueness of the Retreat. Dr Pierce moved towards transforming the Retreat into a hospital, yet was ambivalent about some of psychiatry's developments and remained loyal to the traditions of the Retreat. From Dr Yellowlees onwards the Retreat was very much a medical institution, developing new treatments and engaging with contemporary debates and issues in the field of psychiatry.

The Retreat's annual reports provide the historian with useful details of the number and type of residents, buildings, day-to-day activities and treatments of the Retreat. They offer insights into the priorities and motivations of the institution, especially those advocated by the superintendents. In addition, it can be seen how they reflected, responded to and possibly helped generate changes and concerns in the general field of psychiatry. Yet such reports should not be

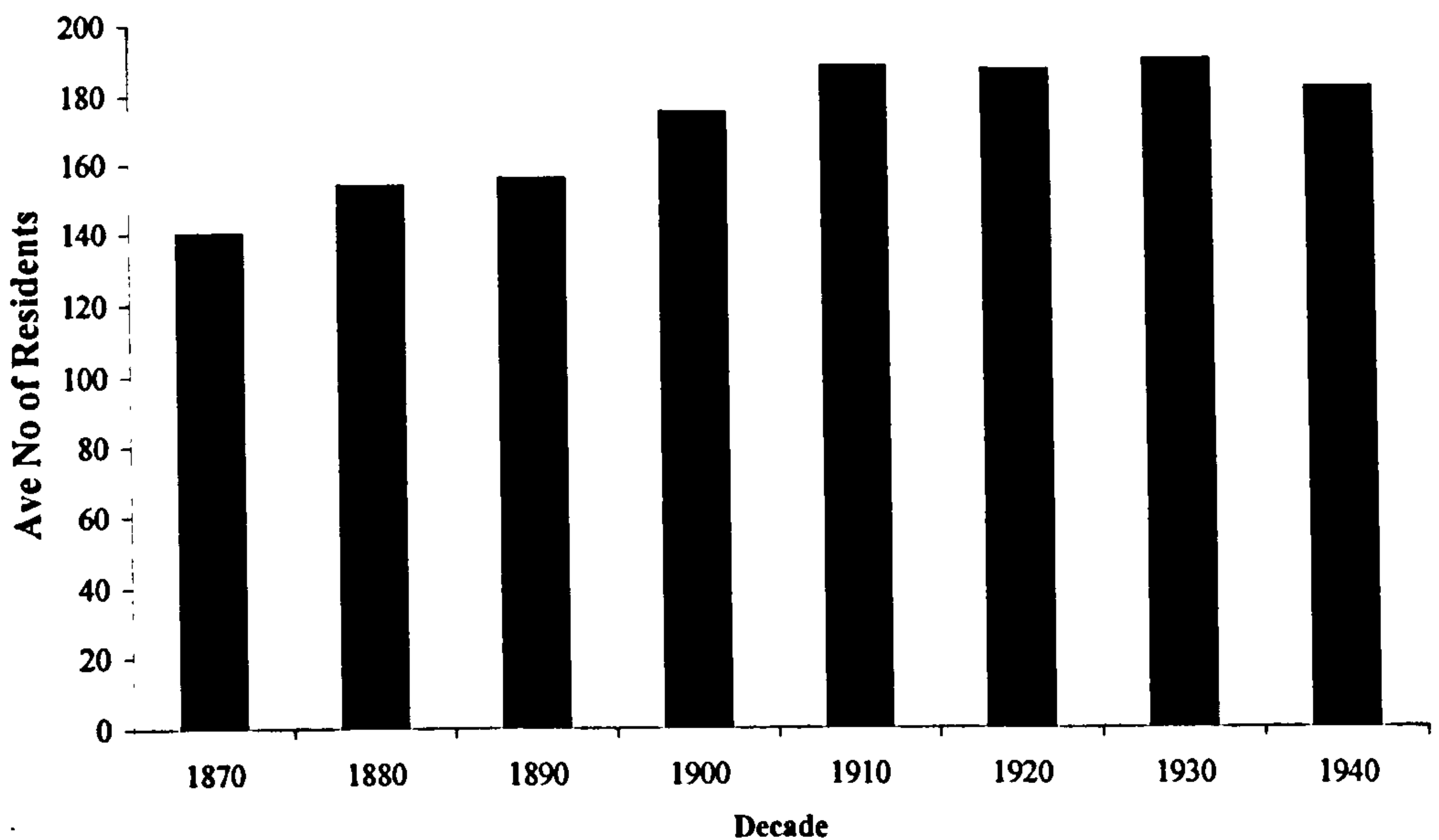
¹⁴² A/3/1/15, Annual Report 1929, pp. 10-11.

¹⁴³ Fennell, *Treatment without Consent*, p. 127.

taken on their own terms and used in a straightforward way to gain knowledge of the institution and psychiatric profession. A cultural history approach sees them as representations. They were an important way of communicating and were produced with deliberate intentions and effects. The reports were propaganda; they were a polished public presentation of the institution and an advertising, campaigning and fundraising tool that had to cater for multiple audiences. The Retreat was only presented in a certain way and much was left out of the reports. Such report writing also had many different groups and individuals involved in its construction. How such documents were generated is a theme that will be further considered in the next chapter on case records.

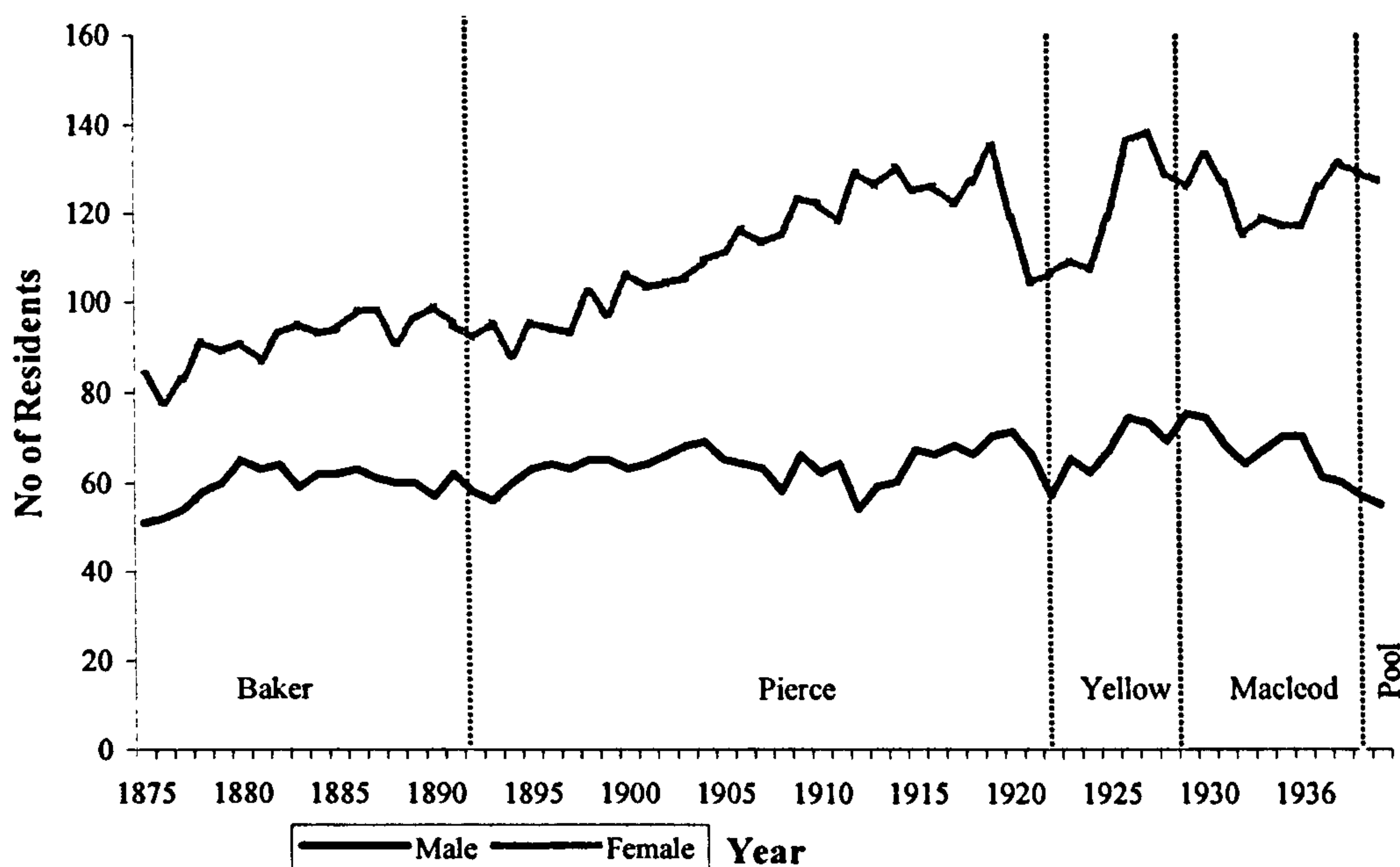


Graph 1 Number of Retreat Residents¹⁴⁴
 (Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))

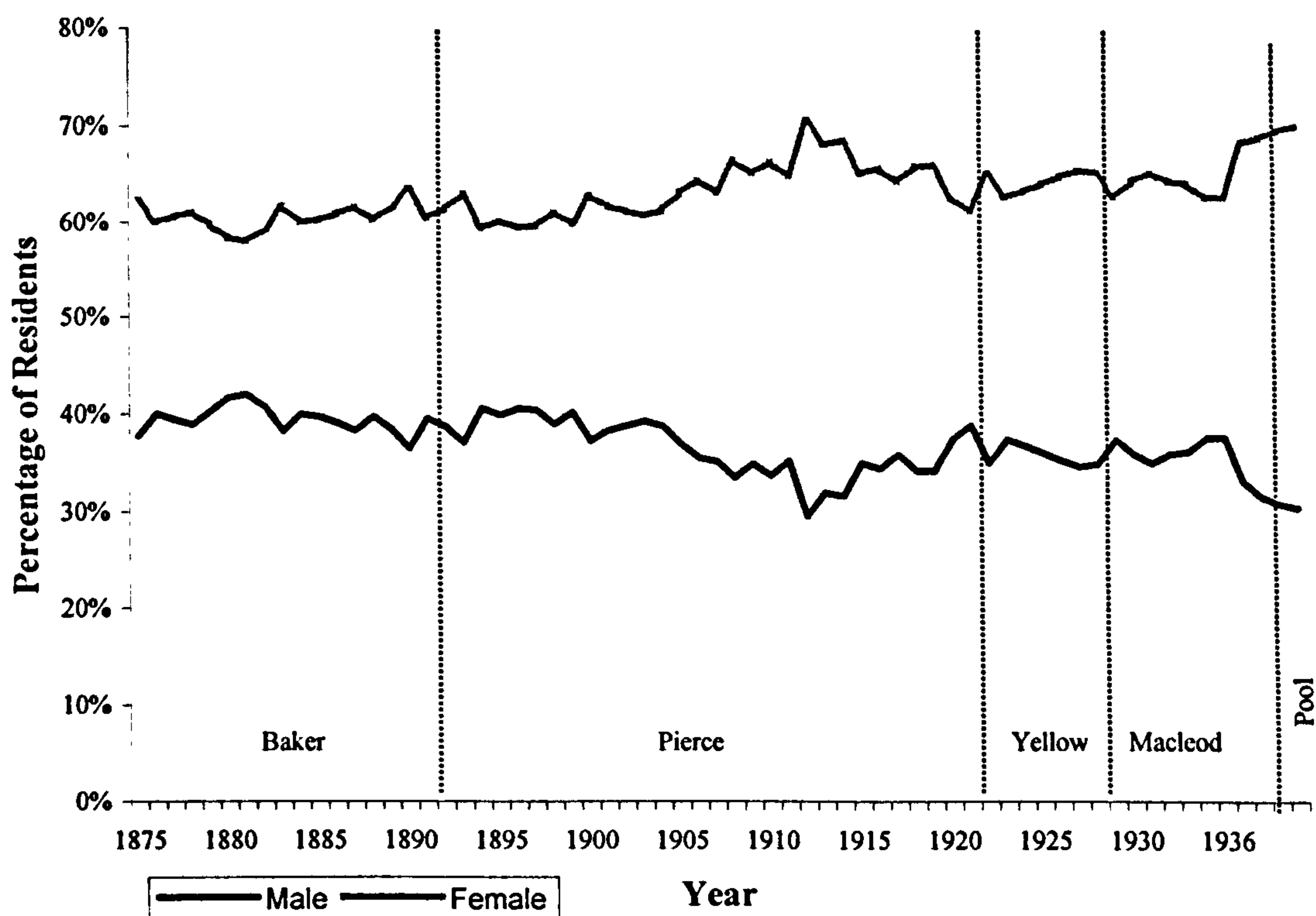


Graph 2 Average Number of Retreat Residents by Decade

¹⁴⁴ Figures taken from Committee Annual Reports, date 31 March every year, 1933, missing.

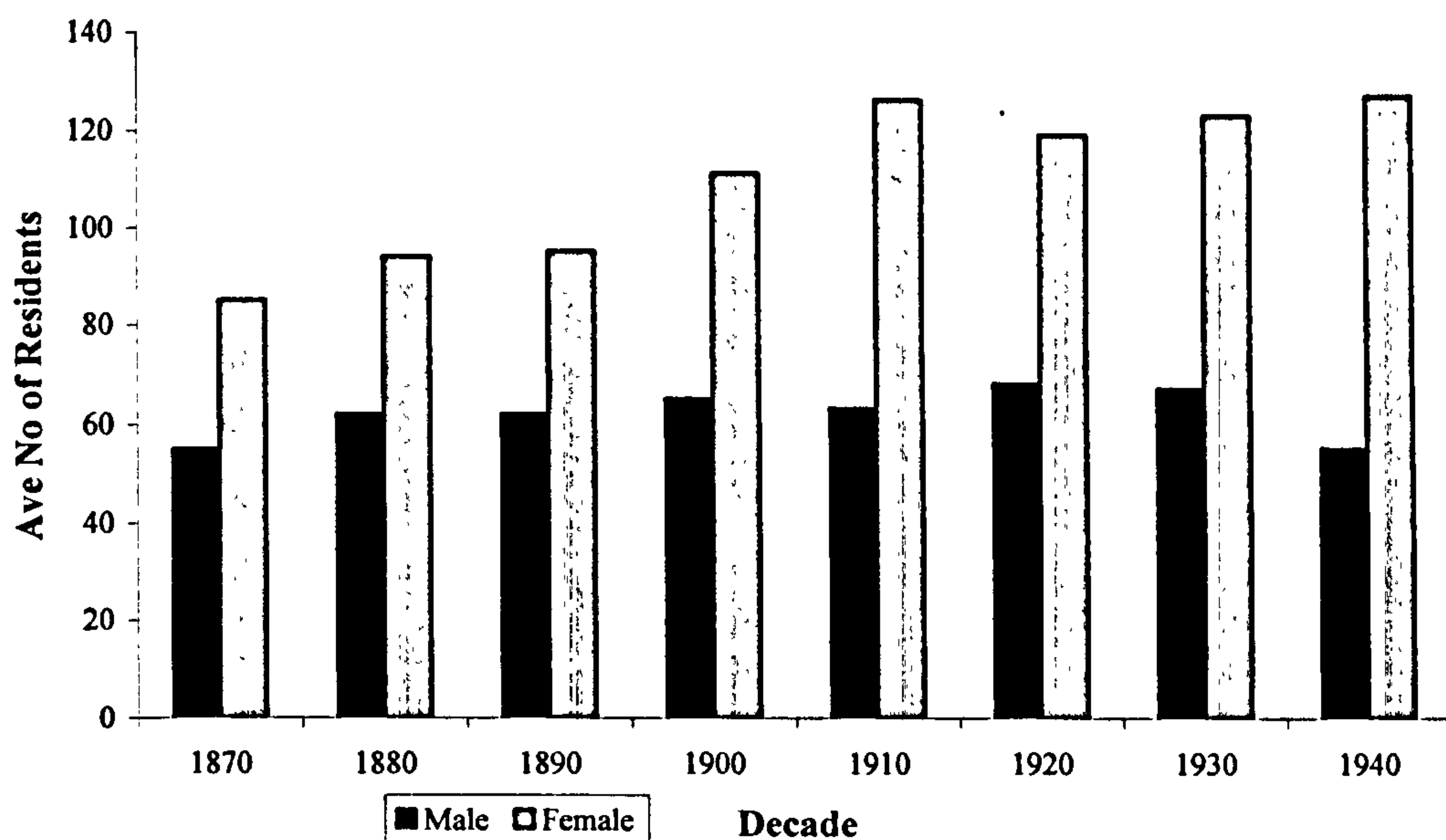


Graph 3 Number of Male and Female Retreat Residents¹⁴⁵
 (Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))

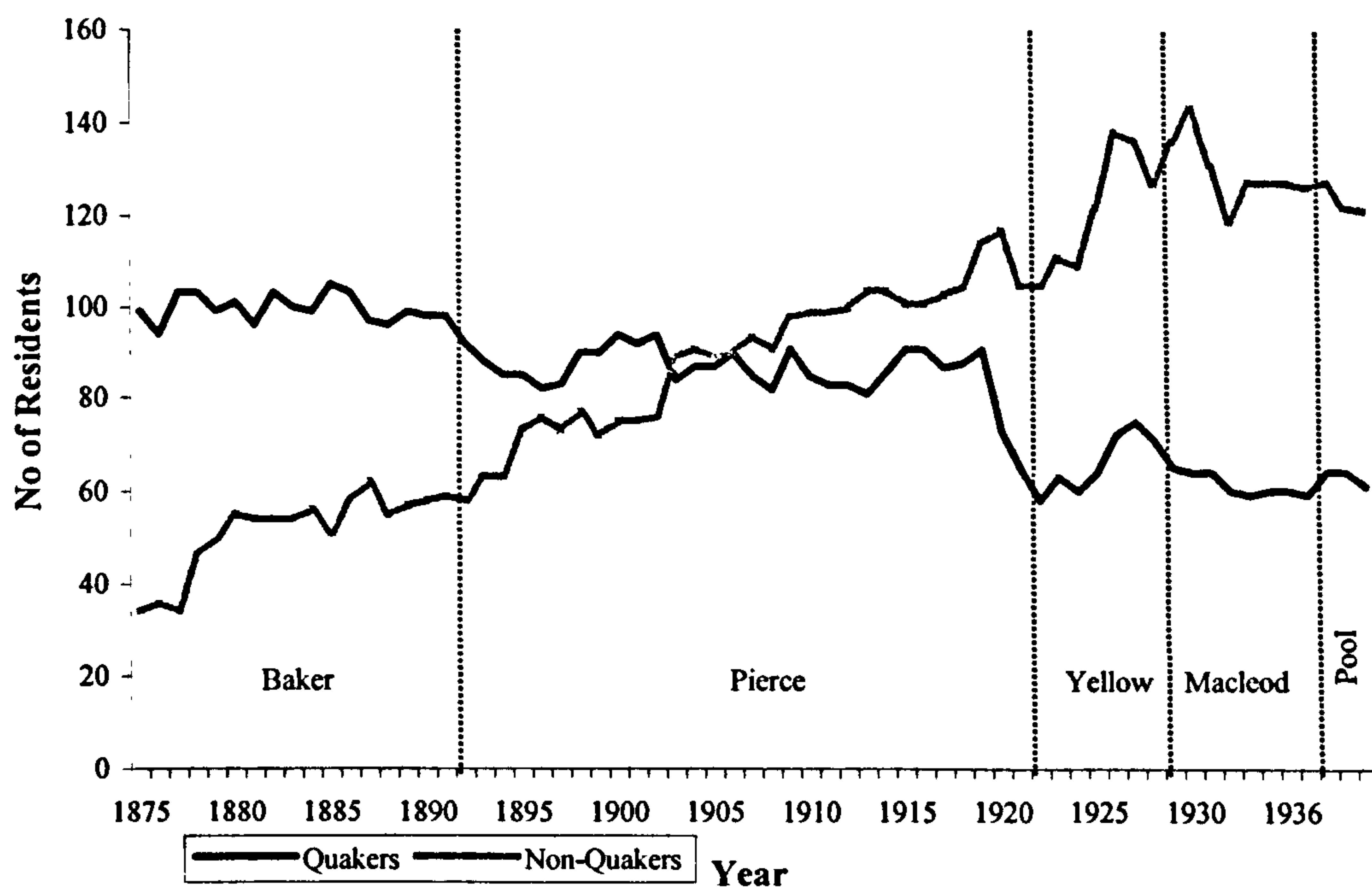


Graph 4 Percentage Number of Male and Female Retreat Residents
 (Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))

¹⁴⁵ Figures taken from Committee Annual Reports, 1933 missing.



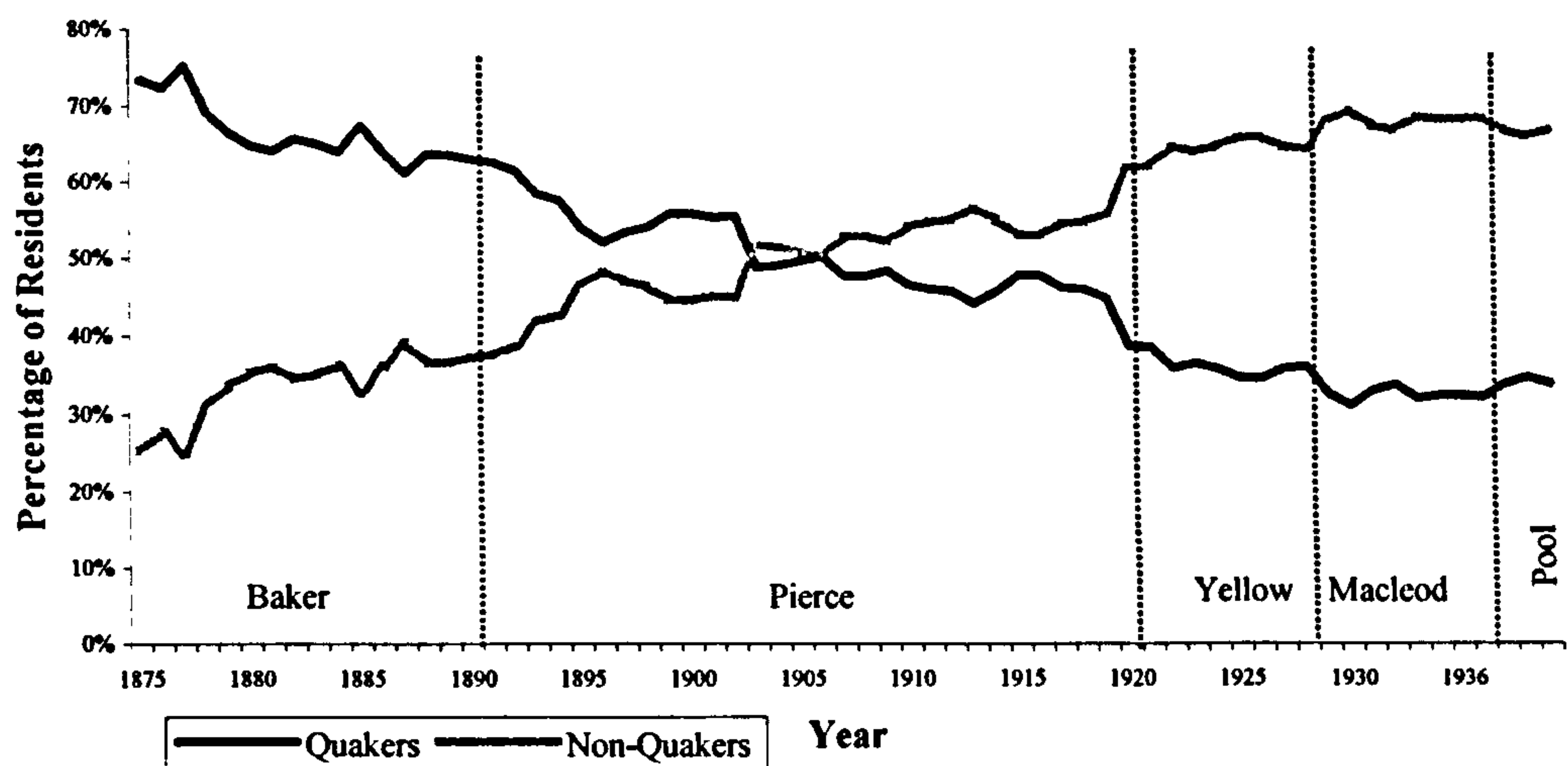
Graph 5 Average Number of Male and Female Retreat Residents by Decade



Graph 6 Number of Retreat Residents Connected to the Society of Friends¹⁴⁶

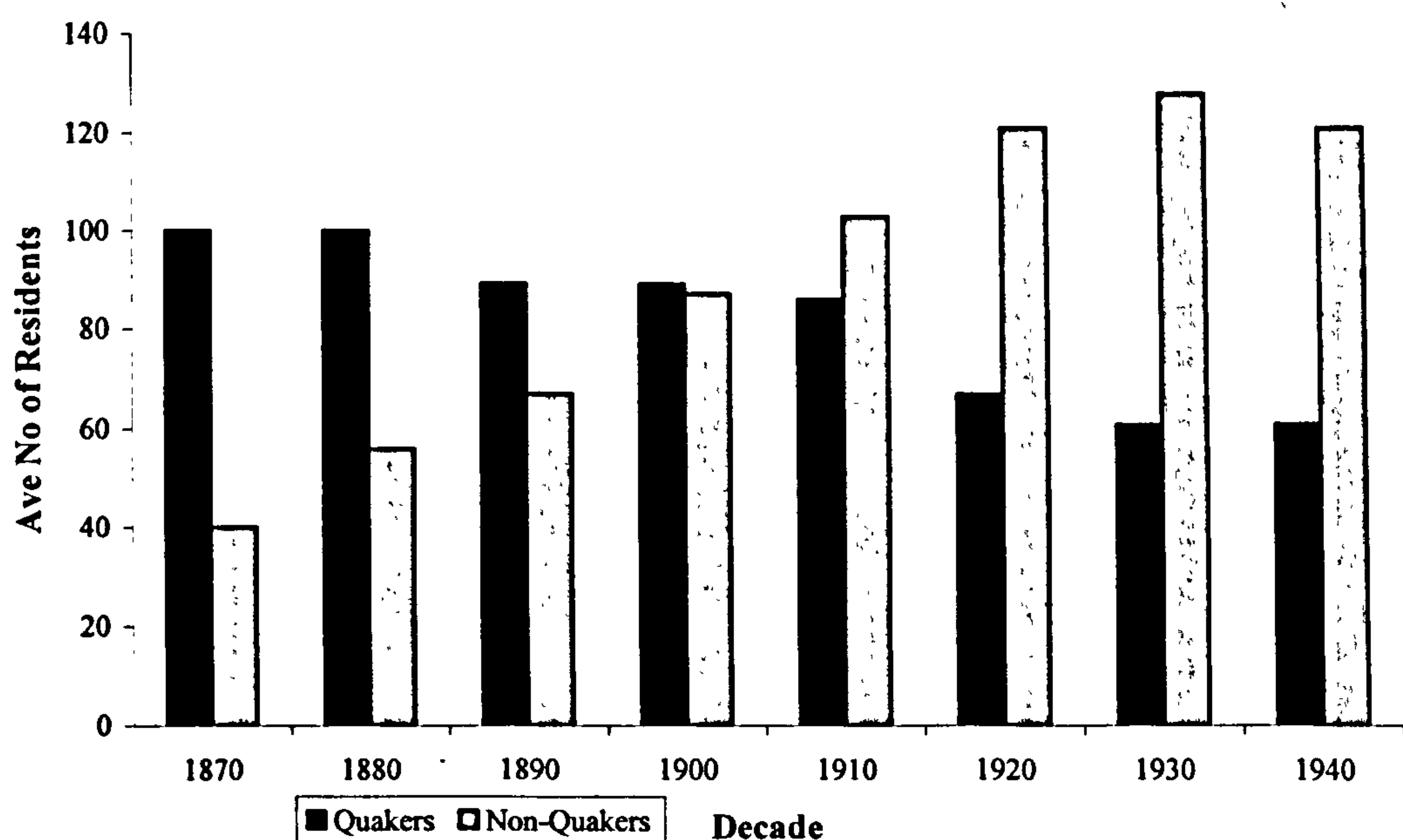
(Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))

¹⁴⁶ Figures taken from Committee Annual Reports, 1933 missing.

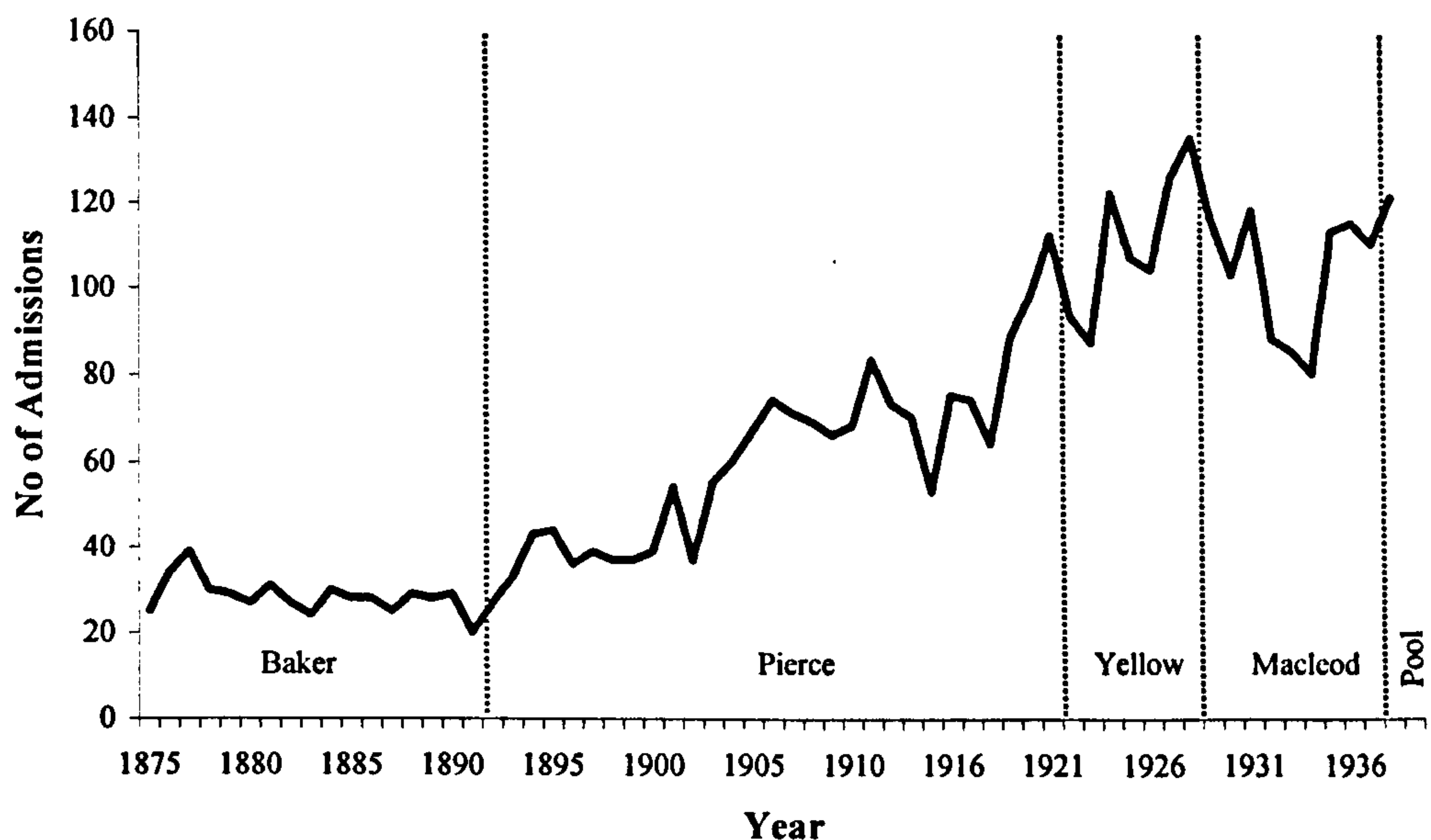


Graph 7 Percentage Number of Retreat Residents Connected to the Society of Friends

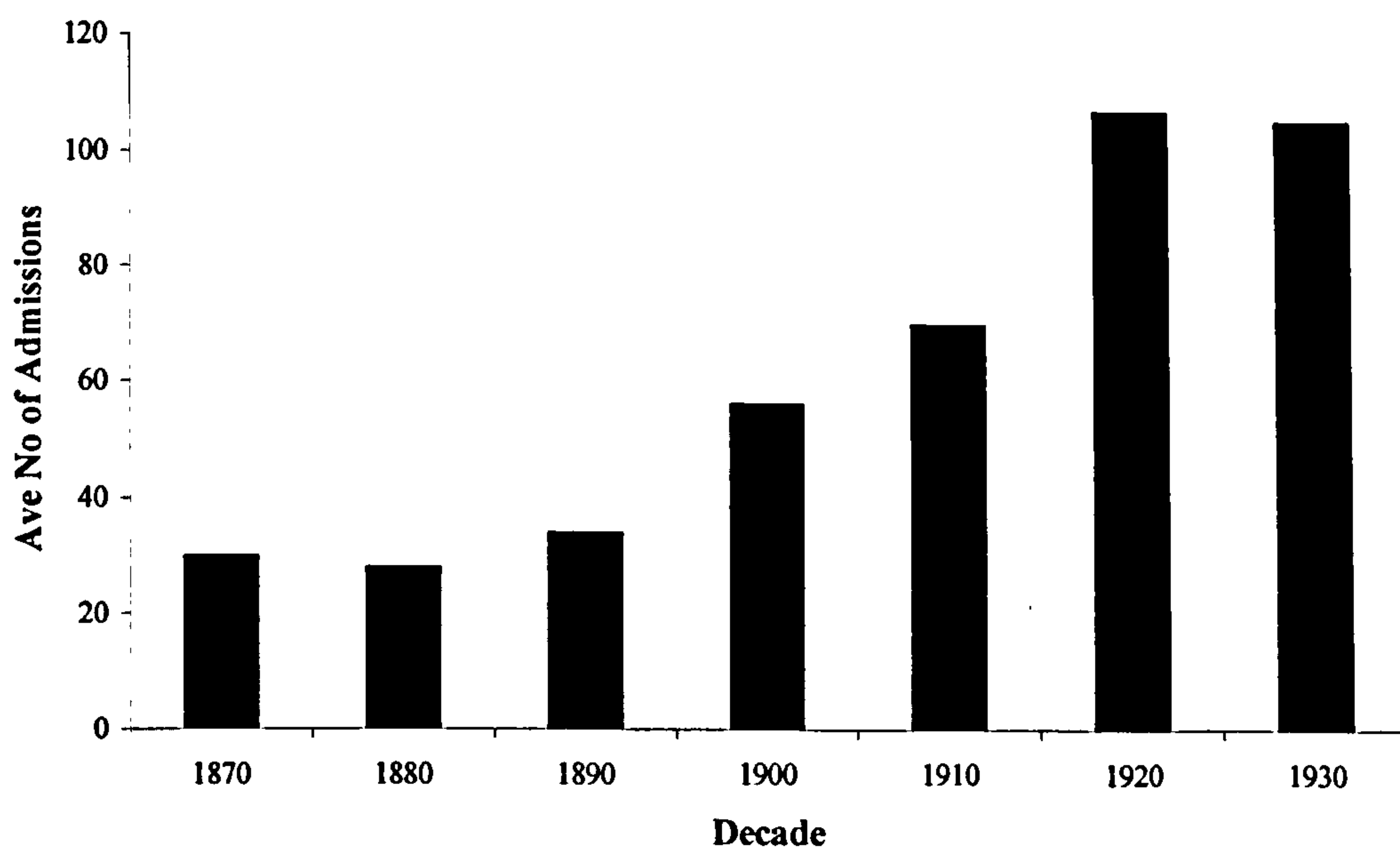
(Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))



Graph 8 Average Number of Retreat Residents Connected to the Society of Friends by Decade

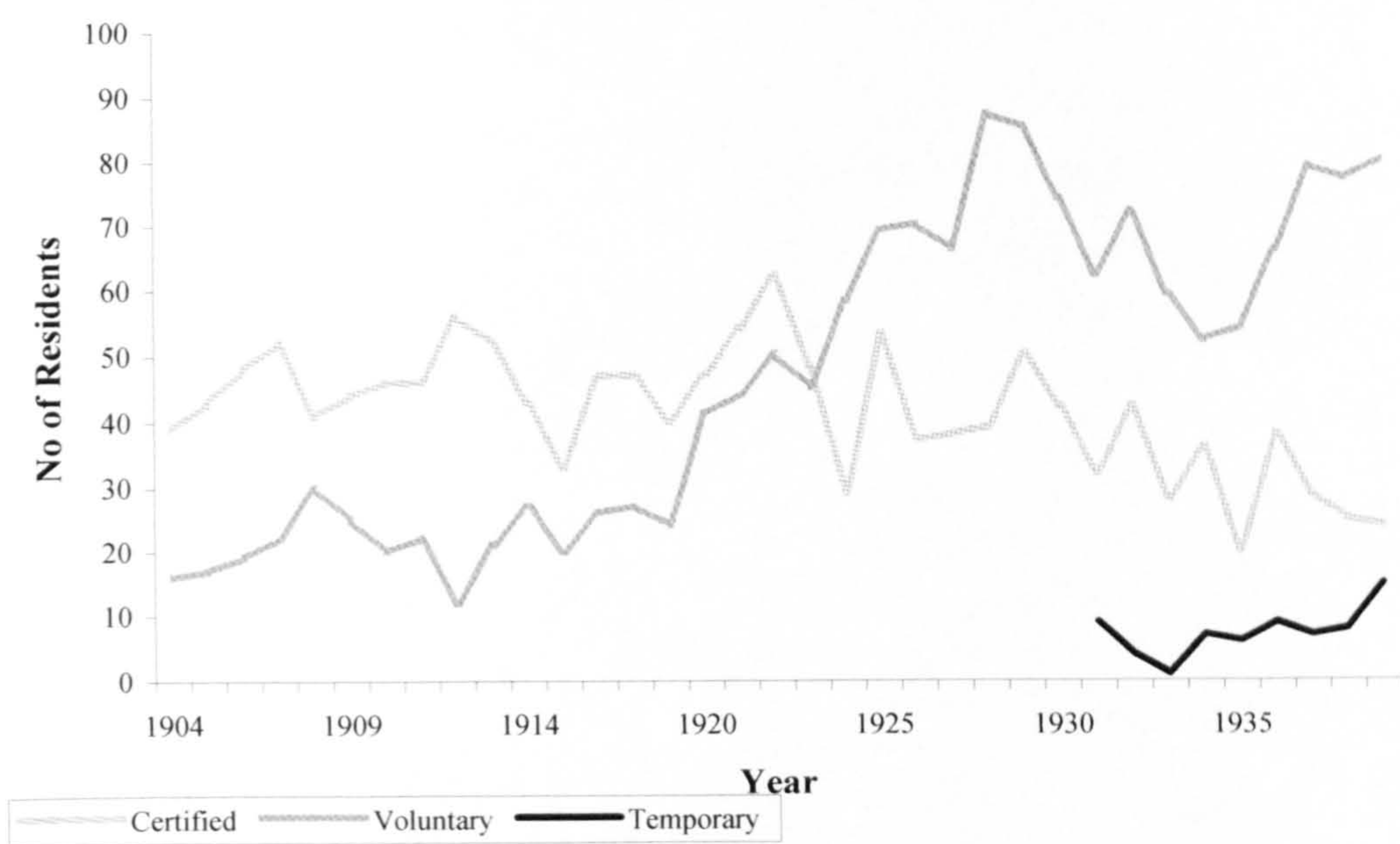


Graph 9 Number of Annual Admissions to the Retreat¹⁴⁷
 (Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))

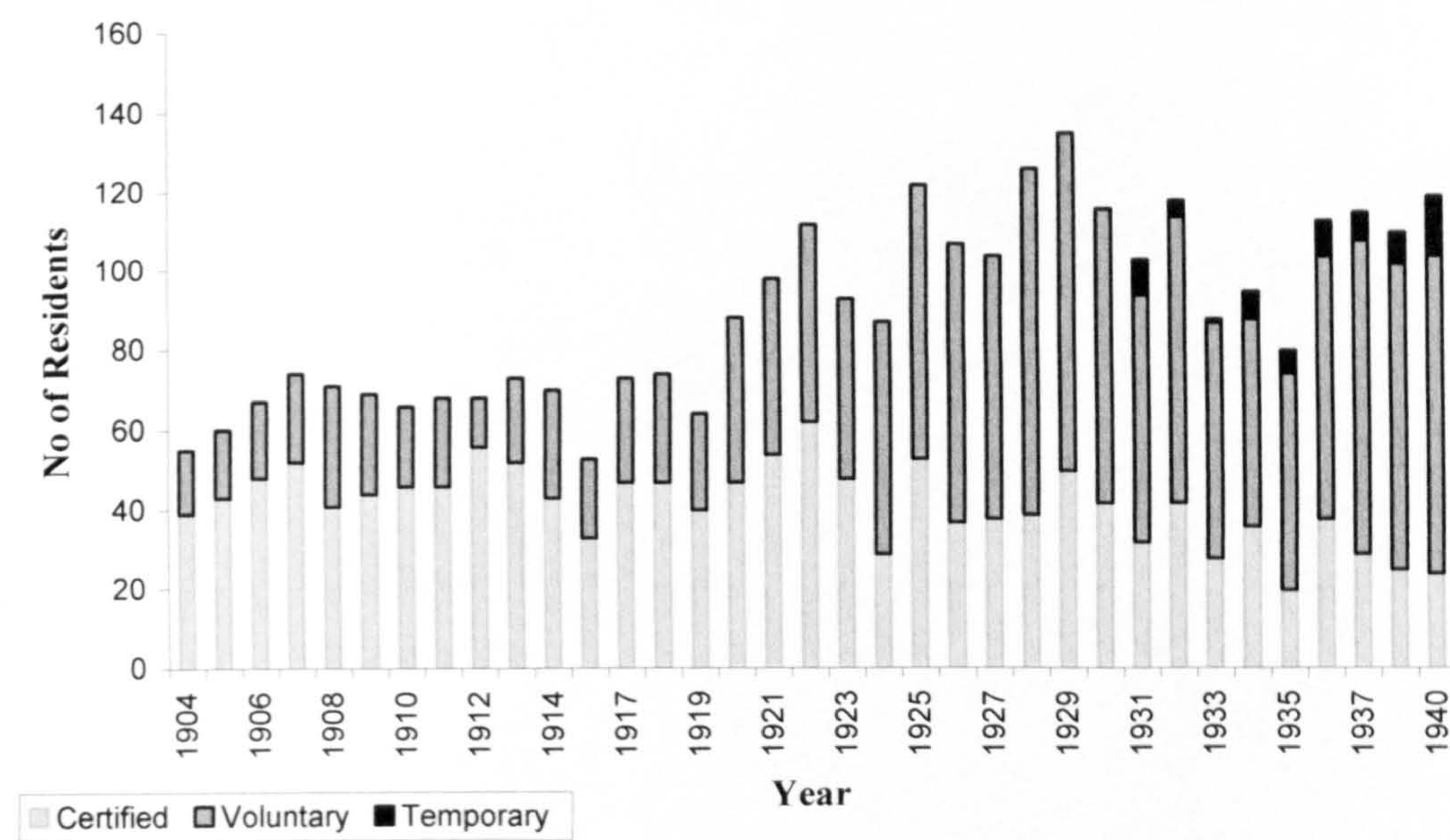


Graph 10 Number of Annual Admissions to the Retreat by Decade

¹⁴⁷ Figures taken from Superintendents' Annual Reports. 1915, 1939 missing.

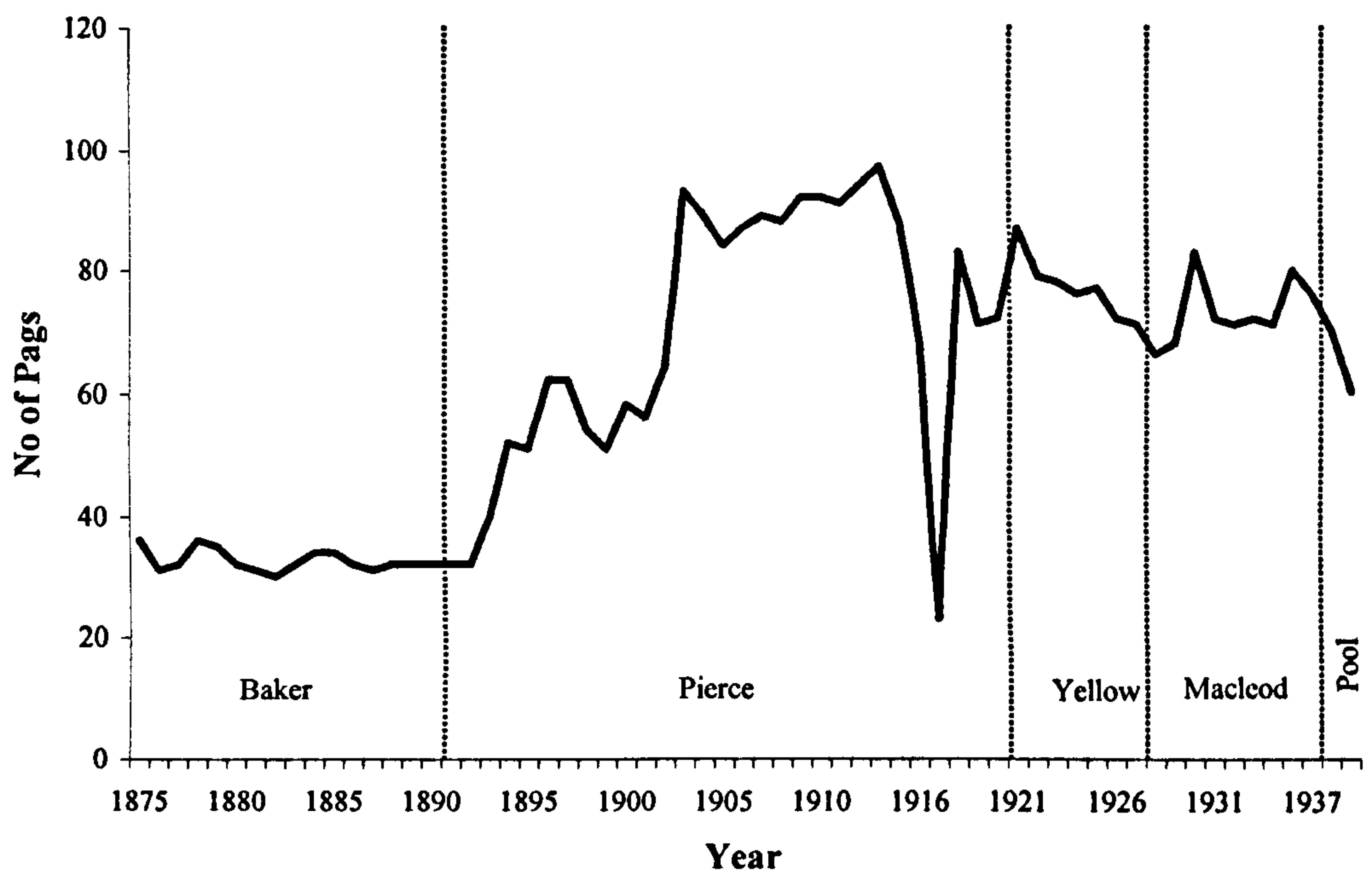


Graph 11 Types of Admission to the Retreat, 1
 (Certified – Certified Patient; Voluntary – Voluntary Borders; Temporary – Temporary Patients)



Graph 12 Types of Admission to the Retreat, 2¹⁴⁸
 (Certified – Certified Patient; Voluntary – Voluntary Borders; Temporary – Temporary Patients)

¹⁴⁸ Figures taken from Superintendents’ Annual Reports. Started at 1904 as first year stats recorded, 1915, 1939 missing.



Graph 13 Average Retreat Annual Report Length¹⁴⁹
 (Superintendents: Dr Baker (1874-1892), Dr Pierce (1892-1922), Dr Yellowlees (1922-1929), Dr Macleod (1929-1938) and Dr Pool (1938-1950))

¹⁴⁹ 1915, 1933, 1939 missing.

Chapter 2

Writing about Whom? Retreat Case Records

A silent tug of war over the possession of the story of illness is frequently at the heart of the tension between doctors and patients, for that tension is in part a struggle over who is to be its author and in what language, a struggle for the interpretation of life (and death) events.¹

Whose story is being told in the Retreat case records? Who narrates that story? Any investigation of the asylum as a site of writing must explore case records, the largest portion of printed and manuscript archives. They are a key source for medical history but also the most fraught kinds of documents, in which various interpretations are in contest.

The diverse and detailed information contained in case records has made them central in many studies in the history of psychiatry. Charlotte Mackenzie and Pamela Michael employ them to shed light on the day-to-day running of individual asylums. Anne Digby has used such records to calculate the average age and length of stay of residents of the Retreat, to establish the amount of chemical treatment prescribed to patients and to gain insights into the patients' everyday activities.² Case records were the main source for Jill Matthews's exploration of the boundaries of acceptable feminine behaviour in twentieth-century Australian society. She used the records to 'pick out some of the contradictions of the gender order that affect us all' and to write about the pathologisation of unacceptable attitudes, emotions and behaviour such as violence, unwillingness to work and same sex love.³

Case records have also become central to historical arguments about how far the patient has been written out of medicine. In particular, Michel Foucault's *Birth of the Clinic* linked certain kinds of records to the disappearance of the patient under the rise of the medical gaze, and the increasing authority and governing scientific discourses and practices of the medical profession. Foucault

¹ Kathryn Montgomery Hunter, *Doctors' Stories: the Narrative Structure of Medical Knowledge* (Princeton, 1991), p. 13.

² For studies that use case notes see Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales, 1800-2000* (Cardiff, 2003); Anne Digby, *Madness, Morality and Medicine: a Study of the York Retreat, 1796-1914* (Cambridge, 1985); Charlotte Mackenzie, *Psychiatry for the Rich: a History of Ticehurst Private Asylum, 1792-1917* (London, 1992).

³ Jill Matthews, *Good and Mad Women: the Historical Construction of Femininity in Twentieth-Century Australia* (North Sydney, 1984), p. 109.

argued that in the clinic 'what is present is the disease itself, in the body that is appropriate to it, which is not that of the patient, but that of its truth'.⁴ Jewson, in his article 'The Disappearance of the Sick Man from Medical Cosmology, 1770-1870', charts the transition from bedside to hospital to laboratory medicine. He argues that in the eighteenth century patients were people who were listened to and treated in a holistic fashion, but that by the beginning of the nineteenth century their health was increasingly compartmentalised and treated by a group of professionals who believed that only they were able to diagnose and cure. Towards the end of the nineteenth century this was superseded by an even more scientific, object-oriented and specialist laboratory treatment.⁵

Case records have been shown to be one of the mediums through which such changes can be seen to have taken place. Mary Fissell, for instance, charts the increasing medicalisation of patients' hospital records from the beginning of the nineteenth century.⁶ Many historians argue that nineteenth-century case records were written in such a way as to erase patient narratives. Digby observes how 'it must not be forgotten that these reflected the doctors' viewpoints and were tantalisingly brief on key issues such as patients' own opinions'.⁷

Laurence Ray proposes that:

Case-books are a discourse of practice: a text which attempted to record how the insane appeared to the asylum medical officers. The construction of the insane in these case-notes was structured around the axes of power-powerlessness, professional-pauper, doctor-patient, and custodian-inmate.⁸

More recently, however, such arguments have been modified, and there has been a reaction against such a social control analysis of records. Poirier and Blauner have employed literary theory to look not only at how medical records were a 'crafted' document, but also to reveal how records contain a

⁴ Michel Foucault, *The Birth of the Clinic: an Archaeology of Medical Perception*, trans A. M. Sheridan Smith (trans. 1973; repr. New York, 1994), p. 59.

⁵ N. D. Jewson, 'The Disappearance of the Sick Man from Medical Cosmology, 1770-1870', *Sociology*, 10 (1976), 225-244.

⁶ Mary E. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), pp. 148-170.

⁷ Digby, *Madness, Morality and Medicine*, p. 36. See also Jonathan Andrews, 'Case Notes, Case Histories, and the Patient's Experience of Insanity at Gartnavel Royal Asylum Glasgow in the Nineteenth Century', *Social History of Medicine*, 11 (1998), p. 263; Michael, *Care and Treatments of the Mentally Ill in North Wales*, p. xii.

⁸ Laurence Ray, 'Models of Madness in Victorian Asylum Practice', *European Journal of Sociology* (Archives Européennes de Sociologie), 22 (1981), p. 230.

‘diversity of voices’ that reflect the power dynamics and relationships between various health and medical professionals.⁹ Risse and Warner have even suggested that sometimes patient narratives can be present in case records:

Especially promising, yet little explored, is the information preserved in hospital case books about patients’ perceptions of illness and medical treatment. In American hospitals through to the 1860s, the patient’s own account of the illness experience was routinely written down shortly after admission to the institution.¹⁰

Christopher Lawrence has also proposed that the records of many nineteenth-century private practitioners show that these doctors listened to and recorded patients’ accounts. He argues that for such doctors to ignore their patients’ own understandings would have been ‘professional suicide’.¹¹

In considering psychiatric records, this medical versus patient debate needs to take into account two other contributing factors. Firstly, case notes can be seen as more bureaucratic than medical. Legal and institutional bureaucratic regulation had a strong influence upon how case records were organised and filled in. As an institution, the Retreat had its own forms and case books with which the doctors had to comply. In addition, the certification forms were heavily regulated and constructed so as to conform to the Lunacy Acts. Kathleen Jones highlights how after the 1845 Lunacy Act ‘there were five different sets of documents to deal with, and five sets of records to be kept, in addition to the certification documents’.¹² Roger Smith goes so far as to argue that these legal procedures undermined doctors’ status and that ‘psychiatric expertise could appear in practice to mean expertise in applying the procedures, which Parliament had laid down’.¹³

In contrast, it can also be argued that the doctor’s role and status were undermined by the family and friends of the patients. Family and friends were often actively involved in the process of certification; their evidence as to the

⁹ Suzanne Poirier and Daniel J. Blauner, ‘Voices of the Medical Record’, *Theoretical Medicine*, 11 (1990), p. 30.

¹⁰ Guenter B. Risse and John Harley Warner, ‘Reconstructing Clinical Activities: Patient Records in Medical History’, *Social History of Medicine*, 5 (1992), p. 190.

¹¹ Christopher Lawrence, ‘The Meaning of Histories: Essay Review’, *Bulletin of the History of Medicine*, 66 (1992), 638-645.

¹² Kathleen Jones, *Asylums and After: a Revised History of the Mental Health Services: from the Early 18th Century to the 1990s* (London, 1993), p. 91.

¹³ Roger Smith, ‘Legal Frameworks for Psychiatry’, in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, p. 140.

insanity of the patient was often required and recorded in the case records. Risse and Warner, for instance, note that,

Although modulated by the needs and biases of the recording alienist, these histories depict contemporary social life and can reflect how local communities near the hospital defined insanity.¹⁴

Charlotte Mackenzie and David Wright have shown that case records, especially admission forms, reveal much evidence of family involvement in patient care and decisions to admit and discharge patients.¹⁵ Akihito Suzuki's investigation of Bethlem's nineteenth-century psychiatric case records proposes that in the first half of the nineteenth century families were listened to, and that case records show evidence of how 'there existed strong lay cultural frameworks which enabled them to detect and understand the origin of the madness'.¹⁶ However, Suzuki suggests a change after the middle of the nineteenth century, arguing that the superintendent then focused more upon patients' versions of events, often recording patients' own understandings and foregrounding these at the expense of other familial interpretations.¹⁷ Digby, however, argues that in the Retreat:

Later, a more oppressive system of moral management was to be imposed, that involved greater insensitivity to patients. Symptomatic of this change was the fact that from the 1850s patients' case-notes referred much more frequently to 'discipline' and 'control'.¹⁸

With regard to the 1840s Jonathan Andrews makes similar observations to Suzuki, but suggests that from the 1870s onwards in the Gartnavel asylum 'direct patient testimony virtually disappeared', and that case taking 'became a much more clinical, detached, discipline'.¹⁹

¹⁴ Risse and Warner, 'Reconstructing Clinical Activities', p. 186. See also Michael MacDonald, 'Madness, Suicide and the Computer', in Roy Porter and Andrew Wear (eds), *Problems and Methods in the History of Medicine* (London, 1987), p. 210.

¹⁵ Mackenzie, *Psychiatry for the Rich*; David Wright, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10 (1997), 137-155; David Wright, 'Family Strategies and the Institutional Confinement of "Idiot" Children in Victorian England', *Journal of Family History*, 23 (1998), 190-208; David Wright, 'The Certification of Insanity in Nineteenth-Century England and Wales', *History of Psychiatry*, 9 (1998), 267-90.

¹⁶ Akihito Suzuki, 'Framing Psychiatric Subjectivity: Doctor, Patient and Record-Keeping at Bethlem in the Nineteenth Century', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800-1914: a Social History of Madness in Comparative Perspective* (London, 1999), p. 120.

¹⁷ Suzuki, 'Framing Psychiatric Subjectivity', 115-136; Poirier and Blauner, 'Voices of the Medical Record', p. 30.

¹⁸ Digby, *Madness, Morality and Medicine*, p. 76.

¹⁹ Andrews, 'Case Notes, Case Histories', p. 279.

Such research argues that case records are either bureaucratic, medical family or patient centred. In this chapter I look at how these records were constructed and at their layout organisation and narrative structure, and thereby investigate the interactions and extent of the contributions of each of these groups, asking whose voice is being heard the most. I also argue that these records had a significant role to play in the lives and routines of these groups and I demonstrate the diversity of purposes for which case records were produced.

As in the first chapter, my analysis of these case records looks at the significance of document generation. Adrian Wilson has suggested that historians can think about documents as effects. He proposes that it is valuable to consider the processes involved in the construction of documents, in *document genesis*, not merely as technical details laying the ground for specific readings of the source but as a way of understanding the society that created the documents.²⁰ I want to look at the case records' form, at their differences and at the changes in their physical appearance, structure and layout, so as to access the role of those who constructed, wrote and participated in them. For as Bruno Latour and Steve Woolgar have highlighted with regard to laboratory science,

One important feature of the use of inscription devices in the laboratory is that once the end product, an inscription, is available, all the intermediary steps which made its production possible are forgotten. A first consequence of the relegation of material processors to the realm of the merely technical is that inscriptions are seen as direct indicators of the substance under study.²¹

I examine the processes and power dynamics that went in to creating the finished product.

It is important to stress that there were many different types of case records. These included Retreat case notes, certificates of admission and certification and questionnaires filled out by relatives. There were also registers of admission, registers of patients secluded or placed under restraint, and ward books in which nurses recorded the daily activities and any problems with patients. For this chapter I have surveyed the case notes and certification and

²⁰ Adrian Wilson, 'Foundations of an Integrated Historiography', in Adrian Wilson (ed), *Rethinking Social History: English Society 1570-1920 and its Interpretation* (Manchester, 1993), pp. 304, 308, 315.

²¹ Bruno Latour and Steve Woolgar, *Laboratory Life: the Construction of Scientific Facts* (1979; repr. Princeton, 1986), p. 63.

admission forms and have selected a small sample for detailed textual work – looking at approximately 50 cases. Firstly, I have taken as a sample five admission forms and case notes from the years beginning in June 1875, 1885, 1895, 1905 and 1915 and five admission forms from 1925. From 1916 the case notes were organised as a collection of loose sheet records bound together alphabetically rather than chronologically. Using these, I have taken the first five cases in two separate male and female case books, which span a chronology of admissions from 1917 to 1923. Unfortunately, most of the case notes from the mid-1920s onwards are not accessible, as they remain in the basement of the Retreat. I have, however, been able to locate and discuss Ben Adam's case records. His case is explored in Chapter 5 and he was resident in the Retreat between 1927 and 1949. These records are similar to those of the early 1920s; the only difference is that from 1943 case note entries were typed.²² Alongside these standard records, I have also been able to look at records for different types of patients. I have taken a sample of ten voluntary patients, five from a case book dating from December 1895 and five which are recorded alphabetically, covering a chronology from 1909 to 1922. I have also looked at five case notes for 1920 and 1921 from Throxenbury Hall, a satellite institution for the treatment of non-certified female patients with nervous disorders. These are in loose sheet files, filed with some nurses' reports and also with correspondence regarding the patients.²³

In this chapter I next consider whether the case records were institutional, medical or legal documents and what this uncovers about the management of asylums and responsibilities of doctors. I then focus upon the ways in which doctors used, constructed and wrote in case records, again discussing what this reveals about medical practice and about doctors' relationships with patients and

²² Ben Adam's case notes (uncatalogued and held at the Retreat).

²³ I/4/5/1 Throxenbury Hall case records 1920-1921; Register of Certifications and Admission Forms, K/1/6, 16 July 1861-1 April 1876; K/1/8, 4 Oct 1879-17 April 1886; K/1/12, 28 Nov 1894-14 May 1896; K/1/17, 22 Oct 1904-1 March 1906; K/1/23, 15 Nov 1913-5 Aug 1915; K/1/30, 14 May 1925- 24 Jan 1927. Case Notes, K/2/10, 20 Dec 1895-31 Aug 1865; K/2/11, 20 July 1868-19 Dec 1877; K/2/14, 2 Feb 1884-1 Feb 1888; K/2/16, 29 Dec 1885-23 March 1892, male; K/2/17, 13 June 1892-3 Jan 1899, male; K/2/18, 22 Oct 1892-30 March 1898, female; K/2/21, 17 Jan 1903-27 Feb 1911, female; K/2/22, 17 Jan 1903-27 Feb 1911, male; K/2/24, 8 Oct 1911-14 Aug 1915, female; K/2/26, death and discharge c. 1925-c.1931, male; K/2/27, death and discharge c.1916-c.1924, female; K/2/29, Voluntary Boarders 13 Dec 1895-29 Sept 1906; K/2/30, Voluntary Boarders Female c. 1907-c. 1935.

their families. I also analyse to what extent family, friends and patients were able to contribute to, and were active in, the construction of such documents.

Bureaucratic Power

The people who wrote the case records in the Retreat did not generate the forms on which they wrote. This section investigates who constructed such forms. I consider the involvement of the Retreat Institution, the medical profession and the Law. I ask why these documents were produced and how they influenced the ways in which the case records were completed.

The Retreat institution had its own direct influence upon case records. It had kept case books and records of admission from its opening and before lunacy legislation prescribed such record keeping. The very way that the case records were organised gives away clues about their production and the influence of the Retreat. The separation of male and female general records from 1916 onwards reveals the Retreat's decision to compartmentalise some systems of administration. The division of records for certified and voluntary patients in 1895 also supports this and can be related to the increase in admissions of voluntary boarders. The organising of case books in this way was also specified in the Lunacy Commissioners rules of 1895.²⁴ The change from case books to loose sheet records around 1920 may have been because of the increase in patients. This change may have occurred because the case book formula was becoming too cumbersome and difficult to organise. Space in the earlier case books often ran out and confusingly cases had to follow on in different volumes. Andrews highlights a similar shift at Gartnavel Royal asylum, which suggests that such a change was commonplace.²⁵ Higgs and Melling have also observed:

When the handwritten admission ledgers, case books, and ward registers were superseded by "Lloyd George" envelope files, the perceived value

²⁴ Rule 2, 'Rules Made by the Commissioners in Lunacy with the Approval of the Lord Chancellor, June 26 1895', in James William Greig and William H Gattie (eds), *Archbold's Lunacy and Mental Deficiency: Comprising the Lunacy Acts, 1890-1911, the Lancashire County (Lunatic Asylums and Other Powers) Acts, 1891 and 1902, the Mental Deficiency Act, 1913 and all the Statutory Rules, Orders and Forms in Force Thereunder, the Statutes Relating to Criminal Lunatics, the Lunacy (Vacating of Seats) Act, 1886, and the Asylums Officers' Super Annuation Act, 1899* (5th edn, London, 1915), p. 526.

²⁵ Andrews, 'Case Notes, Case Histories', p. 260.

of the information on individual patients, and, therefore, their chances of being preserved, appears to have diminished.²⁶

By 1875 the Retreat's management structure also had its own 27 question questionnaire for family and friends to fill out before admission to the Retreat. It asked for information on the history of the patient and many of the details were transferred over to the case books. The questions ranged from question one, 'Is the patient in membership, by birthright or otherwise, or is he (or she) in any way connected with the Society of Friends?' to question six:

To what occupation was the patient brought up; and what were his (or her) habits, as regards industry, temperance, and regular conduct, during youth, as well as at a more advanced period.²⁷

Some of these questions were specific to the Retreat. Question one, for example, shows that religious affiliation was of interest, though this was probably equally to do with financial arrangements (Quaker patients frequently paid less), as with preserving the institutional ethos of Quakerism. Question six shows that the habits of the patient were important and implies that the Retreat had certain moral standards. What was missing from the questionnaires is also revealing. A similar questionnaire at York's Clifton hospital asked whether the patient could read or write, a question that the Retreat probably considered unnecessary for its largely middle-class residents.²⁸ The Retreat questionnaires had marginal references that offered appropriate answers. For instance, for the question about mental causation the suggestions offered were: 'domestic trouble, bereavement, business difficulties, solitude, worry and overwork, love affairs or shock'.²⁹ Such notes, as we shall see later, would inevitably shape the answers. By 1895 the Retreat questionnaire had disappeared. I am unable to find out why this was the case, but it was back in an altered form by 1905, so perhaps it had just been stored elsewhere (it was also absent from the 1925 admissions).³⁰ The new questionnaire in 1905 was divided into sections on 'Previous History', 'Family History' and 'Onset'. This parallels the designated sections at the beginning of the case books.

²⁶ Edward Higgs and Joseph Melling, 'Chasing the Ambulance: the Emerging Crisis in Preservation of Modern Health Records', *Social History of Medicine*, 10 (1997), p. 128.

²⁷ K/1/6, Admission Forms 1875.

²⁸ CLF//6/1/2/25, Clifton Hospital Admission Forms Male 1875.

²⁹ K/1/17 and K/2/21, Admission Forms and Case Notes 1905.

³⁰ K/1/30, Admission Forms 1925.

Secondly the psychiatric profession increasingly influenced how such records should be set out. During the period of this study, case books were clearly becoming more prescribed and standardised along medical lines. In Retreat case books in 1875 there were hardly any printed categories. The books just contained numbered pages, an alphabetical index at the beginning and a blank space for entries. However, by 1905 the initial pages had printed details of sections to be filled in. These ranged from spaces for personal details, name, age, 'H.P.C.' (history of present condition), 'P. C.' (previous conditions) and 'F.H.' (family history) to bodily details on 'weight, 'head shape', 'urine', 'thorax movement', 'handwriting' and 'reflexes'.³¹

Such headings became the subject of contention among the psychiatric profession. Writing in 1903 in the *Journal of Mental Science*, Dr W. R. Dawson superintendent of Farnham, explained that on the one hand:

Multiplication of headings encourages a mechanical and perfunctory manner of case taking, that the resulting record is scrappy and disconnected, that intelligent amplification of salient features is sacrificed to the noting of many unimportant facts, and lastly that, as the divides are never filled in any individual case, the case-book presents an untidy and ill kept appearance.

However, he continued that:

On the other hand, when we consider that asylum notes are often taken by inexperienced assistants for whom some guidance is essential and that even those of larger experience are sometimes in danger of forgetting to record the isolated facts, the expediency of using some method of meeting these difficulties is obvious.³²

Dawson advocated the prescriptive method and emphasised that in his forms 'the printing and arrangement of headings have been manipulated with a view to minimising the ugliness of blank spaces'.³³ How the form physically looked was another important sign of medical competence.

The categories served to separate and make more scientific details provided in the admission forms by friends and family. Moreover, they highlighted and thus directed doctors' attention towards the physical aspects of

³¹ K/2/21, Case Notes 1902.

³² W. R. Dawson, 'Note on a New Case Book Form', *Journal of Mental Science*, 49 (1903), pp. 267-268. Here Dawson was advocating the use of case books that he had developed and used at Farnham for the last 16 months. This form incorporated many headings, but these were set out in such a way as to make the page more organised with less gaps.

³³ Dawson, 'Note on a New Case Book Form', p. 268.

the patient. Lindsay Prior notes that asylum case notes 'express an inordinate amount of interest in the physical health of the body and generally fail to tell us anything substantial about the ideas, beliefs and actions of the insane'.³⁴ Yet by 1917 the Retreat notes contained additional categories such as 'emotional state', 'dominating thoughts', 'delusions grandiose type of', and 'sleep, dreams'.³⁵ Such criteria signify concern with the psychological health of the patient, and the focus upon sleep and dreams suggests a potential interest in psychodynamic approaches to psychiatry.³⁶

Such standardisation reflects an increased influence of the psychiatric and psychological profession. As we saw in the last chapter, by the beginning of the twentieth century, professional nursing training and postgraduate medical certificates for doctors had developed. Asylum doctors were also increasingly organised into professional bodies. The Association of Medical Officers of Asylums for the Insane (later, Medico-Psychological Association) had been established in 1841, and professional journals were founded in the mid-nineteenth century.³⁷ The Medico-Psychological Association campaigned for more standardised note taking in 1869.³⁸ However, Trevor Turner has argued that 'the MPA acted as a secondary and defensive body' and that,

It was constantly squeezed by other groups (one of which nearly swallowed it up) – in particular the British Medical Association (BMA) with its Psychological Section – as well as being dominated by the Commissioners in Lunacy.³⁹

The Commissioners in Lunacy seemed to have played a far larger role in the regulation of case records. They were established by law nationally in 1845 and comprised three physicians, three lawyers and five honorary members. They

³⁴ Lindsay Prior, 'The Appeal to Madness in Ireland', in Dylan Tomlinson and John Carrier (eds), *Asylum in the Community* (London, 1996), p. 76. See also Andrews, 'Case Notes, Case Histories', p. 260 and Risse and Warner, 'Constructing Clinical Activities', p. 191.

³⁵ K/2/26, death and discharge c. 1925-c.1931, male; K/2/27, death and discharge c. 1917-c. 1924, female.

³⁶ See Rhodri Hayward, 'Policing Dreams: History and the Moral Uses of the Unconscious', *History Workshop Journal*, 49 (2000), 142-60.

³⁷ See Richard Russell, 'The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century, with Special Reference to the West Riding Lunatic Asylum', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1988), vol 3, *the Asylum and Psychiatry*, p. 298.

³⁸ Andrews, 'Case Notes, Case Histories', p. 261.

³⁹ Trevor Turner, '“Not Worth the Powder and Shot”: the Public Profile of the Medico-Psychological Association, c. 1851-1914', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), vol 1, pp. 3-4.

enforced and imposed many regulations about what needed to be written in case records. Mellett argues that ‘although the duty of examining the orders and medical certificates of confinement transmitted to the office was not required by statute, the Commissioners checked carefully for any irregularity or omissions’.⁴⁰ Many of the letters explored in the next chapter concerned incorrectly filled out admission forms that were sent back and forward between doctors and relatives. Mellett, however, points out that the Commissioners themselves actually had no real power to enforce sanctions, which had to be applied through other agencies like the Home Office.⁴¹

The Commissioners primarily focused upon the certification processes. This was the area that was clearly regulated by law. Legislative requirements played a very influential role in the structure of the case records. As Roger Smith highlights:

The presence of two quite separate certification procedures for pauper and for private lunatics respectively, was again a legal and administrative requirement, indicating that the categorisation of patients was a social and financial transaction before it was a medical one.⁴²

Certificates and named orders had been compulsory since the 1774 Madhouses Act, and the keeping of casebooks had been obligatory from the 1845 Lunacy Act.⁴³ Andrews argues that ‘they were intended to act as an insurance against lawsuits, and to be available for inspection by government officials’.⁴⁴ Legislation dominated the format of the admission records. For instance, at the top of the 1885 petition form was written:

Petition for an order for reception of a private patient, 53 Vict. C5 Sched 2 Form 1 each marginal must have strict attention.⁴⁵

This emphasises that it was an official document and the underlining highlights the importance of following instructions. The certification documents changed only slightly. By 1885, there were two separate medical certificates as opposed to both being on one page. This reinforced the 1845 law that prohibited the

⁴⁰ David J Mellett, ‘Bureaucracy and Mental Illness: the Commissioners in Lunacy, 1845-90’, *Medical History*, 25 (1981), p. 231.

⁴¹ Mellett, ‘Bureaucracy and Mental Illness’, p. 243.

⁴² Smith, ‘Legal Frameworks for Psychiatry’, p. 140.

⁴³ Andrew Roberts, ‘Mental Health History Words’ (2001), certificates, <<http://www.mdx.ac.uk/www/study/mhhglo.htm#1800>>; case books, <<http://www.mdx.ac.uk/www/study/mhhglo.htm#Asylums>> (22 April 2005).

⁴⁴ Andrews, ‘Case Notes, Case Histories’, p. 267.

⁴⁵ K/1/12, Admission Forms 1885.

certifying doctors from visiting the patient at the same time.⁴⁶ Being on two separate pages, there was less temptation for the certifying doctors to copy from each other. For example, in one case in 1875, both doctors, who happened to put on the certificates that the patient had 'depression of spirits', had visited the patient on the same day and in the same place.⁴⁷ The biggest change in certification was a consequence of the 1890 Lunacy Act. There was an additional form to be filled in by a justice of the peace, magistrate or county court judge.⁴⁸

Case notes were thus part of a large amount of bureaucratic form filling that was required by law. Kathleen Jones proposes that the insistence on record-keeping led to a deadening bureaucracy'.⁴⁹ Smith places such legislation in the context of struggles over control of the patients:

In the 20th century, then, the history of the mental health area appears as a political struggle to assert the dominance of either legal criteria regulating the relations between the rights and duties of doctors and citizens, or medical criteria freeing psychiatrists to act in what they judge to be the best interests of their patients ... Thus, the 1890 Act reinforced legal controls over the grounds and procedures of certification, while the Mental Treatment Act 1930 gave medical criteria a more extensive sphere of application by establishing the category of voluntary in-patients.⁵⁰

It is possible to see how such struggles are played out in the case records. While the Retreat was able to place its own mark on the admission process via the questionnaire, and although medical concerns prevailed in the case books, legal preoccupations dominated the admission forms and made up a large percentage of the surviving documentary evidence on patients. They turned 'the patient' into a legal, not a medical, category. Perhaps doctors' voices were as buried in the case records as were patients, dictated to by prescriptive forms and case books, dominated by legal, medical and professional rules. The way in which the case records were filled in, however, suggests that the Retreat doctors had a much more active role.

⁴⁶ K/1/6 and K/1/12, Admission Forms 1875, 1895. Section 44, Forbes Winslow (ed), *An Act (8 and 9 vict. C. 100) for the Regulation of the Care and Treatment of Lunatics with Explanatory Notes and Comments* (London, 1845), p. 80.

⁴⁷ K/1/6, admissions 1875, case 1253.

⁴⁸ Greig and Gattie (eds), *Archbold's Lunacy and Mental Deficiency*, p. 32.

⁴⁹ Jones, *Asylums and After*, p. 91.

⁵⁰ Smith, 'Legal Frameworks for Psychiatry', p. 138. See also Kathleen Jones, 'Law and Mental Health: Sticks or Carrots?', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), vol 1, p. 95.

Writing Doctors

This section investigates the role of doctors in writing the case notes. I will show that case record writing was an important part of the formation of medical identities and practice. Firstly, I will consider the certifying doctors who completed the admission forms. In all the cases two doctors not in any way attached to the Retreat were required to specify details concerning evidence of the patient's insanity. David Wright notes that 'ironically, over the course of the nineteenth century, power over certification devolved away from the so-called experts in the asylum to non-resident medical practitioners and the lay public'.⁵¹ Certifying doctors came from all branches of the medical profession; for example, in one case the doctors were a licentiate of the Royal College of Surgeons and a doctor of medicine at the University of London.⁵² The 1890 Lunacy Act also emphasised that, if possible, one of the certifying doctors should be the patient's regular medical attendant.⁵³ Wright comments that 'very few of the certifying doctors would have been formally schooled in medico-psychology'. Most of the certificates reflect this, as the accounts just recorded what would have been considered strange behaviour and described patients' delusions. However, sometimes there seems to have been an attempt to offer a specific diagnosis and to frame the accounts like a case book entry. The doctors that certified one patient William L., whose case is explored in more detail below, employed language and terminology similar to those used by the Retreat doctors. They observed that he was 'threatening injury to others, incoherent and wandering' and that he 'threatens to commit suicide and is obliged to be constantly watched'.⁵⁴ Other doctors used psychiatric terms such as 'profound melancholia' and 'melancholia with stupor'.⁵⁵ Between 1875 and 1915 the doctors' certification entries appeared to be rather similar; however, the selection I looked at from 1925 showed evidence of the interview with the patient being based upon mental testing. For example:

⁵¹ Wright, 'Certification of Insanity', p. 270.

⁵² K/1/8, admitted 1885, case 1552.

⁵³ Greig and Gattie (eds), *Archbold's Lunacy and Mental Deficiency*, p. 34.

⁵⁴ K/1/6, admitted 1875, case 1254.

⁵⁵ 'Melancholic', K/1/8, admitted 1885, case 1555; 'melancholia with stupor', K/1/12, admitted 1895, case 1821.

Extreme lack of concentration. Repeats questions put to him but forgets to reply unless reminded. Very hazy in mental effect. Cannot repeat multiplication table. Sullen and morose.⁵⁶

Tomlinson, Carrier and Oerton have tied such questioning in with the eugenic movement at the end of the nineteenth and the beginning of the twentieth century. They argue that such tests were used to search out those who were genetically defective. This would also relate to the 1913 Mental Deficiency Act.⁵⁷ Such detailed investigations may have been what doctors thought was required of them, but perhaps they also wanted to impress their asylum doctor colleagues with their psychiatric skills and knowledge.

The Retreat doctors used case note recording as a way to present their professional competency. Laurence Ray has argued that case notes reveal an 'ongoing attempt by the physician to maintain a professional self-image as a skilled and humane healer'.⁵⁸ Unlike the annual reports, case notes were not publicly distributed, and, unlike doctors' letters examined in the next chapter, relatives did not see them. However, they still had multiple audiences. They were open to inspection by the Lunacy Commissioners, and the records may have been looked at by the consultant physician to the Retreat and by other doctors working with the same patient. Many of the patients stayed at the Retreat for several years, so the doctors would also be aware that they were writing records that were likely to be referred to a few years from when they were written. Therefore, in writing such records, authors would generally want to be legible, to adhere to certain codes of propriety and to show medical competence.⁵⁹

How were doctors trained in filling out case records? As noted earlier, the Retreat had a long history of case book production, so it is likely that doctors would have been trained by senior medical staff or those more familiar with the patient. They would also have been able to copy previous case book entries. The later case books were also rather directive, with printed headings making it easier for doctors to follow. The Royal Edinburgh Asylum had printed

⁵⁶ K/1/30, admitted 27 July 1925, case 3111.

⁵⁷ Dylan Tomlinson, John Carrier and James Oerton, 'The Refuge Function of Psychiatric Hospitals', in Dylan Tomlinson and John Carrier (eds), *Asylums in the Community* (London, 1996), pp.124-125.

⁵⁸ Ray, 'Models of Madness', p. 230.

⁵⁹ On propriety see Andrews, 'Case Notes, Case Histories', p. 262.

instructions regarding case record production.⁶⁰ Barfoot and Beveridge state that one of the case book rules emphasised the importance of composing ‘a factual and scientific narrative’ and stated that ‘ “every Assistant Physician should remember that in the Case Books he leaves an enduring record of his own conscientiousness, clinical insight and literary power” ’. I was unable to find any guide in the Retreat records, but this is not to say that they didn’t exist. Physicians could learn how to take case histories through reading textbooks such as W. A. Guy’s mid-nineteenth century *Principles of Forensic Medicine*. In addition, doctors may have gained information from medical journals and lecture series.⁶¹

The actual practice of case note recording may have influenced how doctors interacted with patients.⁶² In his sociological investigation of doctors’ interaction with parents and child patients, Philip Strong has noted that ‘proper medicine could only begin when the file as well as the patient was present, for it constituted an alternative biography to that available from the parents, and one that had been medically warranted’.⁶³ Moreover, knowing that case records had to be written, it is likely that the doctors’ interactions with patients were framed and understood within the language and purpose of such communications. Strong goes on to argue that:

Everything that parents said in clinics was for the record. For them to speak was to permit their words to be written down at the doctor’s discretion ...

The presence of the form and of an official pen hovering over it defined the nature of the parental task: the production of brief answers that could be filled in as quickly and efficiently as possible.⁶⁴

⁶⁰ Andrews, ‘Case Notes, Case Histories’, pp. 256, 258; Michael Barfoot and Allan Beveridge, ‘Madness at the Crossroads: John Home’s Letters from the Royal Edinburgh Asylum, 1886-87’, *Psychological Medicine*, 20 (1990), p. 267.

⁶¹ J. L. Crammer, ‘Training and Education in British Psychiatry, 1770-1970’, in Hugh Freeman, and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, pp. 209-242.

⁶² Ditz in his investigation of eighteenth century American mercantile letters argues that letters were the discursive formula through which experience and identity became constituted Toby L. Ditz ‘Formative Ventures: Eighteenth Century Commerical Letters and the Articulation of Experience’, in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), pp. 62-63.

⁶³ Philip M. Strong, *The Ceremonial Order of the Clinic: Patients, Doctors and Medical Bureaucracies*, ed Robert Dingwall (Burlington, 2001), p. 133.

⁶⁴ Strong, *The Ceremonial Order of the Clinic*, p. 133.

The doctor would be engaging with the patient through categories of improvement or mental and physical decline, and through behavioural changes. On their visits they would be looking out for ways in which they could write about and textually constitute the patient.

In the Retreat, however, it is unlikely that the doctors would have had the actual case notes with them. The case books are often very neat and the books are very heavy, suggesting that they were not taken around on the doctors' ward visits. Hunter and Macalpine note that at Colney Hatch asylum doctors were criticised by the Lunacy Commissioners for leaving loose sheet notes on wards. The Commissioners stated that they should have committed their findings to memory and written up notes later in the case books.⁶⁵ The Retreat doctors may similarly have relied on memory or transferred details from other notes.

In writing the case notes, the doctors may also have relied upon previous case note entries, rather than being completely familiar with the patients' cases. Tomlinson, Carrier and Oerton note that in the 1920s the Colney Hatch asylum had nine doctors to 2000 patients and that many doctors 'may not have known the patient whose history they recorded'.⁶⁶ The ratio was much better in the Retreat, and the 1932 Retreat rules decreed that the superintendent 'shall visit every patient once a day' and that the 'assistant medical officers shall visit their patients twice daily'.⁶⁷ However, whether this was put into practice is another matter. Even if it was, how much the doctors knew about the patients was still debatable. Strong, for instance, argues that 'even when the same doctor continued to treat the same patient over the years, his recollection of the case rested as much in the records as in his own memory'.⁶⁸ Doctors would also have gathered their information from a variety of other sources. They would have relied on accounts from staff and may have referred to the chief attendants' ward report books, which by the 1920s had spaces for such details as 'forcible feeding', 'dirty in habits' and other general remarks.⁶⁹

The Throxenbury Hall patient records offer a rare opportunity to compare nurses' (presumably the matron's) case notes with those of the doctor:

⁶⁵ Richard Hunter and Ida Macalpine, *Psychiatry For the Poor: 1851 Colney Hatch Asylum-Friern Hospital 1973: a Medical and Social History* (Folkestone, 1974), p. 122.

⁶⁶ Tomlinson, Carrier and Oerton, 'The Refuge Function of Psychiatric Hospitals', p. 116.

⁶⁷ A/4/1/14, Regulations for the Government of the Retreat York (1932), pp. 4, 18.

⁶⁸ Strong, *The Ceremonial Order of the Clinic*, p. 152.

⁶⁹ See for example, K/16/1/1/2, Chief Attendant's Daily Report Book, male 1912.

- Patient very unsettled and discontented. Wants to go to a farmhouse where she can be quiet and alone. Says she should not be amongst “mental people” very voluble and somewhat excited after long talk persuaded her to stay.

She was inclined to be very reticent with me when questioned but talked readily enough to the doctors. The next day she talked of going away and on Monday was quite determined to go. The doctor came and talked to her however, and she said she would stay. Today she seems much more settled, and does not talk at all of going away. She looks better already and walks a little in the garden.

The first is the doctor’s account, the second the nurse’s. Poirier and Blauner have noted that professional staff, such as nurses, physicians, pharmacists and social workers, all contribute to modern day hospital charts. Employing Bakhtin’s concept of heteroglossia, they argue that the same medicalised language used by these professionals has different meanings depending upon status and hierarchy.⁷⁰ In the above example, the nurse’s account, while in many ways similar, has a slightly different approach to the case, noting in more detail the patient’s daily activities.⁷¹ In contrast, the doctor focused upon the patient’s physical well being. The nurse’s account is also written retrospectively, accounting for a few days, as opposed to the more immediate doctor’s account. It is evident from this example how both the nurse and the patient deferred to the doctor’s authority.

Even among doctors there were differing styles of writing case notes. An examination of the beginning sections from case records of voluntary patients admitted between 1899 and 1901 reveals several differences. The female junior assistant medical officer, Dr Kemp, wrote general chronological narratives of patients from childhood onwards. Dr Mackenzie, the male senior medical officer, focused upon physical descriptions, and the superintendent, Dr Pierce, wrote under separate headings of H.P.C., P.H. and F.H.⁷² Such different emphases suggest that Dr Kemp was more interested in case histories, Dr Mackenzie in physiological aspects of the illness and that Dr Pierce preferred a

⁷⁰ Poirier and Blauner, ‘Voices of the Medical Record’, p. 34. See also M. M. Bakhtin, *The Dialogic Imagination: Four essays by M. M. Bakhtin*, ed by Michael Holquist, trans. Caryl Emerson and Michael Holquist (Texas, 1981), pp. 262-263.

⁷¹ 1/4/5/1, admitted 26 April 1920.

⁷² K/2/29, Dr Kemp ‘s patient admitted 9 Aug 1899; Dr Mackenzie’s, 12 Jan 1901; Dr Pierce’s, Sept 1899. H.P.C. History of Present Condition; P.H. Personal History; F. H Family History. See also p. 77.

more standardised and professional approach. Digby has also observed that Dr Kemp's case notes were different:

Her medical case-notes on female patients made an interesting contrast to some of the earlier observations made by her male colleagues with their harsh and unfeeling judgement on female hysteria and hypochondria.⁷³

This suggests a gendered approach to medical recording, if not medical practice. It is also probable, however, that different doctors varied their own style of recording or responded differently and chose to focus on certain aspects of individual patients' cases.

What the doctors wrote in case notes changed over time. This is most evident if one looks at the opening section of the case books that record the patients' histories and states/conditions on admission. In 1875 the admission sections comprised different paragraphs, without separate headings, that gave overviews of physical health, family history and the onset of illness. These were general and impressionistic:

An unmarried female, age 69, of no occupation a member of the Society of Friends. She is an old infirm woman of more than average height and has a slight stoop. She has short grey hair, her teeth are much decayed and she has a peculiarly wild looking and repulsive expression of countenance. There is no abnormality observable in any of her organs, her appetite is not very good she sleeps badly and is in rather poor bodily health.⁷⁴

This anecdotal and slightly judgemental account gives an overall physical impression of the patient. However, it is very general and suggests that no rigorous medical examination took place. Rather than being carried out to ascertain physical factors that may have caused the illness, this examination and its account was probably designed to ensure that doctors could recognise later changes in the patient's physical condition. Examinations on admission were also necessary to prove that no mistreatment had occurred during the time spent in the asylum. Most case notes recorded whether patients had any bruises or other injuries.⁷⁵ Jones, for instance, notes that case recording 'was regarded as

⁷³ Digby, *Madness, Morality and Medicine*, p. 121.

⁷⁴ K/2/11, p. 216, entry 14 July 1875, case 1253.

⁷⁵ K/2/11, p. 226, entry 16 Aug 1875, case 1256; K/2/14, p. 183, entry 6 June 1885, case 1551. See Andrews, 'Case Notes, Case Histories', p. 265.

the primary safeguard against bad practice'.⁷⁶ It could also be used to determine cases of self-harm or potential suicide

By 1885 the initial notes were more compartmentalised. There were separate handwritten headed sections such as 'mental condition' and 'state on admission' (written in the hand of the same doctor). Extracts from the certification documents were also included. These extracts were transcribed relatively faithfully and their inclusion, while initially time-consuming, would have made the original details more accessible, saving the doctors from having to look them up in the admission files. Andrews has highlighted how there were often discrepancies between such different forms.⁷⁷ It is evident from my sample that the transferral process was more than just a direct copying from the admission forms. For example, the opening section of the case notes of William L., whose case we will look at later, mentions that the cause of his illness was domestic troubles and failure in business. The admission forms, however, mention only 'domestic troubles'. It is likely that to gain such extra information the doctors talked to William L's friends and family.⁷⁸ The 1878, Retreat rules and regulations suggested that this should be the case:

In addition of the answers to the printed queries usually sent with patients or before their admission, the Superintendent shall endeavour to obtain such further particulars relative to the history and circumstances of each case, as the friends of the patient are able and wiling to supply; such information is duly entered by him in the Case-books of the Institution.⁷⁹

Also in 1885 not all of the sections of the case notes were filled in. This suggests that gaps were left for the doctor to go back and fill in later and that some of the interpreting of the patients' condition was retrospective.⁸⁰ Suzuki has noted that the Bethlem hospital superintendent, Dr Hood, went back, filling out sections of the beginning after spending some time trying to establish the causes of illness directly from the patient.⁸¹

⁷⁶ Jones, 'Law and Mental Health: Sticks or Carrots?', p. 91.

⁷⁷ Andrews, 'Case Notes, Case Histories', p. 262.

⁷⁸ K/1/6, admitted 1875, and K/2/11, p. 219, entry 20 July 1875, case 1524.

⁷⁹ L/1/4, Regulations for the Government of the Friend's Retreat near York 1879, Rules 1878, p. 8.

⁸⁰ See for example, K/2/14, p. 199, entry 20 July 1885, case 1554.

⁸¹ Suzuki, 'Framing Psychiatric Subjectivity', p. 125.

The recording style changed again slightly by 1895, as there was a move away from accounts of family history towards a stronger focus upon mental and physical conditions on admission. This is evident from the following example:

She is short of good physique and well-nourished, weight 8st 13 lbs.
There are signs of recent disease and no marks of recent injury, except for two slight superficial bruises on each thigh. Features regular.
Complexion dark. Hair grey. Eyes grey ... Pupils equal, opacity of left pupil due to cataract. There are no physical signs of organic disease.
Abdominal organs apparently healthy.⁸²

While it is rather similar to the 1875 description quoted above, there is one significant difference – the physical features come before the person. As opposed to ‘she has short grey hair’ it is ‘hair grey’. Perhaps this is due to the doctor’s personal style, but it does seem to suggest a move away from the patient as a person towards the patient as a collection of physical traits and symptoms: The words recording this examination suggest that the practice of the medical examination was far more thorough and intimate than the last example. The male doctor examined her thighs and abdomen, with the abdominal organs being considered as an extra concern. It was also a lot more medically and scientifically preoccupied, looking for organic diseases and using measuring scales to determine weight. An emphasis on physical traits can also be seen with the inclusion of photographs in this case book, mainly in cases from around 1892.

By 1905, as was mentioned earlier, the case note forms had changed with spaces being provided under printed headings. However, such standardisation did not lead to full and complete answers. Despite the fact that the admission forms had provided information that would have made it possible to complete many of these sections, the doctors chose to ignore many of the headings or to interpret them differently. For example, one case left the H.P.C. and P.H. sections blank, and wrote ‘yes’ next to whether suicidal without any further explanation.⁸³ Andrews observes that ‘time and space made it impracticable for surgeons to record all the multifarious “circumstances” they were supposed to observe, and at times, they were still negligent in writing cases up’.⁸⁴ The

⁸² K/2/18, p. 218, entry 13 June 1895, case 1853.

⁸³ K/2/21, p. 115, entry 9 June 1905, case 2259.

⁸⁴ Andrews, ‘Case Notes, Case Histories’, p. 259.

doctors may also have intentionally resisted conforming to the criteria set out in the forms, as they may have resented such prescriptive requirements. Andrews notes that,

Most asylums had remained rather conservative laws unto themselves in the case notes they kept, with physician-superintendents staunchly defending their autonomy in the matter.⁸⁵

So far this section has mainly focused on the certified patients. Were other case notes any different? The opening sections of the voluntary boarder case notes generally coincided with the certified patient case books, apart from that there were no details from the certification process to include. The entries for Throxenbury Hall patients had more general categories such as ‘particulars of the case’ and ‘signs’ inviting a less specific approach to their cases. They also tended to focus less on the physical aspects of the patient. One entry, for instance, recorded:

Served for four years in France, mostly at C. C. L. and was subjected to much shellfire and bombing. Had a breakdown in 1917, very shaky lost power in arm, temporarily; sleeplessness. Continued her work until 1919 when she had to go into military hospital had a myomectomy [sic] done early this year. No delusions
Patient looks worn and tired – fairly well nourished. Says she feels utterly done and that she wants to rest. Heart and lungs and kidneys healthy.⁸⁶

This was probably because the ‘nervous patients’ of Throxenbury hall were likely to have fewer physical symptoms associated with their illnesses.

Subsequent case note entries remained relatively consistent throughout the time period. These records detailed treatments, both chemical and moral, changes in physical and mental conditions, successful and attempted suicides, escapes and attacks on staff. The doctors had to report on the patient at certain stages of their treatment. According to the Commissioners rules of 1895:

That is to say, once at least in every week during the first month after reception, and oftener when necessary; afterwards in recent or curable cases once at least in every month, and in chronic cases, subject to little variation, once in every three months. But all special circumstances affecting the patient, including seclusion and mechanical restraint, and all accidents and injuries, must be at once recorded.⁸⁷

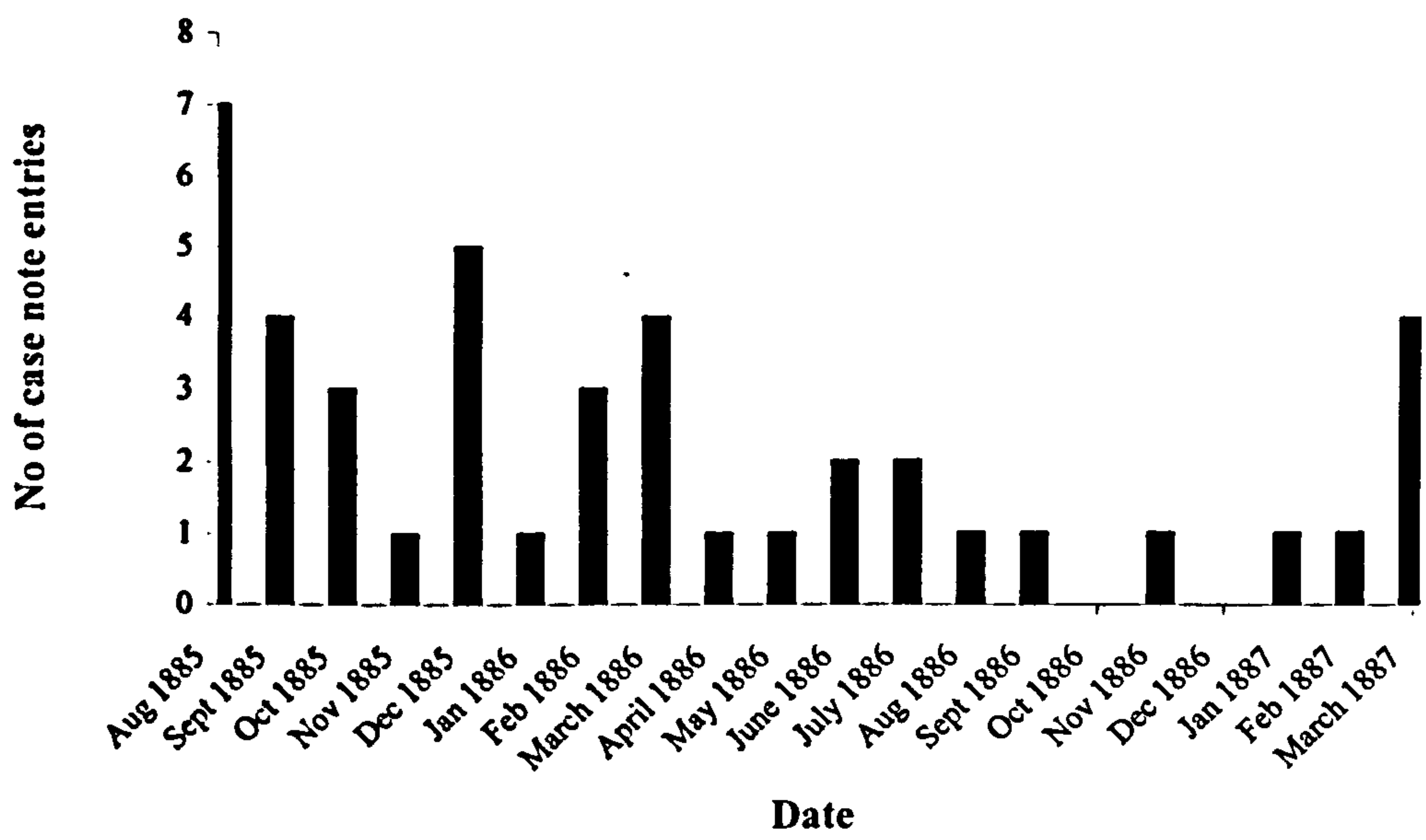
⁸⁵ Andrews, ‘Case Notes, Case Histories’, p. 261.

⁸⁶ 1/4/5/1, admitted 26 April 1920.

⁸⁷ Rule 13, ‘Rules Made by the Lunacy Commissioners 1895’, in Greig and Gattie (eds), *Archbold's Lunacy and Mental Deficiency*, p. 531.

The Retreat complied with these regulations without much difficulty. Even before 1895, case note entries were frequent. A typical case in 1875 contained entries every two weeks for a month and a half, followed by entries at intervals of six weeks and three months for the next year.⁸⁸ After a year many of the cases contained entries between every two and four months. The exception to this was the wartime records. Admissions in 1915 were recorded on average every two weeks until the first month and then anywhere between one and five months for the first year, most having entries every two to three months.⁸⁹ This would probably have been because of staff shortages due to enlisting staff during the First World War.

The compulsory entries were often very brief, with lines such as ‘no change’ or ‘slight improvement’.⁹⁰ However, when patients were ill, improving or quickly declining, had escaped or become violent, the notes were more frequent and extensive. The figure below shows the pattern of entries for one case over the course of one and a half years from admission to death



Graph 14 Example Entry in Case Books

⁸⁸ K/2/11 and K/2/16, admitted 1875, case 1255.

⁸⁹ K/2/24, cases 2744-2745, admissions 1915.

⁹⁰ See for example, ‘No change’, K/2/11, p. 216, entry 10 Aug 1874, case 1253; K/2/18, p. 222, entry 30 Oct 1895, case 1855; ‘slight improvement’, K/2/11, p. 220, entry 25 Sept 1875, case 1254.

As to be expected, there were many entries just after the patient had been admitted. There was an increase in December because the patient was being treated for a cold and a few more entries in March, which commented upon how the patient was gradually becoming weaker and noted her behaviour when her daughter came to visit. After the first year the entries ceased to occur every month and they picked up again in January-March 1887, when there were changes in the physical condition of the patient, as her health continued to decline and she died.⁹¹

Case notes were often multi-authored – different doctors wrote on one case. This is clearly evident from different handwriting, and from 1895, in accordance with the Commissioners' rules of 1895, the doctors also signed their names after the case entries.⁹² Three doctors, for example, recorded one case in 1905. This was initially recorded in June 1905 by Dr Mackenzie, then between July and October by Dr Dooley. Mackenzie again made the notes from October, Dooley wrote one entry in July 1906, and by August 1911 another doctor, Dr Fox, had taken over.⁹³ Hunter, reflecting upon the structure of the hospital chart, observes:

Progress notes will be brief, but each new chart writer begins by returning (at least cursorily) to the conventional opening of case narration to summarize the state of present knowledge.⁹⁴

This is not quite the case with the Retreat records, which follow on more directly. Yet some distinctions when new doctors take over are evident; for instance, when Dr Mackenzie wrote on the case explored above for the second time he commented, 'continues to improve now goes outside on parole alone'. This was a slightly more extensive summary than the entries before, and there is a sense that the improvement may be referring back to when he last wrote on this case rather than the previous entry.⁹⁵

⁹¹ K/2/16, admitted 1885, case 1555.

⁹² See for example, K/1/6, admitted 1875, case 1253; K/1/16, admitted 1885, case 1551; Rule 10, 'Rules made by Commissioners in Lunacy 1895', in Greig and Gattie (eds), *Archbold's Lunacy and Mental Deficiency*, p. 529.

⁹³ K/2/22, admitted 1905, case 2260.

⁹⁴ Hunter, *Doctors' Stories*, p. 87.

⁹⁵ K/2/22, p. 74, entry 30 Oct 1905, case 2260.

The case recordings of different doctors may also have influenced the way that patients were treated. Poirier and Blauner, referring to modern hospital records, highlight how:

The individual idiosyncratic voices of the attending physicians seem to set different tones which control the medical record, the intern's actions and perhaps attitudes, and the patient's care.⁹⁶

Different doctors could have had varying understandings of the patient, and a doctor following on from a previous doctor's case note entry may have taken action as a result of the linguistic style, tone and contents of the previous doctor's account. Risse and Warner also offer the word of caution that,

One cannot assume that the actions specified in such records were consistently executed and represent all the events experienced by patients and perceived by medical personnel.⁹⁷

For example, the case records show no evidence that the doctors disagreed over diagnosis, treatment and therapy. Hunter has argued that disagreements between doctors are discussed orally, and that case notes are a final product, a relatively coherent narrative whereby most of the discussions and negotiations that invariably go on had been left out.⁹⁸

Writing Patients

Case notes tell stories. This is an argument put forward by several historians, medical sociologists and literary theorists. After two years following doctors in three American teaching hospitals, and looking at how they generate stories through interpreting patients' physical symptoms and accounts, Kathryn Hunter has argued that 'medicine already has something in common with literature and literary study, through its figurative language and its narrative organization of the facts of illness'.⁹⁹ Poirier and Blauner have written of the 'novelistic discourse of medical records'.¹⁰⁰ Reading and researching the case notes today bears out this argument. It is difficult not to try and predict the outcome or progress of the case. There is a sense of being led to an inevitable conclusion by the patterns of declining health leading to death, or improved

⁹⁶ Poirier and Blauner, 'Voices of the Medical Record', p. 38.

⁹⁷ Risse and Warner, 'Reconstructing Clinical Activities', p. 204.

⁹⁸ Hunter, *Doctors' Stories*, p. 89.

⁹⁹ Hunter, *Doctors' Stories*, p. 21.

¹⁰⁰ Poirier and Blauner, 'Voices of the Medical Record', pp. 30-31.

behaviour leading to the patient being discharged. There are occasional plot twists, such as patient escapes and sudden outbursts of violence. The case book structure also influenced how I read the cases. Having to order up a succession of different volumes from the archives in order to follow individual cases created an episodic sense of suspense, reminiscent of a nineteenth-century serial novel. It is clearly possible for the reader to interpret the case studies as a plotted narrative. For instance, cases always have a beginning, middle and an at least provisional end (patients sometimes were readmitted). Implicitly, if not explicitly, cases either refer back to previous entries or anticipate future outcomes.

Reflecting upon the structure of case records, Hunter argues that ‘clinical knowledge, however scientific it may be, is narratively organized and communicated’.¹⁰¹ She proposes that:

If the chart is not quite a narrative of illness (which would require much more about the sufferer’s subjective experience and the significance the malady bears for the patient’s ongoing life story), it is nevertheless a narrative of medical attention given to the malady. The document that results is at a minimum the chronicle of an individual’s physical condition while under medical care ... Such chronicity suggests that the chart could equally well be said to resemble an early epistolary novel like Samuel Richardson’s *Clarissa* or a self-consciously fragmented twentieth century work.¹⁰²

Returning to Poirier and Blauner’s earlier argument about the multiplicity of voices in the case records being similar to Bakhtin’s understandings of the novel, we can take Bakhtin’s proposal that:

These heterogeneous stylistic unities, upon entering the novel, combine to form a structured artistic system, and are subordinated to the higher stylistic unity of the work as a whole, a unity that cannot be identified with any single one of the unities subordinated to it.¹⁰³

The stylistic unities of the case-book structures, different medical authors and, as we shall see, presence of family and friends and patients’ voices combine to make the case record a multifaceted but whole genre. Hunter argues, however, that the narrative is never completely satisfying, and that the multiple authors and

¹⁰¹ Hunter, *Doctors’ Stories*, p. 51.

¹⁰² Hunter, *Doctors’ Stories*, p. 87.

¹⁰³ Bakhtin, *The Dialogic Imagination*, p. 262.

frequent repetition deprive the case record of a potential human interest plot.¹⁰⁴ Here it is perhaps worth referring to Barthes's distinction between readerly and writerly texts. Case records are not the classic foreclosing narrative readerly text but a more open-ended reader constructed, meaning produced, writerly text.¹⁰⁵

I will now look at the plot, structure, language style and tone used in one case to provide an example of how doctors constructed the case record narrative. William L. was a man who became case 1254, admitted on the 20 July 1875. He is described as:

A stout well made gentlemanly looking man with slightly stooping shoulders and has a rather depressed expression or countenance. He seems to be of a quiet disposition but is restless and uneasy and for the greater part of the day walks about looking on the ground and with his hands behind his back. His head is well shaped but very bald and his hair is grey. His pupils are normal and there seems to be nothing peculiar in any of his organs.

William L. is approvingly labelled 'gentlemanly' and sympathetically regarded as 'restless and uneasy'. His mannerisms and appearance are more judgements upon his character than investigations into physical abnormalities. Alongside this description, under separate headings, the reader is told that William L. is a married man aged 67, a cashier and bookkeeper and a member of the Society of Friends. He had previously been unsuccessfully treated in an asylum in Stroud and at a hydropathic establishment in Bath. His attack was believed to have been caused by domestic troubles and disappointment in business.

This tale of personal difficulties and failed attempts at recovery was rather typical. Having studied the case records of Australian women, Jill Matthews observed:

The psychiatric record laid out in stark detail the extremes of unhappiness and hopelessness of these women's lives, because they were where the psychiatrists sought to find the clues to their present condition. Eventually I was able to see that the horror was partly produced by the method of recording. I learnt to recount the trauma of my own and my friends' lives in such a way as to leave out everything else, and so create a semblance of a psychiatric record, and wonder why we weren't in hospital too.¹⁰⁶

¹⁰⁴ Hunter, *Doctors' Stories*, pp. 90-91. See also Poirier and Blauner, 'Voices of the Medical Record', p. 37.

¹⁰⁵ Roland Barthes, *S/Z*, trans. Richard Miller (trans. 1974; repr. Oxford, 1990), pp. 4-6.

¹⁰⁶ Matthews, *Good and Mad Women*, p. 25.

However, as we shall see, the Retreat case notes were less likely to detail the specific horrors of family life, as relatives and doctors often colluded in playing down these factors.

Five days later the case notes state that William L. was,
Somewhat improved but he has his bad days. He says he has the inclination to work but his head wont stand it. He is taking 3 grams doses of Easton's syrup thrice daily.

In this extract the 'somewhat improved' in referring to his former recorded state represents a narrative sense of progress. The reference to medication reminds us that the patient is being treated and that the notes are being used as a means of registering what treatment was being administered. The doctor adopts an ironic tone, indicating that he does not totally sympathise with William L's head problems. As with the annual reports, ironic humour was often also employed in the case notes. Suzuki observes 'light-hearted interest in the content of amusing delusions had long been established in medical and lay culture'.¹⁰⁷ One case entry, for example, comprised the brief and entertaining line, 'having complained of hearing voices today he asked me to get him a pair of pistols stating that he was about to have a duel with the devil'.¹⁰⁸

William L's case note entries were generally very short. Only basic details were recorded, such as noting that in September William L. 'went to Scarborough but did not seem to gain much from the change', and that after showing some slight improvement in November 'Mr L. was considered sufficiently improved to return home on trial for three months'. The recording then became even briefer, just detailing that he 'was still on trial'. As discussed earlier, entries were often merely complying with legal requirements rather than purposefully commenting upon the case.

William L. returned from his trial in April 1876 and the case notes observed:

Mr L returned to the Retreat on the 7th month in about the same melancholic irritable condition ... He has had some paroxysm of irritation which almost amounted to violence and some suicidal tendencies have been observed.

¹⁰⁷ Suzuki, 'Framing Psychiatric Subjectivity', p. 125.

¹⁰⁸ K/2/14, p. 193, entry 7 Sept 1885, case 1553.

It is interesting that the case notes continually addressed the patient as Mr L. In contemporaneous case records from York's Bootham and Clifton asylums, the terms 'he' 'she' or 'the patient' were generally used.¹⁰⁹ This increasingly became the case for the Retreat during the later periods, suggesting a more official and distant attitude towards the patients. The use of title and surname suggests the middle and upper class fee-paying status of the residents, but may also indicate that there was some personal regard and concern for the patients. Moreover, even if this was just a linguistic formality, this still signifies that patients were considered worthy of such formal respect. However, the employment of last names could also represent an intentional distancing. The formality of the language (as well as use of humorous anecdotes mentioned earlier) in the case records could be a way of establishing professional distance. Hunter has argued that:

Case presentations are, in fact, highly conventional narratives. They are strictly ordered and their language is meant to be narrowly descriptive and toneless ... This flatness aids the emotional detachment felt necessary to the continued and resourceful care of the ill.¹¹⁰

There was also a common medical language in the case notes. Tomlinson, Carrier and Oerton suggest that:

The more we read the case notes the more formulaic the entries began to appear ... others which regularly cropped up, such as "S/he is dull, solitary and introverted", "s/he lacks all ambition and interests" and "there is marked psycho-motor retardation".¹¹¹

There were several stock phrases used in the Retreat case notes. In the sample case, words such as 'melancholic', 'irritable' and 'suicidal tendencies' were used. Other common phrases found in the Retreat case notes are 'sleeps badly', 'very dirty in habits' and 'talks incessantly'.¹¹² Laurence Ray argues that rather formulaic aetiological descriptions and diagnostic categories come from the

¹⁰⁹ See for example, BOO/6/6/1/13, Bootham Park Hospital Case Book 17 June 1876-27 Nov 1877; CLF 6/5/1/7, Clifton Hospital Case Book Male, 11 July 1873-2 April 1877.

¹¹⁰ Hunter, *Doctors' Stories*, p. 6.

¹¹¹ Tomlinson, Carrier and Oerton, 'The Refuge Function of Psychiatric Hospitals', pp. 111-134.

¹¹² 'Sleep badly', K/2/11, p. 216, entry 14 July 1875, case 1253; K/1/30, admitted 1925, case 3212; I/4/5/1, admission 10 Jan 1920; 'very dirty in habits', K/2/14, p. 194, entry 12 Jan 1886, case 1553; 'talk incessantly', K/2/17, p. 236, entry 3 July 1895, case 1857; K/1/12, admitted 1895, case 1853; Dr Pierce's Case Books, patient treated 30 June 1908.

language employed in psychiatric text-books.¹¹³ The terms also seem to come out of words used in the printed admission form notes and ward report books.

Such phrases and commonly understood terminology were clear ways of briefly defining types of patients and could also warn other doctors what behaviour to expect. For example, in the above paragraph the term 'suicidal tendencies' may be a way for the doctors to warn one another and cover themselves should any unfortunate incidents occur. Pamela Michael comments that:

Words of caution were entered into some of the cases, to ensure that the doctor be on his guard against patients who were violent or potentially suicidal. Other aspects of behaviour were recorded which might compromise the young doctor, should he not be careful in handling the patient.¹¹⁴

One case entry for another patient observed, 'Says the attendant here refuses to say anything unless I will see her alone. Is evidently very erotic'.¹¹⁵ Again this serves to warn others and to protect against any allegations.

Returning to the case of William L., he seems to have slowly begun to get better. An entry in May 1878 stated, 'Mr L. is improved and somewhat inclined to grumble but otherwise is fairly good'. He remained in the Retreat with less frequent case entries until December 1879, when he was discharged as 'recovered'.¹¹⁶ Patrick Joyce has commented that the 'open-endedness of social narrative also makes it prone to instability'. The case notes were also open ended and potentially transformed by what happened next. William L. may have had another attack and have been admitted again. His recovery would, therefore, no longer be understood as being quite so complete. Readmissions always referred to the previous case so there was the potential for a continued story.¹¹⁷ Occasionally case notes also included newspaper extracts or just brief notes that detailed significant events that had happened after the patient left the Retreat. For example, the case notes of Alec A., whose case is investigated in Chapter 4,

¹¹³ Ray, 'Models of Madness', p. 249.

¹¹⁴ Michael, *Care and Treatment of the Mentally Ill in North Wales*, p. 80.

¹¹⁵ K/2/14, p. 184, entry 6 June 1885, case 1551.

¹¹⁶ K/2/14, initial entry, p. 219, entry 20 July 1875; 5 days later, p. 220, entry 25 July 1875; Scarborough holiday home, p. 220, entry 25 Sept 1875; returned home p. 220, entry 1 Nov 1875; 'still on trial', p. 220, entry 7 Aug 1876; back at Retreat, p. 220, entry 27 April 1877; improved, p. 221, entry 2 May 1878; discharged, p. 221, entry 11 Dec 1879, case 1554.

¹¹⁷ Often the Retreat case notes would register readmissions under a separate case number, but occasionally they just followed on after the previous admission.

included a newspaper extract dated two years after his transfer from the Retreat, detailing his arrest for assaulting a woman.¹¹⁸ The understanding of Alec A's records was altered significantly by this inclusion: the reader looks back for clues as to the likelihood of this event happening. Even a patient's death did not end the story. For instance, William L's deceased relatives were referred to in his case, as it was observed, 'he is a nephew of 747 two of whose sons died in the Retreat'.¹¹⁹ Eleanor W., whose correspondence will be discussed in detail in the next chapter, generated numerous letters after her death and was for a long time memorialised in the budget of the annual reports, as she left a financial legacy, setting up a holiday fund for Retreat patients.¹²⁰

Familial Voices

One group of voices missing so far from my analysis of William L's story is that of his friends and family. Their involvement and opinions largely comes through from the admission forms. The practice of certification was very different than that of case note recording. It occurred in a less institutionalised context, possibly a domestic setting. Wright emphasises that:

The certification of insanity appears to have been a private matter, conducted in the midst of and with the testimony of the family and completed in the home of the family or the surgery of the medical practitioner.¹²¹

In the second half of the certification forms a space is provided for 'other indications of insanity'. This section asked for observations from someone close to the patient, this was normally another family member. However, on a few occasions this space was not filled in, which may suggest that rather limited emphasis was placed on such accounts.¹²² The second opinion about William L. came from a Mrs Smith, who stated, 'he threatens to commit suicide, is obliged to be constantly watched'.¹²³

Some entries were lengthy:

¹¹⁸ Dr Pierce's Case Book, admitted, 23 March 1895; K/2/22, case 2242, Newspaper extract, 25 Dec 1908.

¹¹⁹ K/2/11, entry, p. 219, 20 July 1875, case 1254.

¹²⁰ See A/3/1/14-A/3/1/17 annual reports 1912-1940 (always referenced in annual budget).

¹²¹ Wright, 'Certification of Insanity', p. 285.

¹²² Example of second opinion not being filled in K/1/12, admitted 1885, case 1856; K/1/23, admitted 1915, case 2745.

¹²³ K/1/6, admitted 1875, case 1254.

Has been unable to attend to business ... Going away from home business to Glasgow and other places without notice or due provision. Has said he would shoot himself: that is would be better if he were dead. Has threatened his mother, always appears enraged at her and has been violent in his actions towards her but not extremely so. These facts have been communicated by the father of patient George T. and by his sister Mary T. of this patient.¹²⁴

Here two witnesses recounted symptoms that emphasised their concern with the patient's inability to work, lack of reliability, violence and potential suicidal tendencies. What is also interesting is that more than one person was giving evidence, reflecting the fact that the process of certification often involved several family members. In another example, the patient seemed to have caused public embarrassment, as she 'expressed a great desire to be married and her conduct to young men has been very improper'.¹²⁵ Another was considered insane on the basis that she 'refuses to buy the necessities for the house'.¹²⁶ Charlotte Mackenzie, in exploring the reasons that patients were admitted to Ticehurst private asylum, observes:

Violence to people or property, and threats or attempts of suicide, were amongst the most common reasons given for certification, perhaps partly because danger to one's self or others was recognized in law as sufficient reason for depriving a person of their civil liberties ... Other patients had become unmanageable at home because of their tendency to wander away from home, or cause disturbances locally.¹²⁷

It seems that many relatives tried to explain their reasons for certification through the socially unacceptable behaviour of the patient, rather than by attempting to provide any form of medical diagnosis. However, maybe the relatives did make such diagnosis but the doctors chose to omit it, so as to assert their own medical authority.

Further reasons for certifications and understandings of familial relationships can be gained from the questionnaire, which was to be completed by family members, friends or the patient's medical attendant. The answers to

¹²⁴ K/1/13, admitted 1895, case 1854.

¹²⁵ K/1/8, admitted 1885, case 1551.

¹²⁶ K/1/23, admitted 1915, case 2744.

¹²⁷ Mackenzie, *Psychiatry For the Rich*, p. 103. See also Prior, 'The Appeal to Madness in Ireland', pp. 84-85; J. K. Walton, 'Casting Out and Bringing Back in: Victorian England Pauper Lunatics, 1840-1870', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1985), vol 2, *Institutions and Society*, pp. 132-146.

the questions were restricted by the format and structure of the questionnaire. As shown above, the questions were rather specific, even suggesting answers. One admissions form answer merely copied some of the words of the question. The question was:

What appeared to be the disposition and character during the youth of the patient; were these marked by any remarkable strength or vigour, or by any eccentricity, or decided peculiarity; was he (or she) endowed with a greater or less share of natural understanding than is common; or was anything like precocity of intellect observable?

The response was, 'she was of ordinary disposition; no marked peculiarity, and no marked precocity'.¹²⁸

However, the authors often had their own ideas and did not collaborate with the pre-printed text. For instance, they did not always answer every question, or when they did, they filled in extra spaces in the margins.¹²⁹ One author even changed the question, crossing out 'he' and replacing it with a more appropriate 'she'.¹³⁰ Some answers were not quite what was expected but could be equally informative:

Has the patient, at any time, engaged in any intellectual or other pursuit, with particular earnestness, or had his (or her) conduct ever exhibited a strong bias in any direction?

Too much inclined to the opposite sex.¹³¹

Another author seemed to get the answers the wrong way round, under physical causes they wrote 'war work' and under mental factors 'operation on thyroid'.¹³²

Answers gave away more than was probably intended. The following example indicates that relatives wished to emphasise that the illness could in no way be attributable to them:

Were the understanding and the afflictions much cultivated in very early life; what extent and description of literary instruction did the patient receive, and was this given at home, or if not, in what description of schools or other seminaries?

Has had much parental care.¹³³

¹²⁸ K/1/8, admitted 1885, case 1551; case 1554.

¹²⁹ For example, unfilled in questions, K/1/6, admitted 1875, case 1253; writing in margins, K/1/12, admitted 1895 case 1854.

¹³⁰ K/1/8, admitted 1885, case 1551.

¹³¹ K/1/8, admitted 1885, case 1551.

¹³² I/4/4/5/1, admitted 26 April 1920.

¹³³ K/1/8, admitted 1885, case 1551.

Other comments reveal judgemental attitudes, such as ‘of average mental vigour and ability industrious at housework but slow and very little perseverance with difficulties’.¹³⁴ Hints of family tensions are occasionally visible within these forms. The mother of one patient, whose own husband had also had a breakdown, seemed happy to pass judgement on the mental health of the paternal side of the family. While stating that her side of the family were fine, she noted that her husband’s brother was a drunk and his mother was ‘very bad-tempered, bigoted’.¹³⁵ These admission forms perhaps gave families the opportunity to say what they really thought about their relatives under the supposed motivation of medical interest.

Sometimes, however, families wanted to hide their problems. Clues as to family difficulties occasionally only surfaced later in the case recording process, such as the following comment midway through a case book:

It ought to have been stated that her baby was deformed with a harelip and cleft plate and this preying upon her mind is supposed to have been the cause of her mental disturbance.

This was not mentioned in the admission forms and certificates. Perhaps the family had felt too embarrassed to mention this.¹³⁶ Suzuki emphasises how for doctors:

Negotiating one’s way to the true cause of the disease, through the intricate web of secrecy, etiquette and protocols was obviously a daunting piece of detective work.¹³⁷

Families remained involved and continued to provide information during the treatment of patients in the Retreat, something that becomes apparent through looking at family letters in the next chapter. Occasionally case notes mention family visits, for example:

Was visited by his brother yesterday; at first he was depressed and shed tears, but he very soon became cheerful.¹³⁸

They also mention family decisions to discharge patients.¹³⁹ However, family involvement is largely written out of the case notes. For example, Elizabeth C’s

¹³⁴ K/1/23, admitted 1915, case 2744.

¹³⁵ K/1/17, admitted 1905, case 2259.

¹³⁶ K/1/6, admitted 1875, and K/2/11, p. 227, entry 8 Sept 1875, case 1256.

¹³⁷ Suzuki, ‘Framing Psychiatric Subjectivity’, p. 116. See also Andrews, ‘Case Notes, Case Histories’, pp. 262-263.

¹³⁸ K/2/14, p. 66, entry 4 Nov 1884, case 1528.

relatives (whose case is explored in Chapter 4) decided to remove her elsewhere because they were not happy with the treatment, and the case notes merely recorded that she was discharged relieved.¹⁴⁰ In general it seems that after the initial entries, the interaction with and understandings of the family were ignored and omitted from case book entries. Perhaps this was a means to assert medical control over the patients and the case notes.

Patients' Voices

Suzuki has proposed that in the second half of the nineteenth century the Superintendent of Bethlem ignored familial interpretations of illness in favour of patients' versions of events.¹⁴¹ I have not found any similar evidence of the rejection of familial accounts during the initial stages of admission in the Retreat. However, one must ask to what extent the patients' versions, narratives and experiences were present within the case records.

As Kathryn Hunter argues, 'it is interpretative work that the physician is doing, not original composition'.¹⁴² As is evident from the 'Writing Patients' section above, the patient was arguably the main focus of the case records and through the observations of doctors, family and friends we can gain insights into patients' conditions, treatment and daily activities in the Retreat. Let us illustrate this with one sample case. Mary T. the 34-year-old wife of a merchant whose attack had begun two years before was admitted in June 1895. From the case notes it is possible to learn that in the Retreat she was provided with extra food in her diet, given 'fancy work' to do and confined to bed, where she was to undergo treatment by thyroid extract. After this treatment she remained depressed but would play the piano, sing and go out for walks. She was on a few occasions given shocks with a galvanic battery. She remained in contact with her children, and by March 1896 was transferred, discharged as relieved. It is possible to gain a few insights into what Mary T. thought about some of her treatments:

During the greater part of the time she sat up in bed and could not be induced to lie down: she also begged for her work and this was given to her. She objected from the commencement to remain in bed and frequently asked to be allowed to get up.

¹³⁹ K/2/10, p. 460, entry 12 June 1875, case 1252.

¹⁴⁰ K/2/11, p. 300, entry 8 Nov 1876, case 1279.

¹⁴¹ Suzuki, 'Framing Psychiatric Subjectivity', p. 131.

¹⁴² Hunter, *Doctors' Stories*, p. 12.

The notes also uncover some of the things that she said:

She is very depressed; seldom speaks above a whisper and is frequently muttering to herself: – “I used to be bright: I am not as I used to be: I used not to be like this: I used to be like other people” etc.¹⁴³

Hunter has proposed that often the patient is reified and represented in case notes as the ailment or disease, and that other external factors are omitted.¹⁴⁴ To an extent this is true of late nineteenth and early twentieth-century psychiatric case records, but understandings of mental illness throughout the time period still relied on a more holistic approach. For instance, the records of Mary T. incorporated physical factors, family history and her own narrative. Doctors also recorded many of the patients’ delusions, which are arguably nothing other than the patients’ versions of events. They quoted patients’ words, transcribed extracts from their letters and occasionally inserted such letters amongst the books and forms.¹⁴⁵

Returning to Suzuki’s argument, I think that doctors recorded patients’ versions of events without necessarily believing them. For example:

Is conscious of weak-mindedness and thinks he ought to be taken care of. Attributes his weakness of mind to having become a vegetarian, Gymnastics exercises, self abuse, thinking too highly of a companion: his mother’s illness etc vacant look and restless manner.¹⁴⁶

This was a certifying doctor’s analysis: the patient has offered up all sorts of explanations but the doctor merely used them to indicate insanity. Another case book entry observed:

Told us her story quite frankly. It is as follows. She has lived alone for more or less four years – her husband being a commercial traveller, and she kept no servant. She at one time kept a dog sometimes two, and she feels safer with them, for she was nervous being so much alone ... These dogs died and her husband forbade her to have any more. She was very frightened when her husband was away so took whisky, which helped her to sleep, and so the habit began.¹⁴⁷

¹⁴³ K/1/12 and K/2/18, p. 221, admitted 26 June 1895; extra food, p. 221, entry 7 June 1895; fancy work, p. 221, entry 4 July 1895; confined to bed and first quote, p. 221, entry 15 Sept 1895; depressed but playing piano, battery and second quote, p. 222, entry 30 Oct 1885; playing with children, p. 227, entry 28 Jan 1896; discharged, p. 227, entry 26 March 1886, case 1855.

¹⁴⁴ Hunter, *Doctors Stories*.

¹⁴⁵ For example of inserted letter see K/2/26, admitted 2 April 1923.

¹⁴⁶ K/1/12, admitted 1885, case 1554.

¹⁴⁷ K/2/30, admitted 4 Dec 1909, case voluntary boarder 237.

In this instance the doctor seemed quite willing to accept this patient's account. This may, however, be something to do with the fact that she was a voluntary boarder, who would have been regarded as more self-aware and who could walk away at any time. This story was also rather believable, and that the patient took partial responsibility for her condition would also have made her interpretation more valid. To be believed, patients would have had to have made their narratives make sense to the doctors who recorded them.

The process of case recording may have partly shaped the behaviour and attitudes of the patients. Many would have been aware of, and have wanted to influence, what the doctors were recording about them. For example, they may have wanted to prevent examinations and recordings taking place. In one instance on admission, the doctors could not complete the physical examination of one patient, as 'at present is quite impossible to examine the condition of her heart and lungs as she is so very excited and restless'.¹⁴⁸ Others may wished to have been recorded and perhaps welcomed the opportunity to get their stories and ideas across. One patient, for example, may have been grateful to know that should anything happen to her that the doctors had recorded that 'she thinks that she is lost eternally and has no hope for the future'.¹⁴⁹ We shall see in later chapters how patients went to great lengths to write to explain their ideas and beliefs. Surely it would be even more valuable if these were, if not believed, at least recorded by the doctors.

The recording process was intimately tied in with the doctors' visits and patients clearly sometimes behaved in certain ways so as to get themselves noticed and recorded. As Andrews notes, 'any account of patients' experiences through the case note medium is also prejudiced in favour of the wealthy, educated, articulate or extrovert patient'.¹⁵⁰ For example, one patient provoked the following entries:

I found him sitting on the armchair with his eyes shut and the Times newspaper on the top of his head.

When the superintendent visits him he speaks to him on his knees.¹⁵¹

¹⁴⁸ K/2/14, p. 183, entry 6 June 1885, case 1551.

¹⁴⁹ K/2/10, p. 460, entry 5 June 1875, case 1252.

¹⁵⁰ Andrews, 'Case Notes, Case Histories', p. 266.

¹⁵¹ K/2/14, p. 193, entry 12 Jan 1886, case 1553.

Another patient ‘has for last day or so taken to cough whenever Dr Baker or myself visit her and I have examined her chest but can detect nothing’.¹⁵² There is a sense that these patients were wanting attention and were performing for the doctors and perhaps the recording process itself.

To conclude, the question posed at the beginning of this chapter about which group’s voice comes through most from the case records is difficult to answer. The records were heavily influenced by legislation and the Lunacy Commissioners. Roger Smith goes as far as to argue that case notes created a ‘legally constituted reality’.¹⁵³ The Retreat institution also had some input. It had started a standard practice of case note recording long before case notes became compulsory, and made its own questionnaires part of the admission process. The psychiatric profession also campaigned for standardisation, and its categories of analysis increasingly came to dominate the printed forms of the case notes. However, it was the certifying and Retreat doctors, admittedly acting within the limitations of the law and their profession, who wrote the records. These records reveal much about the medical practice of the doctors. Admittedly, family and friends often told their version of events in the certifying forms and admission questionnaires, but these could largely be adopted and ignored at the doctor’s discretion. Last, but not least, there was also the patient, who was the primary text in the records, and whose treatment, behaviour, understandings and even words can sometimes be heard. However, I would argue that it was the doctors who ultimately told their stories. The case records also did more than record, they were a process that helped constitute the patient, familial interaction, but more especially they were a means of constituting doctors’ professional identities.

However, such records tell nothing like the full story. This will become evident later on in the individual case studies of those such as Elizabeth C. and Charles W. For instance, the case notes merely recorded that Elizabeth C. ‘seems to become more anxious and miserable every day’. They did not explain why she was deeply unhappy with her situation.¹⁵⁴ The case notes briefly mentioned how Charles W.,

¹⁵² K/2/14, p. 206, entry, 11 Feb 1886, case 1555.

¹⁵³ Smith, ‘Legal Frameworks for Psychiatry’, p. 140.

¹⁵⁴ K/2/11, p. 300, entry 9 Oct 1876, case 1279.

Writes letters to Sen Asst [Senior Assistant]. always containing the same information full of nonsense and lies and more or less disconnected and leaves out a good many words.¹⁵⁵

The entries ignored the rich content of his letters, which will be explored in the final chapter. While case notes are undoubtedly informative and useful, they are constructed with their specific aims and contained within their own distinct format and structure. They only offer a limited access to the institution and its inhabitants, and much can be gained from exploring other forms of writing.

¹⁵⁵ K/2/14, p. 68, entry 23 Feb 1886, case 1528.

Chapter 3

Writing letters: Doctors, Families, Patients and the Retreat

Hospital and asylum case records have been investigated in much detail, and have generated extensive and complex historiographical debates. Letter writing in contrast has been largely ignored. There have been some studies of eighteenth-century medical letter writing, where doctors and patients were geographically dispersed and many medical consultations took place through letters. Joan Lane has researched letters by and about eighteenth-century medical practitioners and Michael Stolberg has used eighteenth-century patients' correspondence to investigate understandings of masturbation, menopausal problems and premenstrual suffering.¹ There is much less scholarship about the nineteenth and twentieth centuries, which may seem strange as letter writing was an important part of Victorian culture. David Vincent has noted that in England 'the volume of correspondence increased nearly fifty-fold, from an estimated 76 million items in 1839 to 3, 500 million in 1914'.² However, there was probably less medical consultation by letter, or possibly such letters were not preserved and archived.³ Yet in the Retreat, letter writing remained an important part of medical practice, probably because patients' families often lived at a distance from the institution. A collection of incoming, outgoing and patients' letters remains in the archives. In this chapter I look at the meanings and practice of Retreat letter writing. This is a transitional chapter, as it moves from professional doctors' letter writing to the personal letters of patients. I ask why and how those in the Retreat produced letters and what this reveals about medical practice, family relationships and patients' writings.

While medical historians have generally ignored letters, there is a growing range of historical research on letter writing. Edited collections, such as

¹ Joan Lane, ' "The Doctor Scolds Me"! The Diaries and Correspondence of Patients in Eighteenth Century England', in Roy Porter (ed), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), pp. 205-249; Michael Stolberg, 'A Woman's Hell? Medical Perceptions of Menopause in Pre-industrial Europe', *Bulletin of the History of Medicine*, 73 (1999), 404-428; 'An Unmanly Vice: Self Pollution, Anxiety and the Body in the Eighteenth Century', *Social History of Medicine*, 13 (2000), 1-21; 'The Monthly Malady: a History of Premenstrual Suffering', *Medical History*, 44 (2000), 301-322.

² David Vincent, *Literacy and Popular Culture: England, 1750-1914* (Cambridge, 1989), p. 33.

³ An exception to this, is historical analysis of the letters to Marie Stopes, between 1921 and 1953. For discussion of these letters see Roy Porter and Lesley Hall, *The Facts of Life: the Creation of Sexual Knowledge in Britain, 1650-1950* (London, 1995).

David Barton and Nigel Hall's *Letter Writing as a Social Practice*, focus upon the conditions of letter production in a variety of historical and social situations. Chartier, Boreau and Dauphin's 1997 *Correspondence: Models of Letter Writing from The Middle Ages to the Nineteenth Century* looks at the history of letter writing practices by examining models such as those laid out in letter writing manuals.⁴ Rebecca Earle has produced a wide-ranging collection addressing the 'ways in which personal correspondence may allow the writer to construct fictions of the self' in a number of social and cultural contexts, ranging from post-Restoration family correspondence to mothers and letter writing in the Second World War.⁵ Other recent studies include Thomas Sokoll's detailed and thorough investigation of Essex pauper letters, which examines what can be learned from spelling, handwriting and the materiality of the letters.⁶ Such explorations can be placed alongside the increasing interest in the history of reading and writing, as scholars attempt to understand the different ways in which writing is created, practised and received.⁷

In this chapter I draw upon this work to investigate the role of letter writing in the Retreat. I show that letters do not just provide information about families, residents and doctors but that the practice of letter writing and the form and content of the letters is an important way of constructing and representing the asylum, family relations and patients' experiences. The chapter is divided into three sections. 'The Institution and the Epistolary' looks at doctors' correspondence in the Retreat. It argues that such correspondence played an important part in medical and institutional practice and doctor/family relationships. 'The Outside World and the Epistolary' focuses upon correspondence sent to doctors. I investigate how letter writing was an important way for families to construct relationships with medical staff and to remain

⁴ David Barton and Nigel Hall (eds), *Letter Writing as a Social Practice* (Amsterdam/Philadelphia, 2000); Roger Chartier, Alain Boureau and Cecile Dauphin (eds), *Correspondence: Models of Letter-Writing from the Middle Ages to the Nineteenth Century*, trans. Christopher Woodall (Cambridge, 1997).

⁵ Rebecca Earle, 'Introduction: Letters, Writers and the Historian', in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), p. 2. See also James Daybell (ed), *Early Modern Women's Letter Writing, 1450-1700* (Basingstoke, 2001); Amanda Gilroy and V. M. Verhoeven (eds), *Epistolary Histories: Letter, Fiction, Culture* (London, 2000).

⁶ Thomas Sokoll (ed), *Essex Pauper Letters, 1731-1837* (Oxford, 2001).

⁷ See for example, Guglielmo Cavallo and Roger Chartier (eds), *A History of Reading in the West*, trans. Lydia G. Cochrane (Cambridge, 1999); Jonathan Rose, *The Intellectual Life of the British Working Classes* (London, 2001); Vincent, *Literacy and Popular Culture*; David Vincent, *The Rise of Mass Literacy: Reading and Writing in Modern Europe* (Cambridge, 2000).

involved in patients' lives. In addition, I briefly look at an exchange of letters between one patient and his family to consider the practice of letter writing between family members. I next concentrate upon 'the mad and the epistolary', exploring some of the writings of residents. I will examine why patients wrote and consider how institutionalisation influenced ways in which the letters were produced. I also begin to consider whether 'insanity' places its own distinctive spin on the epistolary and if it is possible to claim that there is such a thing as 'mad writing'. Finally I look at a case study of a correspondence between one patient and the superintendent, examining how a doctor/patient relationship was constructed through letter writing.

The Institution and the Epistolary

The last chapter looked at how the practice of medicine became increasingly bureaucratised and how state regulations led to a large amount of case note making, form filling and general recording. This section looks at another bureaucratic responsibility – that of letter writing. I begin by asking what was the role of doctors' letter writing within the institution. I then examine whether the Retreat had a particular style of letter production. I draw upon historical discussions which have analysed doctors as private, commercially motivated and market driven practitioners or as public-appointed and institutionally loyal professionals and argue that doctors employed both personal and official styles in their letter writing.⁸ I show that Retreat doctors were members of an unsuccessful and insecure branch of the medical profession who had to deploy various tactics to successfully manage a private client base. Yet, they were also part of a professional body representing a firmly established institution, upon whose largely good reputation and authority they could depend. The section will also examine the differences between the letters of the medical

⁸ For instance see Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920* (London, 1994); Porter (ed), *Patients and Practitioners*; Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge, 1989); Roy Porter, *The Greatest Benefit to Mankind: a Medical History of Humanity from Antiquity to the Present* (1997; repr. London, 1999), p. 349; Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (London, 1993); Philip M. Strong, *The Ceremonial Order of the Clinic: Patients Doctors and Medical Bureaucracies*, ed Robert Dingwall (1979; repr. Aldersot, 2001).

superintendents and assistant medical officers and consider what this suggests about institutional hierarchies and different forms of medical practice.

How important was letter writing and communication to the running of the Retreat? At times more was spent on postage, telegrams and telephones than on drugs and medical supplies (Graph 15).⁹ The Retreat archives hold a wide selection of correspondence. There are the superintendent's out-letter books and volumes of outgoing correspondence belonging to the secretary, treasurer and steward.¹⁰ In addition, there are separately grouped letters concerning such things as appeals for the building of the superintendent's house and a recreational room, correspondence with other mental hospitals and letters sent regarding the pollution caused by the nearby factory.¹¹ I will not focus on all of these in this chapter, but the sheer volume of correspondence on various topics illuminates the significance of the epistolary to the institution as a whole.

In this section I examine the routine letters of the Retreat's superintendents and medical officers. In an attempt to explore such writing systematically, I have investigated a three-month sample of the superintendents' out-letter collections for April 1891, 1901 and 1911.¹² These include letters sent by the superintendent and assistant medical officers preserved in copybook form. The run of outgoing letters in the archives is from September 1890 to March 1920, but the last volume beginning in July 1917, unlike the others, just records business letters, many of which were from the Retreat secretary.¹³

The production of letters reveals several factors about doctors' roles and responsibilities within the institution. Firstly, the Retreat doctors sent a varying number of letters. Table 5 shows the total for each of my sample years and the additional years of 1896, 1906 and 1916.

⁹ Expenditure increased during the first decade of the twentieth century. This may have been due to an increasing use of telephones that had been set up from the late 1880s and completed by 1898. From 1906 telephone costs were recorded alongside postage. The amount spent decreased during the war probably due to an attempt to limit overall spending on anything but essentials. As mentioned in the last chapter the Retreat struggled with the high prices of commodities during the war years. The spending on postage slowly began to pick up again during the 1920s.

¹⁰ B/3/1, Treasurer's Out-letter Book 1893-1909; B/2/12 Steward's Out-letter Book Oct 1906-July 1917; B/2/10 Secretary's Out-letter Book Dec 1899-Aug 1902.

¹¹ A/5/1/7, Letters concerning Appeal for Recreation Room and Medical Superintendent's House 1907-1908; C/3/1/1-2, Correspondence with other Mental Hospitals; C/3/2/1, Pollution Correspondence 1900-1901.

¹² B/1/1, Superintendent's Out-letter Book Sept 1890-May 1891; B/1/13, Superintendent's Out-letter Book Nov 1900-Oct 1901; B/1/25, Superintendent's Out-letter Book Feb 1910-May 1911.

¹³ I selected the month of April as a typical month and decided to have a consistent gap of ten years B/1/29, Superintendent's Out-letter Book July 1917-March 1920.

<i>Year</i>	1891	1896	1901	1906	1911	1916
<i>Letters</i>	953	806	641	645	335	10 approx

Table 5 Number of Letters Sent¹⁴

The number of letters produced declined over time. However, it is wise to be cautious with these figures as they vary significantly from year to year, for example, in 1892 there were only 395 letters sent.¹⁵ Moreover, the superintendent's letter books do not contain all of the doctors' letters. For example, the secretary out-letter box of 1901 contains over 40 letters from Dr Pierce.¹⁶ There may also have been changes in recording practices. For instance, from around 1923 some incoming and outgoing letters were catalogued separately under patient's names.¹⁷ This shift may have occurred earlier, but the letters may not have been preserved.

Letter writing was a regular practice spread out fairly evenly throughout the year. Graph 16 shows the number of letters sent each month during 1911. There was, however, one exception: twice as many letters as the monthly average were sent in November 1911. Many of these were annual reports on patient conditions. This annual report was either not sent or the letters were not kept in 1891 and 1901. The letters were also spread out on a daily basis. In April 1891, for example, the number of letters sent generally ranged from two to five per day, but on a couple of days as many as 11 or 12 were produced (Graph 17). There were four days on which no letters were written, but these were not on Sundays as one might expect. It seems that letter writing was a regular part of the doctors' routine. There may have been a certain time set aside for this, or perhaps the practice was predominantly fitted in around other daily activities.

¹⁴ Sources drawn from B/1/1, Superintendent's Out-letter Book Sept 1890-May 1891; B/1/2, Superintendent's Out-letter Book May 1891-Oct 1892; B/1/7, Superintendent's Out-letter Book Oct 1895-May 1896; B/1/8 Superintendent's Out-letter Book June 1896-April 1897; B/1/13, Superintendent's Out-letter Book Nov 1900-Oct 1901; B/1/14, Superintendent's Out-letter Book Oct 1901-July 1902; B/1/18, Superintendent's Out-letter Book Sept 1905-July 1906; B/1/19, Superintendent's Out-letter Book July 1906-Jan 1907; B/1/25, Superintendent's Out-letter Book Feb 1910-May 1911; B/1/26, Superintendent's Out-letter Book May 1911-June 1912; B/1/28, Superintendent's Out-letter Book Nov 1915-May 1918.

¹⁵ Perhaps this was because, as it was Dr Baker's last year as superintendent, he decided to limit his bureaucratic responsibilities. After October 1891, Dr Baker seems not to have written any letters.

¹⁶ A/3/1/11, Annual Report 1894; B/2/10, Secretary's letters 1901.

¹⁷ K/18/2/1 Male Patient Correspondence 1923-1926; K/18/2/2, Female Patient Correspondence 1923-1926.

An investigation of who wrote the letters (table six) shows that superintendents varied markedly in the amount of letter writing they did.

<i>Date</i>	<i>Retreat Staff</i>			<i>Total</i>
April 1891	Dr Baker 35	Dr Hind 68	Dr Pope 19	122
April 1901	Dr Pierce 37	Dr Kemp 7	One illegible	45
April 1911	Dr Pierce 15	Dr Kemp 9		24

Table 6 Authorship of Letters Written

Dr Baker wrote less than 30 per cent in April 1891, whereas Dr Pierce wrote over 75 per cent in 1901, and over 60 per cent in 1911. While it is possible that Dr Pierce decided to take on more administrative duties, it is worth noting that the number of letters actually written by each superintendent was roughly the same. During April 1891 Dr Baker was also ill for a few days and the assistant medical officer Dr Hind wrote on his behalf.¹⁸ Interestingly, later in 1891 Dr Baker's letters appeared to be signed in his name, but it is clear from the handwriting and signature style that they were actually produced by the assistant medical officer.¹⁹ The name of the superintendent was obviously so important that it needed to be forged.

The authorship of the letters represents, and perhaps helped construct, some complex hierarchies within the institution. Barbara Craig has argued that, in this period:

Documents contributed to the ongoing definition of groups, functions, and techniques within the hospital by expressing the terms of administrative relationships and by integrating the novel with the routine.²⁰

In the 1891 sample, the superintendent and both assistant medical officers wrote letters, with Dr Hind, the senior medical assistant, writing the most. Richard Russell argues that 'medical officers were sometimes doubling for the

¹⁸ See for example, B/1/1, 26 April 1891, letter from Dr Hind.

¹⁹ B/1/1, 12 Aug 1891, forged signature in a letter to Lunacy Commissioners. See also B/1/2, letter, 28 Jan 1892.

²⁰ Barbara L Craig, 'The Role of Records and of Record Keeping in the Development of the Modern Hospital in London, England and Ontario, Canada c. 1890-1940', *Bulletin of the History of Medicine*, 65 (1991), p. 385.

superintendent while being expected also to cope with extra clerical duties'.²¹ In 1901 and 1911 Dr Pierce and the female medical officer Dr Kemp wrote the letters. Dr Kemp's letters nearly all concerned female patients. Perhaps the other male medical officers recorded their letters elsewhere (for they are not preserved in archives) or there may have been gendered ideas about who should perform such clerical tasks.

However, letter writing was an important part of Retreat medical practice. Firstly, it is clear that, although there were additional members of staff such as secretaries and stewards, doctors had to deal with many daily bureaucratic responsibilities. For example, in the April samples there were a few letters, around 8 per cent, that were about non-patient matters such as arranging applications and interviews for job vacancies. About 30 per cent of the letters were to families and medical practitioners returning incorrectly filled out forms, responding to enquiries regarding the possibility of admission and arranging times for visits.²² The majority of the correspondence was between families and doctors concerning patients' conditions.

Andrew Scull argues that alienists:

Instead of welcoming efforts by outsiders to rid them of their administrative functions, so as to allow them to devote their full energies to the cure of patients, they fiercely resisted all such proposals, and insisted on burying themselves ever deeper in administrative concerns.²³

To an extent this may be true, but it was perhaps felt necessary that doctors take responsibility for bureaucratic details such as making sure legal forms were filled in properly. As Edward Renvoize has pointed out 'Medical superintendents were held accountable for everything within the confines of the asylum'.²⁴ More importantly, I would argue that through such letter writing doctors were able to construct and maintain relationships with families.

²¹ Richard Russell, 'The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century, with Special Reference to the West Riding Lunatic Asylum', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1988), vol3, *the Asylum and Psychiatry*, p. 305.

²² For example, forms, B/1/1, 7, 28 April 1891, letters from Dr Baker; vacancies, B1/1, 27 April 1891, letter from Dr Hind; B/1/13, 17 April 1901, letter from Dr Pierce; Admissions, B/1/13, 17 April 1901, letter from Dr Pierce; B/1/25, 3 April 1911, letter from Dr Pierce.

²³ Scull, *The Most Solitary of Afflictions*, p. 262.

²⁴ Edward Renvoize 'The Association of Medical Officers of Asylums and Hospitals for the Insane, the Medico-Psychological Association, and their Presidents', in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), vol 1, p. 62.

This is evident from the sheer number of families the doctors wrote to. For example, during April 1891, 39 patients were referred to in the letters, out of an asylum population of 185, which is over 20 per cent. Some patients' families received quite a lot of specific attention. Out of the 122 letters sent in April 1891, 62, 51 per cent, concerned just ten patients, each being referred to in two or more letters. This may be because letters often referred to problems that were happening to the patient. For example, there were six letters between Dr Baker, the Lunacy Commissioners and the relatives, concerning the transferral of one patient Miss S.²⁵ Yet certain relatives, for no clear reason, seemed to warrant or demand more attention than others. For instance, Dr F. was written to on a regular basis about the condition of his wife. Dr Hind wrote ten times between the 16 and 30 April 1891, often reporting no change.²⁶ It is not clear why Dr F. received such attention. Perhaps it was because he was a medical man or because he was a wealthy customer. However, in one of only two letters recorded that Dr F. sent to the Retreat in April 1891 he asked for a reduction in costs.²⁷

Letter writing could also be an important part of doctors' relationships with patients. In the last chapter we saw that writing case notes helped to construct relationships with the patients. Letter writing might have done the same. In his reflections upon eighteenth-century mercantile letters, Toby Ditz argues that 'letters did not simply report experience, they constituted it'.²⁸ Doctors on their rounds may well have been thinking about queries in the letters they had received, or they may have been looking out for improvement or decline and details that could be communicated to friends and relatives. Patients may have behaved and spoken in particular ways in the hope that this would be documented or passed on to their relatives. Through such correspondence, for instance, Miss S's family learned that she believed that 'she had trained to be a

²⁵ B/1/1, 2, 7, 15, 23, 27, 28 April 1891, letters from Dr Baker.

²⁶ B/1/1, 1, 6, 7, 18, 20, 22, 23, 24, 27, 29, 30 April 1891, letters from Dr Hind.

²⁷ C/2/20 Bound Volume of Incoming Correspondence June 1890-Aug 1891, 20 April 1891, letter to Dr Baker.

²⁸ Toby L Ditz, 'Formative Ventures: Eighteenth Century Commercial Letters and the Articulation of Experience', in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), p. 63.

nurse', and Mr D's relatives became aware of all the lawyers that he was seeing in an attempt to establish that he was being wrongfully confined.²⁹

How did doctors represent themselves in epistolary relationships with friends and family? Like annual reports, letters were sent to diverse audiences. They were more personal and less formal, but still involved publicly representing the Retreat and the medical profession. It is unlikely that doctors received specific training on letter writing but instead they probably learnt from each other. As John Crammer observed, 'the asylum doctor learned on the job, or from his senior if any, and he could read books and journals'.³⁰ Because the letters were in copybook form, the doctors could also have seen letters written by previous doctors.

Barton and Hall propose that:

Often people identified a distinct divide between two sorts of letters, personal letters and official letters, and this is the most common distinction in typologies of different sub-genres of letter.³¹

In the Retreat doctors often incorporated both styles of letter writing into their correspondence and presented personal and professional identities. The doctors also had their own personal styles and ways of representing themselves. Dr Pierce's letters, like his annual reports, were longer and more anecdotal, whereas Dr Baker's were brief and formal, full of such phrases as 'In accordance with your request I herewith send you the paper you ask for'.³² The doctors, especially Dr Pierce, often wrote to relatives on familiar and friendly terms. Occasionally, letters made a reference to the welfare of patients' families; one letter from Dr Pierce began, 'I am sorry to hear you are not well'.³³ In one instance, Dr Pierce even wrote about his own family, commenting about his holidays and his children's whooping cough.³⁴ Doctors were likely to have been familiar with patients' families; they may have known them through the Society

²⁹ B/1/1, 11 April 1881, letter from Dr Hind and B/1/13, 4 April 1901, letter from Dr Pierce.

³⁰ J. L. Crammer, 'Training and Education in British Psychiatry, 1770-1970', in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, p. 213.

³¹ David Barton and Nigel Hall, 'Introduction', in David Barton and Nigel Hall (eds), *Letter Writing as a Social Practice* (Amsterdam/Philadelphia, 2000), p. 3.

³² B/1/1, 23 April 1891, letter from Dr Baker.

³³ B/1/13, 3 April 1901, letter from Dr Pierce.

³⁴ B/1/13, 15 April 1901, letter from Dr Pierce.

of Friends and had probably had discussions with them regarding patients' admission. Roy Porter has suggested of nineteenth-century doctors that,

At its best, it was a system in which the doctor became a trusted family friend and, like the priest or pastor, a pillar of the community. Care, courtesy and compassion were valued even though the doctor's medications could do little against the dysentery, scarlet fever, puerperal fever and pneumonia.³⁵

Anne Digby, however, has also noted that in the Retreat letters became more formal in the later nineteenth century, observing:

Rather than the informal and friendly letters between equals, with shared assumptions and values, that were so marked a feature of the correspondence between Friends, this correspondence suggested an economic relationship based on the provision of satisfactory services.³⁶

The letters in my sample, contained common institutional styles of writing. Just like the case notes, letters were full of stock phrases such as 'I am sorry to say', he or she 'has settled down' and 'no change to report'.³⁷ Another standard phrase came from the assistant medical officers; they often claimed to be writing on behalf of the superintendent. For example, 'I have been requested by Dr Baker to forward you forms' and 'Dr Pierce has asked me to let you know that Miss M. is laid up with an attack of bronchitis'.³⁸ This suggests that the medical officers subsumed their own authority under that of the superintendent and institution. This is not surprising. As Richard Russell suggests, 'the superintendent was regarded as personally responsible for all the work of recovery that went on in the asylum, if not as the single-handed champion for all that lunacy reform stood for'.³⁹

This tension between the official and personal can be compared with Philip Strong's reflections upon American medical practice. Strong distinguishes between the 'bureaucratized format' of public medicine and the practice of

³⁵ Porter, *The Greatest Benefit to Mankind*, p. 358. See also Chris Lawrence, 'Incommunicable Knowledge; Science, Technology and the Clinical Art in Britain, 1850-1914', *Journal of Contemporary History*, 20 (1985), p. 505; Roy Porter and Dorothy Porter, *Patients' Progress*, p. 123.

³⁶ Anne Digby, *Madness, Morality and Medicine: a Study of the York Retreat 1796-1914* (Cambridge, 1985), p. 103.

³⁷ B/1/1, 'sorry to say', 4 April 1891, letter from Dr Hind; 18 April 1891, letter from Dr Pope; 'has settled down', 11 April 1891, letter from Dr Hind; 17 April 1891, letter from Dr Hind; 'no change', 20 April 1891, letter from Dr Pope; 27 April 1891, letter from Dr Hind.

³⁸ B/1/1, 8 April 1891, letter from Dr Hind; B/1/25, 10 April 1911, letter from Dr Kemp.

³⁹ Russell, 'The Lunacy Profession', p. 304.

private care. He shows, for instance, that private doctors introduced themselves by name and emphasised their personal qualifications, whereas public doctors were more anonymous within the public sector. Strong argues that ‘the bureaucratic format granted doctors a generalized wisdom in comparison with the more individualised expertise that was sold to private patients’.⁴⁰ The superintendents seem to have represented themselves more along the lines of a private practitioner and institutional figurehead, again in line with their position in the annual reports. They were working for a private hospital where their individual skills, personalities and even religious beliefs were often of vital importance. However, they were also part of a bureaucratic institution, increasingly practising in line with other asylums and under the control of national bodies.⁴¹ The assistant medical officers, however, came across more concertedly as members of an institution working under the superintendent. These letters, thus support Michelle Perrot’s argument that, letters are ‘ “symbols of compromise” between the public and the private, the individual and the social’.⁴²

The Outside World and the Epistolary

Dr Lionel Weatherly in an 1894 article, ‘The Trials and Troubles and Grievances of a Private Asylum Superintendent’, argued that ‘the most difficult and worrying tasks, which to my mind is placed upon us, is in dealing with the relatives of some of our patients’.⁴³ In this section I investigate the practice of letter writing from the family and friends of patients to the Retreat doctors. I ask why, and in what forms, families wrote to the Retreat. I look at how through letters families constructed relationships with doctors and I argue that they regarded them in a variety of ways, ranging from seeing them as employees to treating them as confidants. I consider what relatives were prepared, or felt it

⁴⁰ Strong, *The Ceremonial Order of the Clinic*, p. 81.

⁴¹ Crammer, ‘Training and Education in British Psychiatry’, pp. 209-242; Kathleen Jones, ‘“Carrot and Sticks” The Law and Mental Health’, pp. 89-116; Trevor Turner, ‘“Not Worth the Powder and Shot”: the Public Profile of the Medico-Psychological Association, c. 1851-1914’, pp. 3-16 in German E. Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry, 1841-1991* (2 vols, London, 1991), vol 1.

⁴² Mireille Bossis, quoted in Michelle Perrot and Anne Martin-Fuggier, ‘The Actors’, in Michelle Perrot (ed), *A History of Private Life*, trans. Arthur Goldhammer (5 vols, London, 1990), vol 4, *from the Fires of Revolution to the Great War*, p. 132.

⁴³ Lionel Weatherly, ‘The Trials and Troubles and Grievances of a Private Asylum Superintendent’, *Journal of Mental Science*, 40 (1894), p. 349.

necessary, to reveal about their family lives. I also develop arguments about how doctors practiced a mediating role through correspondence. In addition, I briefly use family correspondence to and from a patient, Ben Adam, whose case is explored in the penultimate chapter, in order to examine some of the ways in which family relationships were played out through the epistolary.

Most historical investigations of patients' relatives and psychiatry have focused on families' roles in committing and discharging patients. Andrew Scull has argued that in the nineteenth century families often resorted to disposing of their relatives in asylums because they were unable to care for them due to factors such as long working hours and work far away from home.⁴⁴ Many historians have challenged this argument. John Walton, who has investigated the impact of the asylums in mid-nineteenth century Lancashire, has argued that such a shift was not universal, highlighting areas such as small towns and industrialised villages where strong kinship networks continued to operate in the care of the insane. Walton has also noted that it was not those who Scull defined as 'inconvenient people' who were incarcerated, but 'impossible people', those who were violent, alcoholic and suicidal and strongly disrupted family life.⁴⁵ Charlotte Mackenzie has shown how madness was a different experience for wealthy families who had more options available, often only confining relatives to the private asylum as a last resort.⁴⁶ However, David Wright, in his investigation of the confinement of 'idiot' children in Victorian England, has argued that asylums increasingly became seen as an effective solution for all classes and that 'families strategically used asylums for the care, control, and treatment of dependent family members'.⁴⁷ Wright notes that families used

⁴⁴ Andrew T. Scull, *Museums of Madness: the Social Organization of Insanity in Nineteenth-Century England* (1979; repr. Harmondsworth, 1982). See also Andrew Scull, 'Museums of Madness Revisited', *Social History of Medicine*, 6 (1993), 3-23.

⁴⁵ John Walton, 'Lunacy in the Industrial Revolution: a Study of Asylum Admissions in Lancashire 1848-50', *Journal of Social History*, 13 (1979), 1-23; J. K. Walton, 'Casting Out and Bringing Back in: Victorian England Pauper Lunatics, 1845-1870', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (London, 1985), vol 2, *Institutions and Society*, pp. 132-146.

⁴⁶ Charlotte Mackenzie, 'Social Factors in the Admission, Discharge and Continuing Stay of Patients at Ticehurst Asylum, 1845-1917', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (London, 1985), vol 2, *Institutions and Society*, pp. 147-174.

⁴⁷ David Wright, 'Family Strategies and the Institutional Confinement of "Idiot Children" in Victorian England', *Journal of Family History*, 23 (1998), p. 191. See also David Wright, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10 (1997), 137-155.

asylums more actively than Scull proposed. This is again highlighted by Mark Finnane who perceives the asylum as an 'arbiter of social and familial conflict'. He suggests that:

It is obvious ... that there is little place for the notion of an 'innocent' family, working class or other, being forced by the separation of work and home to acknowledge its inability to support incapacitated 'dependents' or 'deviants'. The likelihood is quite otherwise: that so often it is the history of familial relations, which is essential to appreciating the decision to commit.⁴⁸

Scholars have also begun looking at the roles of relatives once patients were in the asylum. They have shown that patients were not simply left at the mercy of the doctors. Mackenzie argues that families of many Ticehurst patients continued to exert a strong influence over how their relatives were treated; Mary Ellen Kelm makes similar claims for relatives of women patients in early twentieth-century British Columbia.⁴⁹

In this section, rather than focusing upon familial roles in committal and discharge, I look specifically at the practice of family members' letter writing to the Retreat. To explore this, I use similar records to those for outgoing correspondence. I have been able to look at some incoming letters from the months of April 1891 and 1901. There are no records for 1911; as mentioned earlier, later records seem to have been catalogued under separate patient files. Instead I examine the incoming correspondence of April 1881.⁵⁰

These records were archived differently from the outgoing correspondence. Most of the letters were loose, divided into correspondence for separate months and placed in boxes. Some of these unbound letters were grouped together and indexed by name and topics on a monthly basis. Other letters were bound up in books. For example, in 1891, 204 letters were loose and 22 bound. It is not clear why certain letters were treated differently. The topics

⁴⁸ Mark Finnane, 'Asylums, Families and the State', *History Workshop Journal*, 20 (1985), pp. 135, 137.

⁴⁹ Charlotte Mackenzie, *Psychiatry For the Rich: a History of Ticehurst Private Asylum, 1792-1914* (London, 1992), p. 2; Mary Ellen Kelm, 'Women Families and the Provincial Hospital for the Insane in British Columbia', *Journal of Family History*, 19 (1994), 177-194.

⁵⁰ C/1/74, Incoming Correspondence 1881; C/1/84, Incoming Correspondence 1891; C/2/20, Bound Volume of Incoming Correspondence June 1890-Aug 1891; C/2/21, Bound Volume of Incoming Correspondence July 1892-April 1892; C/1/94, Incoming Correspondence 1901; C/1/97, Incoming Correspondence 1915-1925. I have looked at surviving correspondence from April 1921, but again these were predominately concerned with non-patient issues like product advertisements, receipts and invoices.

and often the authors of bound correspondence were the same as those of the loose letters. The archivist's report suggests that the bound volumes were kept in the superintendent's or the secretary's office.⁵¹

Many families sought to keep in contact through letter writing. They wrote many more letters to the Retreat than they received (Table 7). For example, in 1891 there were 2204 incoming and 953 outgoing letters. This would have created much reading for the superintendents and doctors – another time-consuming bureaucratic responsibility.

<i>Year</i>	1881	1891	1901
<i>Letters</i>	1619	2204	1099

Table 7 Number of Letters Received

However, as will be shown, some of these items were telegrams, and there was not the equivalent outgoing correspondence. Moreover, many letters were routine notes of fee paying that required no reply or just a receipt from the secretary. The number of letters received each month therefore varied (Graph 18). The total for April 1881 and 1891 were some of the highest because they both included over 50 letters concerned with payment.

Many more families also wrote to the Retreat than received letters. Taking April 1891, there were 109 different families sending letters, representing 60 per cent of the patients. Not all of these concerned patients already resident as some were enquiries for vacancies. However, it does suggest that a wide range of patients' relatives were in regular contact with the Retreat doctors. As we saw in the outgoing correspondence, there were several families that were in frequent contact with the institution. Thirteen families, which represents about 7 per cent of the Retreat population, sent three or more letters in April 1891.⁵² These letters were generally concerned with events that were happening to the patient such as illness and with arranging visits.⁵³ However, one relative wrote extensively to the Retreat about day-to-day issues. In April 1901, Mrs B., who was a well-

⁵¹ Katherine Webb, *The Retreat Archives* (Unpublished archive report, 2002).

⁵² C/1/84, see for instance letters concerning patient Mr S., 8,20,21,23 28 April 1891, letters to Dr Baker.

⁵³ C/1/84, illness, 3, 5, 6, 21 April 1891, letters and telegrams to Dr Hind and arranging visits, 6,7,9,16, 20, April 1891, letters and telegrams to Dr Baker.

connected woman, wrote regularly to Dr Pierce expressing a variety of concerns, ranging from requests that her husband be taken out for drives a couple of times a week, to asking for advice about her daughter's marital prospects.⁵⁴

What was the purpose of such letter writing? While letters were often functional, regarding bill payment, travel arrangements and so on, it is clear that they were also an important way for families to remain in contact both with the institution and with patients. Indeed, many of the routine letters about payment had extra requests for information about the health of relatives or for a breakdown of the bill.⁵⁵ Roger Chartier has argued that,

The regular and obligatory letter demonstrates to everyone on each occasion the existence of a community that is constantly given form in the request for services, the reciprocal errands, whether of a material or sentimental kind, and the fulfilment itself, whether emphasized or solicited, of the undertaking to exchange letters.⁵⁶

Scholars have shown that writing can help create and maintain an idealised 'symbolic family'.⁵⁷ Alain Corbin has noted that in the nineteenth century 'visual contact became more important than physical contact' because many middle-class families were separated from each other at boarding schools, in the colonies or through general migration.⁵⁸ While letters to the Retreat were not directed to family members, they constructed, demonstrated and maintained a variety of family bonds and concerns. They would also have acted as a way of constructing and developing relationships with the doctors, connecting and incorporating the doctors and institution into family life, and emphasising the

⁵⁴ C/1/94, 1, 3, 6, 8, 9, 11, 20, 22 April 1901, letters to Dr Pierce.

⁵⁵ C/1/84, for example, payment, 10 April 1891, letter to Dr Baker; 19 April 1891, letter to Dr Baker.

⁵⁶ Roger Chartier, 'Introduction: an Ordinary Kind of Writing, Model Letters and Letter-Writing in Ancien Régime France', in Roger Chartier, Alain Boureau and Cecile Dauphin (ed), *Correspondence: Models of Letter-Writing from the Middle Ages to the Nineteenth Century*, trans. Christopher Woodall (Cambridge, 1997), p. 19.

⁵⁷ See Elizabeth Beuttner, 'Parent-Child Separations and Colonial Careers: the Talbot Family Correspondence in the 1880s and 1890s', in Anthony Fletcher and Stephen Hussey (eds), *Childhood in Question, Children, Parents and the State* (Manchester, 1999), p. 118; John R. Gillis, *A World of Their Own Making: Myth, Ritual and the Quest for Family Values* (Oxford, 1997), pp. 77-80.

⁵⁸ Alain Corbin, 'Backstage', in Michelle Perrot (ed), *A History of Private Life*, trans. Arthur Goldhammer (5 vols, London, 1990), vol 4., *from the Fires of Revolution to the Great War*, p. 465. See also Gillis, *A World of Their Own Making*, p. 72; Michelle Perrot and Martin-Fugier, 'The Actors', in Michelle Perrot (ed), *A History of Private Life*, trans. Arthur Goldhammer (5 vols, London, 1990), vol 4., *from the Fires of Revolution to the Great War*, p. 132.

correspondents' involvement in the life of the patient and in the community of the Retreat.

The superintendents seem to have been at the centre of such relationships. Table 8 shows that the majority of the correspondence, over 50 per cent in 1891 and over 80 per cent in 1901, was written to the Retreat superintendents. This may be an underestimate as it is difficult to ascertain whom some of the letters were addressed to. Some letters merely began 'Dear Sir'. Such formality links in with arguments from the last section about how some relatives had a formal business-like relationship with the institution. This was especially the case during Dr Baker's superintendence, again suggesting that his relationship with relatives was more official than Dr Pierce's. However, the form of the correspondence also reflects the familiar relationship between Quakers and the superintendent and changing religious character of the Retreat. Twenty-seven letters in 1881 (17 per cent) and only 15 (7 per cent) in 1891 used the term 'Dear Friend', which was a standard form of address between Quakers.

<i>Date</i>	<i>Retreat Staff</i>					<i>Total</i>
April 1881	Baker 69	Woods 5	Anon 87			161
April 1891	Baker 116	Hind 17	Pope 17	Woods 26	Anon 50	226
April 1901	Pierce 68	Anon 14				82

Table 8 Addressee of Incoming Correspondence

These letters provide many clues to family relationships and family letter writing, but they are also frustrating. It is often difficult to determine who wrote them and what patients they were related to. Signatures were often illegible and authors often asked after 'my son' or 'my wife' without giving their full name. It is possible to determine whom the letters concerned in only 29 per cent of my sample (Graph 19). Strikingly, however, siblings were the relatives most likely to write, with marriage partners being the second most likely. Leonore Davidoff, notes that 'siblings have been key links in patterns of migrations, for gaining

access to housing, waged work and support of all kinds'.⁵⁹ This also suggests that parents were either deceased or too old to deal with the correspondence and administrative problems. However, more parents wrote concerning their children than vice versa. To an extent this reflects the age structure of patients admitted to the Retreat. The majority of admissions were from people 'in young adulthood or early middle age'.⁶⁰ During Dr Baker's superintendence, for instance, only 11 per cent of the Retreat's admissions were over 65 years.⁶¹ The section labelled 'other' includes people writing about their in-laws, cousins, nieces, nephews, friends and neighbours. This indicates that, at times, the extended family and local community took responsibility for the residents' well-being, reflecting extensive nineteenth-century kinship networks of uncles, aunts and cousins.⁶²

Some of the letters were also written on behalf of others. For example:

My husband wishes to me to write and ask you how Mrs D. his sister is ...
My husband is her favourite brother and since she lost her father seems to look for him to help.⁶³

My father wishes me to forward you the enclosed cheque – he has been hoping for several days past to get an answer to the enquiry as to my sister.⁶⁴

Women and children wrote most of these letters. Gillis has emphasised how, in the nineteenth-century bourgeois family, women were considered mainly responsible for maintaining family relations and friendships through letter writing.⁶⁵ In the examples cited above, like the medical assistant in the last section, the authors subsumed their own identities under that of an authoritative head of household. However, it is very possible that they were expressing their own concerns while using the authority of another person. For instance, in the last example the author may actually have been more concerned with news of the patient than the father, but by using his name he or she was able to request news indirectly and rely upon the father's authority (perhaps as fee payer or person

⁵⁹ Leonore Davidoff, *Worlds Between: Historical Perspectives on Gender and Class* (Oxford, 1995), p. 206.

⁶⁰ Digby, *Madness, Morality and Medicine*, p. 176

⁶¹ Digby, *Madness, Morality and Medicine*, pp. 176-177.

⁶² Davidoff, *Worlds Between*, pp. 214-216.

⁶³ C/1/84, Box 1, 7 April 1891, letter to Dr Baker.

⁶⁴ C/1/84, Box 1, 16 April 1891, letter to Dr Baker.

⁶⁵ Gillis, *A World of Their Own Making*, pp. 77-78, 87.

who signed the petition) to gain a response. Equally, as with the first example, a relative could use someone to champion his or her cause. The description of how 'my husband is her favourite brother' would sound rather self-aggrandising if it had come from the husband. Both these examples also show that letters were often a cooperative effort and also suggest that replies would be passed around and shared among family members.⁶⁶ Letters were even occasionally written in the first person plural:

You may think we have been rather lazy sending the remittance ... We would prefer that my sister should not know we are here as she had so much to say against us going to see our brother.⁶⁷

The collective authority of this letter helped legitimate the request that the doctor deceive the patient regarding the family's whereabouts.

Whereas the outgoing correspondence survives only in copybook form, we can learn much about letter writing practices from the material properties of the incoming letters. As Jerome McGann comments of works of literature:

The physique of the 'document' has been forced to play an aesthetic function, has been made part of the 'literary work'. That is to say, in these kinds of literary works the distinction between physical medium and conceptual message breaks down completely.⁶⁸

The physical layout of letters varied slightly. The majority were written on plain writing paper, occasionally pink or blue, which varied in quality and size. Some were written on paper that had been torn in half, and others on expensive headed notepaper. Writing about nineteenth-century letter writing manuals Cecile Dauphin has proposed that:

Letters, in their purely material aspect, conveyed all the signs of recognizable social status. The franking, the envelope, the paper, the signature and the margins all served to mark out the correspondents in social terms. There were few manuals that did not devote most of their introduction to this symbolic language of social distinction.⁶⁹

This diversity of letters suggests that families varied in wealth and status. This range could also reflect differences in status given to doctors by families.

⁶⁶ For a similar argument see Earle, 'Introduction', in Earle (ed), *Epistolary Selves*, p. 7.

⁶⁷ C/1/84, Box 1, 24 April 1891, letter to Dr Baker.

⁶⁸ Jerome McGann, 'The Socialization of Texts', in David Finkelstein and Alistair McCleery (eds), *The Book History Reader* (London, 2002), p. 43.

⁶⁹ Cecile Dauphin, 'Letter Writing Manuals in the Nineteenth Century', in Roger Chartier, Alain Boureau and Cecile Dauphin, *Correspondence: Models of Letter-Writing from the Middle Ages to the Nineteenth Century*, trans. Christopher Woodall (Cambridge, 1997), p. 143.

As well as letters, there were lots of telegrams (over 100 in 1881), a few postcards and several memorandums. These were briefer and less formal in content and presented an easier and quicker alternative to the letter.

Memorandums were often used as covering notes for payments or in business correspondence. Telegrams generally concerned the arrival and transfer of patients. For financial reasons they were very short; ‘will arrive York patient very quiet’ or ‘can you receive a young lady patient aged twenty-seven’.⁷⁰

Halfpenny plain postcards were increasingly popular over the late-nineteenth century. Vincent notes that by ‘the year ending in March 1901, over 350 million cards were being distributed’.⁷¹ They were a cheap and efficient way to communicate brief messages and requests such as ‘are you in need of a good attendant’ or ‘Dear Sir I hope to be at the Retreat tomorrow at about 12 o’clock’.⁷²

What can these letters tell us about the types of relationship families constructed with the Retreat doctors? Firstly it is clear that many relatives regarded the doctors as employees, something that is less evident from the outgoing correspondence. Porter has noted that in nineteenth-century medical practice some wealthier clients continued to admit doctors ‘only by the tradesman’s entrance and [to] pay their bills appallingly late’.⁷³ In the Retreat, families attempted to establish such relationships in part through correspondence. The father of Alec A., whose case is explored in the next chapter, challenged the authority of the superintendent by threatening ‘I am confident that if I brought the matter before the committee they would agree with me. I must express my great dissatisfaction’.⁷⁴ As we saw in the first chapter, the superintendents could be made accountable to the Retreat committee. This clearly sometimes served to undermine the superintendent’s authority. Some families were also very demanding of the superintendent:

I am sending you today another lot of clothing, more will be sent soon. Will you see she wears her clothes a proper length of time, a reasonable amount of wear got out of them all. Keep her from cutting them up or

⁷⁰ C/1/84, Box 1, 2, 8 April 1891, letters to Dr Baker.

⁷¹ Vincent, *Literacy and Popular Culture*, p. 46.

⁷² C/1/84, Box 1, Oct 1891, letter to Dr Baker. On the rise of the postcard see Vincent, *The Rise of Mass Literacy*, p. 121 and Vincent, *Literacy and Popular Culture* p. 46.

⁷³ Porter, *The Greatest Benefit to Mankind*, p. 349.

⁷⁴ K/18/1/1, Correspondence Files of Patients, Surnames Beginning with A, 9 Nov 1906, letter from Alec A’s father to Dr Pierce.

altering them or giving them away. She has had tons of clothing within the last year, and where it is we don't know. Put in the boot where you think necessary. By no means give her spirits or wine of any description as she has been going into excess, a habit she ought to be broken out of. I await your report at your convenience.⁷⁵

In this case, the family was ordering the doctor around and prescribing a disciplinary approach to the patient's condition. Such a peremptory tone was not unique among the families of nineteenth and early twentieth-century asylum patients. Kelm observes that in British Columbia some husbands and fathers used their correspondence with the superintendent to offer suggestions about the care of the female patients.⁷⁶

As one can see from the above example, many relatives wanted as much information as possible, and wished to be involved in decisions affecting patients' lifestyles. Mrs B., for instance, was in regular contact with the superintendent concerning her husband's welfare. She wrote to Dr Pierce eight times during April 1901. She had very specific worries, asking that her husband regularly be taken out for drives and enquiring whether he managed to play billiards.⁷⁷ Some relatives went as far as to criticise medical treatment. In the following letter from 1891, there is some sense of disquiet about the well-being of one resident, and an assertion that the relative knew more about the patient than the doctors:

I was painfully struck on my last visit to York with my sister looking so physically ill and maybe she had lost flesh markedly and her appearance altogether was very different from when I last saw her before. I found her mentally better though I can hardly tell you how – but there was more ... reasonableness than before ... Though I believe that you and Dr Hind said you could report no improvement knowing her intimately as I do, little unconscious things would strike me that a stranger could not appreciate her speech as incoherent as it appears is quite intelligible to me – as I understand the allusions she makes which would puzzle others.⁷⁸

In this instance the relative chose to challenge both the doctors' physical care and their ability to judge mental improvement. However, that the relative was happy

⁷⁵ C/1/74, Box 1, 13 April 1881, letter to Retreat.

⁷⁶ Kelm, 'Women, Families and the Provincial Hospital for the Insane', pp. 179-80, 183.

⁷⁷ C/1/94, 11 April 1901, letter to Dr Pierce, see also two letters on 3 April and letters on 1, 3, 6, 8, 9, 11, 20, 22 April 1901.

⁷⁸ C/1/84, Box 1, 9 April 1891, letter to Dr Baker.

for the patient to continue to reside in the Retreat suggests that the family was not entirely displeased and was still able to trust the doctors.

A more complicated instance of conflict expressed through letter writing is the correspondence that occurred between the superintendent Dr Baker and the family of Elizabeth C., whose case is also explored in the next chapter. In October 1876 Elizabeth C's brother began by politely expressing his concerns:

From the tone of her letters she complains mostly of great weakness of limbs – want of strength but you can judge so much better from experience and knowledge as a medical man that I am anxious to hear your report.⁷⁹

The author expressed doubts, but showed respect for, and deferred to the experience of the medical superintendent. The next month Elizabeth C's sister complained about the medication she was receiving but then, having apparently caused offence, recanted:

I did not in the least mean to imply any want of confidence in your kindness, skill, or judgement and in all the touching representations which have been made to us, we have endeavoured to quicken in our own hearts, and in our sisters the most perfect reliance in your treatment.⁸⁰

Here 'kindness' was at least as important as 'skill' and 'judgement', reflecting traditional expectations of care and treatment. She also emphasised the care shown to the family, suggesting that the doctors' ability to inform and manage relatives was just as important as their attention to the patient.

The final letter to Dr Baker (the first that her brother, who signed the reception order, wrote), written after Elizabeth C. had left the Retreat, expressed some tension:

In reply to yours received yesterday morning I wish emphatically to say that no one has been asked or authorized by us to make a statement as that to which you refer, and I have not the least idea who is the writer of the said letter ... We cannot speak too highly of the kind attention, which you showed [sic] to us from first to last, and we sincerely believe that you wish to extend the same, to all those under your care, but our experience in regard to large institutions is, that it is impossible for each individual to obtain consideration and attention, more than in a very cursory manner.⁸¹

⁷⁹ C/1/70, Incoming Correspondence 1876, Box 2, 26 Oct 1876, letter from Elizabeth C's brother Jasper to Dr Baker.

⁸⁰ C/1/70, Box 2, 7, 13 Nov 1876, letter from Elizabeth C's sister Sarah to Dr Baker.

⁸¹ C/1/70, Box 2, 14 Dec 1876, letter from Elizabeth C's brother William to Dr Baker.

Clearly letter writing could also lead to confusion and misunderstanding. It is intriguing to think what the supposed allegations were. Although Elizabeth C's relatives indicated that they were unhappy with the treatment she had received, they were still polite and did not directly criticise the doctors, commending 'the kind attention, which you shewed [sic] to us from first to last'. Roger Chartier has argued that:

Prudishly couched in euphemistic terms, masked by the conventions of a timid epistolary language and strong social demands, emotions always hovered just beneath the surface.⁸²

The fact that they remained appreciative of the doctors may also have been because Elizabeth C's family were members of the Society of Friends and did not want to see a breakdown in relations with other members of the community. Her brother, for instance, offered 'kind regards to Mrs Baker and her sister also and Miss Woodhead'.⁸³ This suggests the creation of a personal relationship discussed in the first section.

The last letter also reveals a sense of self-blame on the part of the family. Charlotte Mackenzie, who has investigated the relationship between friends, family and doctors at the private Ticehurst asylum, notes that for middle and upper-class families the asylum was often used as a last resort, and accompanying such decisions was generally a feeling of stigma and guilt.⁸⁴ However, it was their decision to send Elizabeth C. to the Retreat and they also took an active role in deciding to transfer her to another place. As David Wright emphasises, families (especially middle-class ones) were able to use asylums strategically to admit, discharge and transfer patients to suit their own needs.⁸⁵ One family even asked for the Retreat to retain the patient for a longer period for the family's convenience:

Lastly my father wishes me to ask you if you can detain my brother a little longer in your Retreat until he is a little stronger, and better able to tackle the case himself.⁸⁶

⁸² Chartier, 'Introduction: an Ordinary Kind of Writing', p. 20.

⁸³ C/1/70, Box 2, 26 Oct 1876, letter from Elizabeth C's brother Jasper to Dr Baker. Miss Woodhead was the matron. A/3/1/9, Annual Reports 1870-1897, Annual Report 1875.

⁸⁴ Mackenzie, 'Social Factors in the Admission, Discharge and Continuing Stay of Patients at Ticehurst Asylum', and *Psychiatry For the Rich*. See also Patricia E. Prestwich, 'Family Strategies and Medical Power: "Voluntary" Committal in a Parisian Asylum, 1876-1914', *Journal of Social History*, 27 (1994), 804-818.

⁸⁵ Wright, 'Family Strategies and Industrial Confinement of "Idiot Children"', p. 191.

⁸⁶ C/1/84, Box 1, 20 April 1891, letter to Dear Sir.

By writing letters, doctors also constructed a powerful professional mediating position. Doctors intervened in relationships between families and patients. This can be seen with Dr Pierce's letters to Mrs B. about her husband:

It will be quite suitable for him to receive letters from relations but it will be well to avoid discussing his ailments or endeavour to explain away his peculiar ideas since most patients with morbid views of this kind become more convinced if argued with.

I feel quite sure that it is much better that Mr B. should not have any visitors ... As a personal rule it is found that persons recover quickest away from their relatives and there is good reason to think this will be so in Mr B's case.⁸⁷

Digby has commented upon how 'communications between families and patients at the Retreat was encouraged but only within a framework regulated by the therapist'.⁸⁸ Believing that he knew what was best for the patient, Dr Pierce appeared to be quite dismissive of the family's concerns and needs. In another example, Dr Pierce suggested that relatives pay more attention to the patient, commenting, 'He is now asking to see you again: perhaps one day you will manage to come over again'.⁸⁹ This is a quite pointed remark, clearly reminding them that they too had obligations to the patient.

Many relatives appear to have listened and obeyed such requests. Kelm found that 'while some families were definitely able to affect the treatment their women received, others deferred to the wishes of asylum staff and stayed away'.⁹⁰ Many Retreat families left decisions regarding visiting and writing to the discretion of the doctors:

I am much obliged to your advice as to writing her, I have done so and hope she may derive some benefit from it, if you find it does her any good I shall be pleased to often write to her, I will not write again until I hear the result from you⁹¹

Such decisions could cause the relatives great distress. The wife of Charles W. (whose case is explored in the final chapter) wrote:

⁸⁷ B/1/13, 6, 10 April 1901, letters from Dr Pierce.

⁸⁸ Digby, *Madness, Morality and Medicine*, p. 193.

⁸⁹ B/1/13, 4, 12 April 1901, letters from Dr Pierce.

⁹⁰ Kelm, 'Families and the Provincial Hospital for the Insane', p. 182.

⁹¹ C/1/84, Box 1, 7 April 1891, letter to Dr Hind.

It is an added trial for me to bear that you think I should not come to see him – it is so hard this real death in life and to feel that I am powerless to comfort or help him in any way.⁹²

By revealing such anxieties, however, it is possible that she wanted the doctor to relent and allow her to visit.

Through letter writing the doctors also became confidants. This more personal role perhaps reflected the way that the Retreat superintendent presented many of the characteristics of the private practitioner, as discussed in the last section. Many letters reveal the families distress at having to part with their relatives and to deal with their insanity. Insanity was a strange and largely unfamiliar condition. Relatives often expected the doctor to be able to deal with their problems and concerns. Many, for instance, were confused and unfamiliar with how mental institutions operated. One letter confessed such a lack of understanding:

I hope you will not think me so much trouble but I do feel the desire so long from one [illegible] to another. I should if you would be so kind be very glad to hear again at your earliest convenience do you think if I were to write to her that she could answer it –

I am yours respectfully J G.

I do not know the rules of the place is she allowed to write?⁹³

Kelm has shown how relatives often relied on the medical superintendent for advice on matters such as how they should care for their children in their wife's absence.⁹⁴ In one letter, Mrs B. revealed her concern about her family's welfare after her husband's committal and attempted suicide:

What amount of reward should I give the police man [who rescued her husband]? I must seem very ungrateful, but I find it so difficult to grasp the idea of my strong independent husband having been in danger ...

There was one other matter I would to ask you about – whether there be any reason why our children should not marry? My second girl is very pretty and winsome, and actually received a proposal? (of which W B [patient] knows nothing) last Xmas – but she refused – The next one I partly foresee might be more acceptable – Please tell me candidly oh' it – be-discouraged [sic]. Dr Clouston told me at Xmas that ones children might marry into healthy families, but I don't know if recent circumstances alter the case. I wish I could have seen you to ask this.⁹⁵

⁹² C/1/78, Incoming Correspondence 1884-5, Box 3, 9 Dec 1884, letter from Charles W's wife to Retreat.

⁹³ C/1/74, Box 1, n.d. April 1881, letter to Dr Baker.

⁹⁴ Kelm, 'Women, Families and the Provincial Hospital for the Insane', pp. 186-87.

⁹⁵ C/1/94, 8 April 1901, letter to Dr Pierce.

Mrs B. was in a vulnerable position. She depended on the doctors for assurance over the smallest of details and frequently wrote to the superintendent. At times even she was aware that her conduct was perhaps a bit excessive, ending one letter, 'Ps I have just recollected I wrote you a letter this morning'.⁹⁶ As a woman who had lost her 'strong independent husband', it is possible that she saw the superintendent as a replacement. But Dr Pierce was not the only male authority figure to whom she turned, she was also seeking guidance from the Bishop of Derry and, as mentioned in the last quotation, had previously discussed hereditary illness with the famous alienist, Dr Clouston.⁹⁷ To an extent she was able to turn her helplessness to her advantage. As a result of her requests she received regular replies and updates on her husband's condition, and was able to influence his environment. However, her final comment that 'I wish I could have seen you to ask this' indicates the limitations which she felt in the letter and reveals her discomfort in putting such personal thoughts and concerns onto paper.

Not only were doctors required to listen to and advise relatives, but they were also asked to be involved in family problems and disputes. One can detect disagreements between family and friends, and it seems that fractured relationships were played out through letter writing. For example, Mrs B. wrote to warn Dr Pierce about her sister-in-law whom she described as a narrow minded anti-vivisectionist. Under the separate paragraph marked 'private', she wrote:

Mrs C. [sister-in-law] resents his being in an asylum greatly, and believes most of his delusions to be true and thinks nothing too bad of asylums etc., consequently when she sees him, she questions and encourages him into conversations about himself – as to the effusive notion, for instance, she believes that attendants administer drugs in food and are all very cruel and rough.⁹⁸

Doctors were often asked to keep confidences and mediate between one member of a family and another. One letter stated, 'I must ask you to treat this letter as strictly confidential don't let either Mrs D. Dr R. or Wm [William] know you

⁹⁶ C/1/94, 3 April 1901, letter to Dr Pierce.

⁹⁷ Bishop of Derry, C/1/94, 11 April 1901, letter to Dr Pierce. For information on Dr Clouston see Allan Beveridge, 'Clouston, Sir Thomas Smith (1840-1915)', *Oxford Dictionary of National Biography* (Oxford, 2004) <<http://www.oxforddnb.com/view/article/38634>> (6 Aug 2005).

⁹⁸ C/1/94, 3, 20 April 1901, letter to Dr Pierce.

have got it'.⁹⁹ One patient's father attacked the patient's mother and included allegations of plotting and betrayal:

Willie [patient] wrote me to get out as soon as Mrs P. [patient's wife] had been there so she will do harm if she goes after him. She promised me she would not do so but you cannot believe her in any way. Willie got jealous of some Frenchmen she got to know at Brighton and he bolted off to York and left her, and it was a good job if he has nothing more to do with her as she is a perfect Fraud ... I shall have nothing further to do with her myself all she wants is to get my son for is to get hold of cash to start a Boarding House she has been to a hospital nurse at Liverpool but she now wants to start a House for boarders.¹⁰⁰

When residents remained for longer periods in the Retreat, relationships between families and doctors often changed and developed markedly over time. This is evident from looking at the correspondence between Dr Baker and Harry W-S., the stepson of Charles W. who was in the Retreat from 1884 to 1890. During this time Charles W's stepson dealt with most of the correspondence. Initially Harry W-S., probably in the novel position of head of the household, was rather deferential and also expected a lot of assistance from the superintendent. He often wrote rather apologetically:

Dear Sir

Am sorry was not able to acknowledge receipt of your kind note upon its receipt yesterday but was out of town until very late last night.

He freely confided personal details about his family's financial difficulties and relied on the superintendent for advice:

Should you think it would interest him to hear from any of us, shall be only too pleased to correspond with him, but will be entirely guided by what you may say.

Awaiting the favor of your further favors.¹⁰¹

He also asked (using a plural 'we') for the doctor to conspire with him to keep information from Charles W.:

I write to inform you that after May 13th our address will be 205 Coventry Road Small Heath, Birmingham instead of the address on this letter. We shall not let my father know of this change as we are very anxious that he should not know of our leaving our present house.¹⁰²

⁹⁹ C/1/74, Box 1, n.d., April 1881, letter to Dr Baker.

¹⁰⁰ C/1/74, 3 April 1881, letter to the Retreat.

¹⁰¹ C/1/77, Incoming Correspondence 1884 Box 2, 24 Sept, 31 Oct 1884, letter from Charles W's stepson Harry to Dr Baker.

¹⁰² C/1/78, Incoming Correspondence 1885, Box 1, May 1885, letter from Charles W's stepson Harry to Dr Baker.

Over time he seemed to become more secure and familiar with his stepfather's care. By 1887, for example, he was much more confident, though still appreciative, in his relationship with the superintendent:

I have to acknowledge with thanks your letter of the 2nd in reference to my father's state of health.

Painful as it is to all our family to hear of the gradual break up of one who is so near and dear to us, yet any news about him is full of interest to us at anytime. I note with satisfaction that he keeps cheerful and contented.

Thanking you again for your letter.¹⁰³

It is clear to see that through the practice of letter writing families created different and changing relationships with the Retreat and its doctors. In turn, it is also evident that the Retreat doctors performed a variety of roles for families, and that informing, reassuring and managing families through letter writing was an important part of medical practice.

* * *

I now want to move away from the role of doctors' mediation and to consider more concertedly the relationship between patients and families. Many relatives wrote to patients but unfortunately most of these letters have not survived. However, one resident, Ben Adam, kept many of the letters he received, from notable Quakers, friends and his immediate family, and these have survived among his papers.¹⁰⁴ Written between the late 1920s and the mid-1930s, they are later than other letters discussed in this chapter, but offer a unique opportunity to examine correspondence between patients and relatives.

John Gillis has noted that from the mid-nineteenth century family letters took on 'the novel symbolic dimension they have retained ever since, less valued for what they said as for the regularity of their exchange'.¹⁰⁵ Ben Adam attached great importance to the receipt of letters. He became annoyed when he did not receive them; once in his diary he wrote and underlined in red, 'No letters from anyone this week'. Just over a week later he added, 'letter from nurse Carroll on

¹⁰³ C/1/80, Incoming Correspondence 1887, Box 3, 5 June 1887, letter from Charles W's stepson Harry to Dr Baker.

¹⁰⁴ Ben Adam's understanding of his mental and spiritual crisis, alongside his propensity for filing and storing letters, is examined in the penultimate chapter

¹⁰⁵ Gillis, *A World of their Own Making*, p. 77.

behalf of Hospital staff because I am not getting any letters'.¹⁰⁶ Such distress reflected his separation from his family and friends. Christa Hammerle, who has investigated First World War family correspondence, notes that 'delays and interruptions of the postal service resulted in a feeling of insecurity that went much deeper and often led to conflict'.¹⁰⁷ On another occasion, Ben Adam showed how upset he was with his wife by returning her letter, noting 'had letter from MJW [his wife] this am which I returned unopened'.¹⁰⁸

The symbolic function of letter writing and the ideal 'symbolic family' that it created was evident in many of the themes that Ben Adam and his family and friends discussed. Letters were concerned with common polite and ritualistic topics such as the weather, asking after health and discussing birthdays and Christmas. The letters written during the build up to Ben Adam's daughter's wedding exemplify this very well. Despite Ben Adam's decision not to attend (instead his daughter visited him shortly afterwards), he was kept informed about all the arrangements and plans for at least six months before the occasion.¹⁰⁹ The prominence of the topic in family letters may partly have been because it was a comfortable and positive subject to discuss.

However, unlike Elizabeth Beuttner's study of the Talbot family correspondence between India and England, which showed how letters created a sense of family unity, Ben Adam's family exchanges did not always create an idyllic picture of family life.¹¹⁰ Many forthright exchanges of opinion took place. Ben Adam's letters were often rather self-absorbed and insulting, and his family responded in an offended manner. On one occasion his brother wrote,

I really cannot see what useful end it brings about to write such vituperative and abusive letters. I probably object to such letters much less than any one else you could write them to, but I also am human and do not like to be abused.¹¹¹

However, to what extent was this correspondence a normal example of family letter writing practice? Ben Adam was institutionalised for insanity, so perhaps

¹⁰⁶ K/17/2/25, Papers of Patient A.D (Ben Adam), 30 June, 10 July 1929, diary entries.

¹⁰⁷ Christa Hammerle, ' "You let a Weeping Woman Call You Home?" Private Correspondence During the First World War in Austria and Germany', in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), p. 158.

¹⁰⁸ K/17/2/25, 30 Oct 1930, diary entry.

¹⁰⁹ K/17/2/25, letters from Feb to June 1936.

¹¹⁰ Beuttner, 'Parent-Child Separations and Colonial Careers: the Talbot Family Correspondence', p. 118.

¹¹¹ K/17/2/25, 11 Dec 1929, letter from brother Henry to Ben Adam.

his 'vituperative and abusive letters' were actually mad letters. The next section will begin to ask what it meant to be writing letters from a position of incarceration and 'madness'.

The Mad and the Epistolary

On 22 November 1885, the Retreat patient Mrs B. wrote to her son Lindley:

My darling Lindley

I scarcely suppose you are allowed to have fireworks on the fifth of November, I saw no thing of any but we are a little way out of the city. Yesterday we could from the [illegible] window quite a large fire blazing, it must have been a heap of dry rubbish. I am glad you are fond of fairing in the games, there was such a number of little boys playing football in a moor which joins the grounds, they seemed to be so thoroughly enjoying themselves, many of them from their dress I judged belonged either to a school or church. We are having two Tennis grounds made one for winter another summer play. In a letter I received from Beatrice she tells me Auntie Beanie has invited her to spend the holiday with them. You must be looking forward to the holidays which will soon arrive. I am just now thinking of the thrill of pleasure; going home for the holidays bought me when at school. Oswald will be grown quite a little companion for you, you must write when you have seen them all. Tell me what progress Oswald and Lillian are making. I had quite a pleasant walk Saturday we passed through a becoming little village, nearly all houses have a few flowers in front and over most of them grows a clematis, which looks very pretty in the summer. With very much love from your mother
A. B.¹¹²

Sadly, Lindley never received this letter. Along with over 1000 other pieces of correspondence from residents (many of which were unopened) this remained in the Retreat, and has subsequently been preserved in its archives. Why they were never posted is not known. Perhaps the intended recipients did not exist, maybe the contents were presumed to be too distressing, irrelevant and nonsensical to be sent, or possibly the sheer volume of letters produced by individual patients made the cost of sending them prohibitive and the staff time required for reading them impractical. The Lunacy Commissioners report of 1876 considered that,

It is, we think, obvious that some restriction must be placed on the correspondence of persons of unsound mind. For, besides the necessity of avoiding, as a matter of treatment, the excitement and anxiety of epistolary discussions of topics of business or painful domestic events,

¹¹² K/17/2/27, Patients letters and papers c. 19-20 centuries, letter 22 Nov 1885.

many letters, written by patients, though perhaps coherent and intelligently expressed, are either indecent or libellous, or for other good reasons ought not to be forwarded to their destination.¹¹³

In this section I investigate the letters of patients.¹¹⁴ I will draw upon the above mentioned patient letters (which date from between 1884 to 1886 and 1929 to 1930) as well as some of the correspondence of Charles W., Elizabeth C. and Ben Adam whose cases are examined in more detail in following chapters. I want to ask whether there is such a thing as a Retreat patients' style of letter production, just as there was an institutional style of annual report production and medical letter writing. Higgs and Melling have argued that 'patients are often seen as a mass of particular instances rather than a group of people with a collective identity in receipt of the medical services that the system is geared to provide'.¹¹⁵ I argue that what patients wrote about was often linked to their specific circumstances in the Retreat and that the letters' material properties were influenced by the institutional context in which they were produced. I also ask whether we should categorise the letters as examples of 'mad writing'. I show how, despite the fact that many letters have institutional factors in common, in terms of their style and content, they are so diverse and varied that this may not be the most useful way of categorising them.

Comparisons can be drawn between my overview and Allan Beveridge's studies of patient letters from the Edinburgh Morningside Asylum between 1873 and 1908.¹¹⁶ I draw on his articles where similarities in subject matter are obvious. However, Beveridge concentrated on the contents of his letters, using them to explore patients' everyday engagement with the asylum regime and their understandings of mental illness, issues which I will explore in

¹¹³ 'Lunacy Commissioners Report 1876', quoted in James William Greig and William H. Gattie (eds), *Archbold's Lunacy and Mental Deficiency: Comprising the Lunacy Acts, 1890-1911, the Lancashire County (Lunatic Asylums and Other Powers) Acts, 1891 and 1902, the Mental Deficiency Act, 1913 and all the Statutory Rules, Orders and Forms in Force Thereunder, the Statutes Relating to Criminal Lunatics, the Lunacy (Vacating of Seats) Act, 1886, and the Asylums Officers' Super Annuation Act, 1899* (5th edn, London, 1915), p. 204.

¹¹⁴ Subsequent chapters will focus upon individual case studies and go into detail about specific instances of letter writing.

¹¹⁵ Edward Higgs and Joseph Melling, 'Chasing the Ambulance: the Emerging Crisis in the Preservation of Modern Health Records', *Social History of Medicine*, 10 (1997), p. 133.

¹¹⁶ Allan Beveridge, 'Life in the Asylum: Patients' Letters from Morningside, 1873-1908', *History of Psychiatry*, 9 (1998), 431-469; 'Voices of the Mad: Patients' Letters from the Royal Edinburgh Asylum, 1873-1908', *Psychological Medicine*, 27 (1997), 899-908.

other chapters. Instead I use the letters as a source in themselves, looking at their form as well as their content.¹¹⁷

As many of the letters I looked at had remained sealed, there was a quasi-archaeological thrill of being the first (second, if counting the authors) to examine their contents. Yet, it was not without ethical concerns that I asked archivists to open letters marked 'Private and Confidential',¹¹⁸ full of personal details intended for close friends and relatives, and containing comments that were at times unflattering to the authors and their families.¹¹⁹ It is therefore important to try and represent the letters in an honest and sympathetic way.

Initially I shall examine the themes that Retreat residents wrote about. Many of these relate to the fact that they were institutionalised for insanity, and as in the Morningside sample, many Retreat letters contained explanations of madness, delusions, protestations of sanity and complaints against staff and treatments.¹²⁰

Residents often concerned themselves with their immediate circumstances in the Retreat (discussed in detail in the next chapter). They often wrote about the doctors and staff at the Retreat. On occasions they wrote to them in affectionate, or deeply ironic, terms:

Dear Friend Dr Macleod

It was a pleasure to see thee looking, I think better and fitter than I have ever seen thee.¹²¹

In another instance, one patient reported:

We have a person calling himself the Sultan of Turkey or Doctor Macleod taking it on himself the authority to transfer anyone from here.¹²²

Such letters were perhaps a safer way of voicing frustrations than saying them to the doctor in person. On occasion writing seemed the only option as:

¹¹⁷ Unlike Beveridge's sample, the Retreat letters I look at were not inserted in case notes. This suggests (especially seeing as many were unread) that their contents are likely to be more general than those chosen by doctors for illustrative purposes.

¹¹⁸ K/17/2/27, 20 March 1886, letter from Charles W. to brother.

¹¹⁹ I have maintained author anonymity by using initials of author surnames.

¹²⁰ Beveridge, 'Life in the Asylum'; Beveridge, 'Voices of the Mad'. Beveridge also recorded affectionate letters between patients which I have not found in the Retreat.

¹²¹ K/17/2/26, Letters and Writings by Retreat Patients c. 1897-c. 1939, letter n.d.

¹²² K/17/2/26, letter 12 May 1926.

I cannot get an interview with you and you are not keeping me in the house a prisoner, although I am only a voluntary boarder you have no right to hold back my parole and lock me in.¹²³

As Beveridge argues, many patients were frustrated with the all too brief interviews they had with the doctors and resorted to writing to explain in more detail what they had wanted to say.¹²⁴

Residents also often referred to interactions with other patients:

Miss W. she is [illegible] her tongue never ceases. She is in the worst gallery there is. I obtained a deal of information from her she had a room opposite me when I first came. I have been locked up several times on her account she made me laugh.

Miss S. who came from London is moved from our room at night to sleep in another where they are stricter.¹²⁵

Such correspondence emphasises how patients were living in a community, and how they wished to share their experiences and normalise them to other members of their family. There is a sense of everyday gossiping going on.

Contact and engagement with the outside world was very important.

Many patients read the newspapers and were concerned about what was going on in the world. In two letters of May 1886 one patient declared:

Oh bless the Queen of Spain the Prince of Bulgaria and also that he may marry the lady he wishes-Oh bless the Home Rule question.¹²⁶

Oh bless the Women's suffrage bill which is to be read on the 8th of June which you "know" all about.¹²⁷

Many patients clearly missed those close to them. One resident wrote to Dr Baker, 'it is not life to live day after day year after year apart from all we love'.¹²⁸ Some residents, such as Charles W. and, according to his family, Ben Adam, wrote to their families almost entirely about themselves. Others tried to

¹²³ K/17/2/26, letter 4 Aug 1929.

¹²⁴ Beveridge, 'Life in the Asylum', p. 449.

¹²⁵ K/17/2/27, letter 26 May 1886.

¹²⁶ K/17/2/27, letters 1 May 1886. The Prince of Bulgaria Alexander 1867-1893. On 7 January 1886 *The Times* reported that anxiety had been reported because he was seeking to marry a German Princess. In the same month *The Times* also reported that a rumour had been circulating that the Queen of Spain had 'fallen ill and was suffering from mental aberration', *The Times* 7, 18 Jan 1886. Gladstone introduced the Home Rule Bill in April 1886, it was rejected in June 1886. See H. C. G. Matthew, 'Gladstone, William Ewart (1809-1898)', *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/10787>> (June 2005).

¹²⁷ K/17/2/27, letters 28 May 1886. On June 8 the second reading of the Women's Suffrage Bill was postponed, *The Times*, 9 June 1886.

¹²⁸ K/17/2/27, letter 10 Oct 1885.

maintain relations with those at home and keep up an awareness of what was going on. One resident was

Glad to learn from thee good accounts of all our children married across the ocean and their children: And our youngest daughter whom thou now hast at home.¹²⁹

Family discussions and arguments also took place on paper. As explored earlier, Ben Adam often fell out with his family. His letters could be ambiguous and shifting in tone:

My Dear wee anxious and careworn wife ...
Hence dearest wife – whom I would divorce without a wink, if you did not share my ideals, I know you do, the fear has blinded you for a while.¹³⁰

Patients often requested visits and various materials goods and regularly expressed their hope to be released:

I am sadly in need of some more clothes, will you please tell mother I shall be glad if she will send dressing gown, slippers, shirts shoes ... I hope to be out before Xmas ... I am wretched and unhappy having never heard or seen my friends since I came here. Please come as soon as ever.¹³¹

This letter conveys a sense of desperation and powerlessness. Many patients wrote asking to be rescued or released. One patient sent a brief note to the British Army, ‘Gentleman come and rescue me yours respectfully’,¹³² and another told how:

It is now 12 years since the Armistice, and such a release of a SANE man would be a “beau geste” I have no power, but of the pen. I feel well, sane, clothed and in my right mind. I hope you’ll see my love for my dear wife.¹³³

Such appeals as these show how residents used letters to seek help and to try to manipulate doctors and family members. Whereas the doctors’ and family letters looked at in the last two sections were rather reserved, patients’ letters were often very emotional. Residents sent such melodramatic lamentations as ‘Oh Sarah I am in distress, pain, agony’,¹³⁴ or expressed romantic aspirations such as:

¹²⁹ K/17/2/27, letter 27 Dec 1885.

¹³⁰ K/17/2/25, 25 Jan 1929, letter from Ben Adam to wife Mary Jane.

¹³¹ K/17/2/27, letter 26 Sept 1886.

¹³² K/17/2/26, letter 30 Jan 1930.

¹³³ K/17/2/26, letter 11 Nov 1930.

¹³⁴ K/17/2/27, letter n.d.

Well about 2 hours after your arrival, I had a bad accident-tumbled head over heels in love with you: it gets more intense every day, till the amount of sleep I get at night is painfully small.¹³⁵

Such emotions were doubtless heartfelt, but such letters also served specific purposes, such as inducing guilt, or eliciting sympathy and support from staff and relatives.

The residents' situation in the Retreat affected the material properties of the letters they sent and the practice of letter writing. Most correspondence was well presented and written on conventional writing or other plain paper. Such conventionality represented more than just aesthetic neutrality: it indicated the importance of maintaining propriety under difficult circumstances. Patients often lacked the paper, ink, pens, writing desks and cases that were considered essential to the social practice of letter writing.¹³⁶ Letters included requests for basic materials such as 'My dear father, will you be so kind as to send me some writing paper',¹³⁷ and 'Please remember me at thine earliest convenience! With a fresh supply of ink?'¹³⁸ Lack of paper was circumvented by using the common technique of writing down the side of and across the paper at a 90 degree angle and continuing the letter onto the envelope.¹³⁹ Other letters were written on alternative writing surfaces, such as the backs of newspaper sleeves or Retreat concert programmes (see Figures 3 and 5).¹⁴⁰

Anita Wilson, who has investigated modern prison letters, has noted similar features:

Prisoners write letters of inordinate length – it is not uncommon for me to see anything up to 15 pages of closely written text. The writing is concentrated, often with few paragraphs which are deemed an unnecessary waste of good writing space rather than any ignorance of linguistic convention. Few letters ever end before the last line of pages. Letters often include passages of emotional poetry, excessive language and highly decorative ornamentation and decoration. This extreme

¹³⁵ K/17/2/26, 16 Nov 1897. See also letters 14, 17, 18 Nov 1897.

¹³⁶ Nigel Hall, 'The Materiality of Letter Writing: a Nineteenth Century Perspective', in David Barton and Nigel Hall (eds), *Letter Writing as a Social Practice* (Amsterdam/Philadelphia, 2000), pp. 83-108.

¹³⁷ K/17/2/27, letter 13 July 1885.

¹³⁸ K/17/2/27, letter 9 Nov 1886.

¹³⁹ Examples of turning the paper around and writing down the side can be seen in seventeenth-century letters, Susan Whyman, '“Paper Visits”: the post-Restoration Letter as Seen Through the Verney Family Archive', in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), p. 18.

¹⁴⁰ K/17/2/27, Newspaper sleeve 4 June 1884. Newspaper 26 Sept 1885; Retreat Concert Advertisement 6 April 1885.

visualisation and personalisation of social correspondence cannot be judged by the diluted conventions of outside life.¹⁴¹

Patients in the Retreat similarly often wrote prolifically using limited resources. As mentioned earlier, the letters were often written in an intense emotional style. While none of the surviving letters were decorated, some included illustrations (Figure 4) and objects such as dried flowers and hair (Figure 5).¹⁴² Many Victorians collected and presented such trinkets to remind themselves of, or to, their relatives.¹⁴³ They were a physical (and in the case of hair, bodily) reminder to families of their existence.

Like other forms of institutional correspondence, such as military and prison letters, asylum letters could be legitimately read, censored and withheld from their intended recipients.¹⁴⁴ As Jann Matlock has argued 'whether it is reviewed and sent on, intercepted, or destroyed, all writing in the asylum is at risk'.¹⁴⁵ Some patients were well aware of such censorship. For example, Fanny S's letter to Miss I. was simultaneously addressed to Dr Baker. Charles W. gave his own sanction to what was likely to be inevitable, a busy superintendent delegating the reading of his correspondence. He wrote on the envelope of one of his letters to Dr Baker 'to be opened by his assistant'.¹⁴⁶

One of the most regular patient complaints was the way that the staff handled the letters. This, for instance, clearly and understandably distressed Elizabeth C.:

The cruelty of the hardship of not ever sending a letter except open for the inspection of the Doctor, and not even knowing that a letter so inspected has been kept back, except by the slowly growing conviction that only so can the non-result be accounted for.¹⁴⁷

¹⁴¹ Anita Wilson, ' "Absolutely Truly, Brill to See you": Visuality and Prisoners' Letters', in David Barton and Nigel Hall (eds), *Letter Writing as a Social Practice* (Amsterdam/Philadelphia, 2000), pp. 194-195.

¹⁴² Compare Beveridge, 'Life in the Asylum', p. 435. For consideration of patients drawings see Allan Beveridge and Morag Williams, 'Inside "The Lunatic Manufacturing Company": the Persecuted World of John Gilmour', *History of Psychiatry*, 13 (2002), pp. 33-44;

¹⁴³ Gillis, *A World of Their Own Making*, p. 77; Perrot and Martin-Fugier, 'The Actors', p. 263. Moreover, in my sample, it was female patients who added such inclusions, supporting the argument that in the late nineteenth century women predominantly created symbolic rituals through letter writing.

¹⁴⁴ F/1/1/1/4, Rules and Instructions for the Guidance of Attendants, Nurses, Artisans and Other Servants Employed at the Retreat York 1897.

¹⁴⁵ Jann Matlock, 'Doubling Out of the Crazy House: Gender, Autobiography and the Insane Asylum System in Nineteenth-Century France', *Representations*, 34 (1991), p. 169.

¹⁴⁶ K/17/2/27, 1 May 1886, 9 Oct 1885, letter from Charles W. to Dr Baker.

¹⁴⁷ Elizabeth C's letter, 1892, p. 20.

It is important to note that it was not just the doctors who censored and opposed letter writing. The family and other intended recipients often explicitly requested or insisted that letters were held back. Elizabeth C's sister also suggested that perhaps she had produced too many letters.¹⁴⁸ Another patient's relative requested that they should be able to censor the letters:

I wanted to ask you if it would be possible to send to me the letters she is in the habit of sending to various people as some that are sent cause us considerable pain. I would be glad if I could see them and send them on at my discretion.¹⁴⁹

Despite, or perhaps because of, such censorship, many patients attempted to influence and counteract such interference, and to control how their correspondences would be handled and read. Ben Adam, for instance, gave instructions as to how one of his letters should be opened:

When opening it do not break the seals, but cut it through at the edge, a whim which please excuse, but a terrible thing not to be believed and one looks round for every scrap of evidence that will ultimately confirm the truth of ones action and thought, the little seal "D" lies in my drawer and wd lie unnoticed, but it would fit the "D" on your letter and it lies in my drawer, and that is evidence. I cut it myself so again thanks greatly.¹⁵⁰

Ben Adam admitted these instructions were part of a whim, but by making such a request he was trying to remain in control of how the letter was received.¹⁵¹

Other patients were specific about who their letters were intended for and often marked the envelopes 'private'.¹⁵² Patients often tried to determine how the letters should be read once opened. To guide the reader, they carefully numbered pages and individual letters and employed techniques such as vigorous underlining (see Figure 2).¹⁵³

Residents also manipulated common letter writing conventions. Chartier has suggested that, because the Victorian bourgeoisie felt so comfortable with letter writing codes, they were often at liberty to play around with styles and

¹⁴⁸ C/1/70, Box 2, 22 Oct. 1876, letter from Elizabeth C's sister to Dr Baker.

¹⁴⁹ C/1/84, Box 1, letter 6 April 1891.

¹⁵⁰ K/17/2/25, 6 Oct 1930, letter from Ben Adam to Secretary Mr Burgess.

¹⁵¹ Such instructions even influenced me; unfortunately the directions were discovered shortly after I had asked for the sealed letter to be opened. The archival conservator, who like myself felt rather guilty and wanted to respect Ben Adam's request, tried to repair the broken seal.

¹⁵² K/17/2/27, 10 March 1886, letter from Charles W. to brother.

¹⁵³ K/17/2/27, letter n.d. On numbering letters see Jenny Hartley, ' "Letters are *Everything* These Days": Mothers and Letters in the Second World War', in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), p. 187.

January the 21st -

I was secretly pained, that my vehement endeavor to place
my position before two medical men today has of no
avail, & those two men frail by the Committee of the
"Friends" Society for alleviating as far as possible our mental
agonies, & surely if Dr. Webb felt it such a very
serious thing that a patient here should void his
feelings, he ought to be very careful not to forward them,
& it seemed a very ungracious thing to bring it forward
after the lapse of more than a year! It also appears

Figure 2 Letter with Underlining

words.¹⁵⁴ Patients similarly launched into their letters by omitting greetings, and elongating their correspondences by using PS's and PPS's. For example, Charles W. wrote in his letter to the superintendent Dr Baker:

PS Knowles said why did you not get out of the carriage the day we went to the station. I long to go then.

PPS Do you think my wife would live with me again, or do you think I should write to her.¹⁵⁵

He also added angry, yet still formal endings in his letters to his wife and others, such as 'I am your injured and enraged husband'.¹⁵⁶ However, because they came from the pens of patients, such textual manoeuvres may have been understood as indicative of madness.

Because patients in the Retreat were subject to the same regulations and developed certain types of relationships with doctors and families, they often had similar writing practices and wrote on similar subjects. To what extent then, can such letters be considered as representative of 'mad writing'? The term has been used in anthologised collections of writing that cover a wide range of texts, ranging from some that were understood as religious writings when they were originally produced, to recollections from patients who had fully recovered at the time of writing.¹⁵⁷ As I suggested in the introduction, employing a notion of 'mad writing' is problematic when thinking about such a wide chronological span and hugely different circumstances. Even the letters produced in the Retreat composed in a short space of time reveal there are some important distinctions that can be made. For example, should all letters be considered examples of 'mad-writing' because people who were defined or institutionalised as insane wrote them? Should the coherent, purposeful and appropriately self-reflective letters be given a reprieve, and only the delusional, illegible or confused texts be counted as 'mad writings'? By asking such questions am I not trying to define the author's state of mind on the basis of how and what they wrote? Rather I feel that the best thing to do is to investigate some diverse examples to highlight just how problematic the category 'mad writing' is.

¹⁵⁴ Chartier, 'Introduction: an Ordinary Kind of Writing', p. 19.

¹⁵⁵ K/17/2/27, Omitting greetings, letter 19 Sept 1885, letter from Charles W. to Dr Baker. Underlining, letter 21 Jan; PPS's, n.d, letter from Charles W. to Dr Baker.

¹⁵⁶ K/17/2/27, 4 Sept 1885, letter from Charles W. to wife.

¹⁵⁷ Dale Peterson (ed), *A Mad People's History of Madness* (Pittsburgh, 1982); Roy Porter, *A Social History of Madness: Stories of the Insane* (London, 1987); Roy Porter (ed), *The Faber Book of Madness* (London, 1991).

To begin to explore such difficulties, let us look at the following example:

Reverend Sir

My buggering endeavours to initiate interlocutory association bring for inexpressibly recalcitrant reasons, futile, I lousily venture to indict the inscrutability of the [illegible] entirely supreme medical staff and judiciary in concert with my brothers, who to the prejudice of law and order and incidentally my privy exchequer persist in maintaining a purportedly foolish boycott of my correspondence and dispensing with any matter of alimony—appraise you that I am owner of what manifests the claim of exhibiting an inexpressively unique mounted complication of Victorian used vermilion chromo print reproduced English penny postal print

Yours faithfully.¹⁵⁸

Was the author insane, clever, playful, or all three? He may have been trying to communicate his distress in the most formal and authoritative way that he could possibly manage, and was unaware that this was rather over the top. To me it seems that he was at least partly aware of how he was writing, and that his longwinded and pompous phrases reveal a satirical ironic humour that powerfully articulates his unhappiness. His use of a swear word was thus used deliberately to shock. He may also have felt more at liberty to play around with language and genres because he was considered insane and therefore had nothing to lose. Hélène Cixous and Julia Kristeva have proposed that madness produces liberated, transgressive and free language. Writing in celebration of the hysteric's discourse they declare:

There are structures characteristic of hysteria that are not neuroses, that work with very strong capacities of identification with the other, that are scouring, that make mirrors fly.

It remains enigmatic, setting the field of speech ablaze only to reduce it to cold ashes, fixing in this way a hallucinatory and untouchable jouissance.¹⁵⁹

The letter quoted above is certainly a rather poetic passage, but perhaps it is too constructed to be interpreted as such a free flowing escapist text.

¹⁵⁸ K/17/2/26, letter 1929.

¹⁵⁹ Hélène Cixous in Hélène Cixous and Catherine Clement, *The Newly Born Woman*, trans. Betsy Wing (Manchester, 1987), p. 155; Julia Kristeva, *True Real* (1979), in Julia Kristeva *The Kristeva Reader*, (ed.) Toril Moi (Oxford, 1986), p. 227. See also Julia Kristeva, *Black Sun: Depression and Melancholia*, trans. Leon S. Roudiez, (Oxford, 1989), p. 145; Susan Sellers (ed), *Hélène Cixous Reader* (London, 1991).

Some forms of 'mad writing' possess their own distinctive rationality. Despite the confusion and apparent incoherence of works written by people defined as mad, Roy Porter has argued that there is often an inner logic to texts that can be understood as products of their situation and times.¹⁶⁰ Louis Arnosson Sass similarly suggests that madness is a 'self deceiving condition, but one that is generated from within rationality itself rather than by the loss of rationality'.¹⁶¹ An illustration of the internal logic Porter referred to can be seen in one letter sent by a Retreat resident that included a rather novel gift of a throat lozenge (Figure 3). We should note at the outset, that it was common practice to include trinkets.¹⁶² That it was a lozenge also made its own sense, however, as in the letter the author commented, 'I have just three of those lozenges left you gave me'. Perhaps it was a request for some more. In addition, the lozenge was also engraved with the phrase 'Come to the point', which was clearly linked to repeated phrases in the letter such as 'come' scrawled across one page, 'come, come oh come' and 'come as soon as ever'.¹⁶³ Perhaps, this was a way of making the reader take notice and appreciate the desperateness of the request for a visit. Reflecting upon his own letter writing just after his mental and spiritual crisis, Ben Adam perceptively noted that there was often a reason behind strange inclusions:

I put in my parcel quite a number of things. Just exactly as the folk you speak of as mentally ill do, they have reasons for what they do, no doubt as I had. It was to be a parcel. My typing spectacles, a golf ball, and my little gum brush costing 1d. I sent to Dr Hadfield with my love, that in his hand he might use it to wipe out forever the blight, the stain the dishonour of a lunacy certificate; which was a figurative statement and the figure viz the brush enclosed.¹⁶⁴

The contents of many of the letters, while appearing confusing at first, often reveal certain preoccupations:

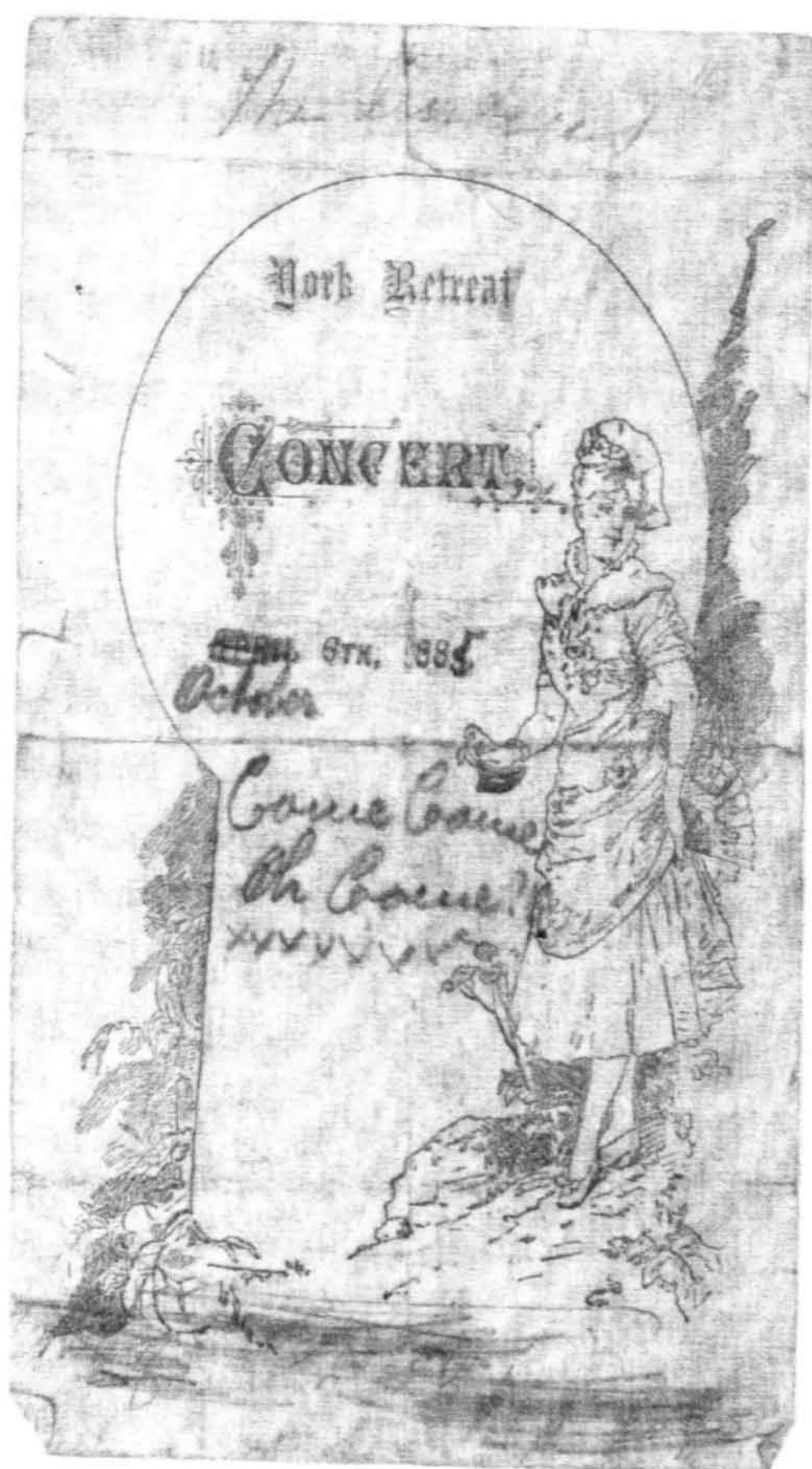
¹⁶⁰ Porter, *A Social History of Madness*, pp. 1-7.

¹⁶¹ Louis Arnosson Sass, *The Paradoxes of Delusion: Wittgenstein, Schreber and the Schizophrenic Mind* (Ithaca, New York, 1994), p. 12.

¹⁶² See p. 141.

¹⁶³ K/17/2/27, letter 26 Sept 1885.

¹⁶⁴ K/17/2/26, 24 May 1929, letter from Ben Adam.



My address -
 Miss L.
 40 Dr. Baker
 The Retreat
 York.

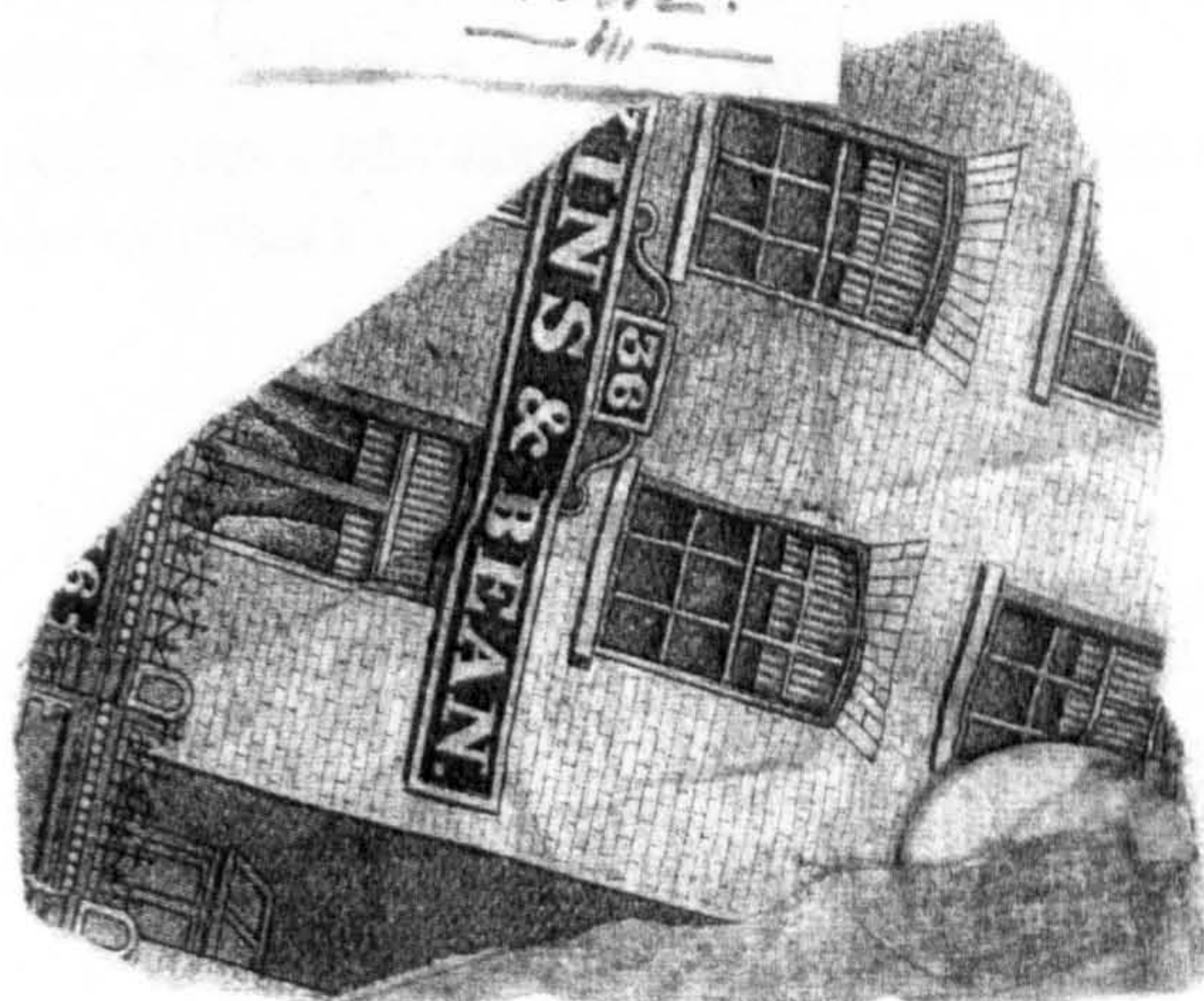


Figure 3 Letter Written on Retreat Concert Paper, Including a Throat Lozenge

I asked for [illegible] took a bottle of milk out it came/alas it was dirty, filthy water and distrayed [sic] ale ... Edward left England a drunkard ... Oh why did I accept mothers glass as “medicine” ... after mother glass everything went wrong Martha Manis a drunkard ... Brother and father, mother and sister, I ale my life, ale her relations, but two or three – thou would, ale.¹⁶⁵

Illness, alcohol addiction and family difficulties all surface within this text. It seems to have its own system of sense and logic. Another letter (Figure 4) with its drawings also has intriguing references to ‘not drinking up all the lager’, the Somme and meeting women in the war.¹⁶⁶ Other letters, however, seemed to be completely indecipherable:

1897652321 My dear ma I wish you were amused by a prayer book much
 9651985176 as I am for nearly breaking my fathers arm. London
 1234567890 [illegible] for eight years and should it make a mistake I
 198621890 will increase the numbers
 1234567890
 1981219876
 2345678901
 1987654322
 3469875432
 1987654398
 9769199198
 1010101900
1923456789
45923154129.¹⁶⁷

I am unable to offer any interpretation of this, but as Liz Stanley comments, decoding may be impossible because of,

‘Cultural ignorance’, a mere lack of knowledge of what the code might be ... By saying ‘I do not know’, something is known; by saying that the thing-in-itself is unknown and unknowable we render it knowable and indeed know something about it¹⁶⁸

This writing may have contained its own logic, but one that is not understandable to a general reader. Some writings were perhaps personal, private and inaccessible communications.

These are just a few examples of what I would consider different types of

¹⁶⁵ K/17/2/27, letter n.d.

¹⁶⁶ K/17/2/27, letter n.d.

¹⁶⁷ K/17/2/27, letter 29 May 1883.

¹⁶⁸ Liz Stanley, *The Auto/biographical I: the Theory and Practice of Feminist Auto/Biography* (1992; repr. Manchester, 1995), p. 43.



Figure 4 Letter with Drawing

‘mad writing’. The next chapters will illuminate other examples such as the letters of Charles W., who was consistently delusional, Alec A., who was knowingly satirical and Ben Adam, who showed immense self-awareness. While there are similarities in presentation, topics of discussion and perhaps a sense of shared identity through being institutionalised and defined as insane, I would argue that their texts are incredibly diverse. There are often so much more interesting things that can be said about such writings than just emphasising their ‘madness’.

* * *

Let us bring this chapter round full circle and look at doctors’ correspondence and relationships with a patient. How did doctors correspond with patients? There is a remarkable evidence of doctors’ epistolary relationship with one Retreat patient Eleanor W. Eleanor W. was not an ordinary patient; she spent most of her time away from the Retreat, being cared for by a succession of nurses in various nearby private houses in Whitby, Norbury and Scarborough. She was a ward of chancery and was transferred from St Andrew’s hospital in Northampton to the Retreat on the 31 March 1896. The assistant medical officer described her illness in weary tones:

To enumerate her various fads and fancies would be almost an impossibility, suffice is to say that almost everything and everybody in this world is unclean as she goes through an elaborate process of washing and cleaning which is to say the least marvellous.¹⁶⁹

Her case notes finish in 1904, when she was officially discharged, but she remained under the Retreat’s supervision at Scarborough until she died on the eighth of September 1911, aged 63.¹⁷⁰

It seems that Eleanor W. was a troublesome patient and difficult to look after. A letter from Dr Pierce to the solicitor who managed her finances remarked:

We have got over the wear and tear of flesh and blood to some extent by changing the nurses every three months. Though the nurses Miss W. has had, are paid more liberally and have some privileges and certainly have but little actual work to do. I have never known one who wished to take

¹⁶⁹ K/2/18, case notes 22 Oct 1892-30 March 1898, case 1888.

¹⁷⁰ K/2/18, case 1888; K/17/2/24, letters concerning Eleanor W. and Notice of Death 1911.

another 3 months. I have known several worn out, thoroughly discouraged.¹⁷¹

However, Eleanor W. had a rather playful relationship with Dr Pierce. On one occasion she wrote to him:

When are you coming to see us again? Not that we need a doctor! But there are things which only Pope Innocent Bedford I can decide respecting the lodge.

Dr Pierce signed his reply 'I remain yours Innocently'.¹⁷²

However, Dr Pierce often responded to many of Eleanor W's demands by treating her almost as a spoilt child:

I had heard that on Xmas day you to please yourself had your dinner in bed but the two ladies downstairs actually had their meals in separate rooms and this in order to please you and save a fuss. This kind of nonsense cannot be permitted ... I am also told that you are asking for new shoes, towels and other things this I have declined to allow ... You may think this letter severe in tone – but I have done my best to please, we have fallen in with your strange demands beyond all reason. The result has been a success but it has not added to your peace of mind and we feel our efforts have been wasted. So this must change.¹⁷³

This indicates the paternalistic role of the superintendent. This was a role that Eleanor W. was not entirely prepared to accept. She clearly tried to negotiate with the power structures of the Retreat. On one occasion, having been refused her request by Dr Pierce, she tried to win over the assistant medical officer, Dr Kemp:

Do you not remember when I was at W Villa allowing me to have my drawers out – sent back in a separate basket from my handkerchiefs, coats etc, This ought to have continued at each place I have been to. But I find it has not been done here – and Dr Pierce refuses now to have it done. You know that this is against my principles and he wants me to have my dresses sent back in the basket with the drawers – will you talk to him about it. And ask him that what was allowed in an asylum may be continued in my supposed home.¹⁷⁴

An undated poem that Eleanor W. wrote to Dr Pierce, shows her ambivalent relationship with the superintendent:

¹⁷¹ K/17/2/24, Report Respecting Proposed New Arrangements for Miss W. May 1903, letter from Dr Pierce to solicitor J H Simpson.

¹⁷² K/17/2/24, 3 July 1910, letter from Eleanor W. to Dr Pierce; 5 July 1910, letter from Dr Pierce to Eleanor W.

¹⁷³ K/17/2/24, 12 Jan 1907, letter from Dr Pierce to Eleanor W.

¹⁷⁴ K/17/2/24, 21 July 1908, letter from Eleanor W. to Dr Kemp.

Miss D. regrets!
Oh Dr Pierce I do so miss
The jelly fish and their sweet kiss!
Please may I Scarborough go?
I feel the Breezy Breezes flow

For I shall die without the sea
There tears you'd drop for poor dear me
Would it be possible the sea to bring
Into the field myself to fling
There indeed I could reverie and dive and lay

Already in York I've been pursued by the law
For the window being open, that's quite an old score
I slept through the policeman's noisy words,
Dreaming of walks of flowers of birds

I have a character for being content
So that now upon my complaints I've spent
I will try to be good and not so long
For the dear salt water the whole day long.¹⁷⁵

The nonsense format of this poem makes the request to visit Scarborough rather playful.¹⁷⁶ However, the emotional language suggests a serious and genuine desire. Scarborough was where she had been housed, but her account also reflects an idealisation of the seaside. John Walton, for instance, has described:

The consensually liminal nature of the Seaside, as 'place on the margin', where land and sea meet, the pleasure principal is given freer reign, the certainties of authority are diluted, and the usual constraints on behaviour are suspended, however provisionally.¹⁷⁷

This seaside would surely be an ideal place to escape to, yet in Eleanor W's description the jellyfishes' 'sweet kiss' is surely a sting, and the desire to fling herself into the sea can be understood not only as a enjoyable liberating experience but also as escape and possibly suicide. The third stanza reveals Eleanor W's beliefs that she was being persecuted. The crime of having the window open may again be seen as an attempt to escape. The policeman could also represent psychiatric authority. That she chooses to ignore him, however, implies that she can control such persecution. In the last verse Eleanor W.

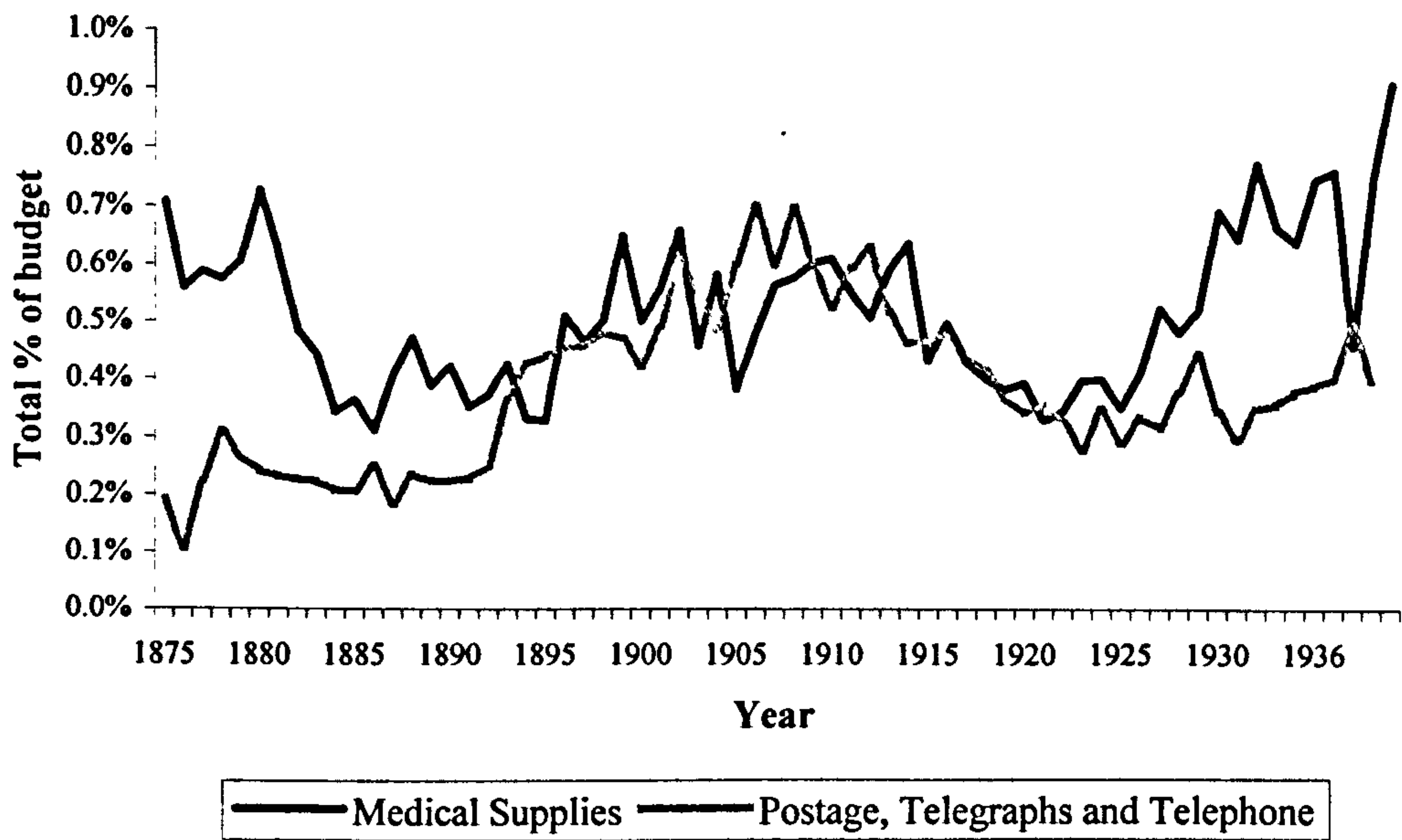
¹⁷⁵ K/17/2/24, n.d., letter from Eleanor W. to Dr Pierce.

¹⁷⁶ See for example, Jean-Jacques Lecercle, *Philosophy of Nonsense: the Intuitions of Victorian Nonsense Literature* (London, 1994). The relationship between nonsense literature and madness is considered in more detail in the next chapter.

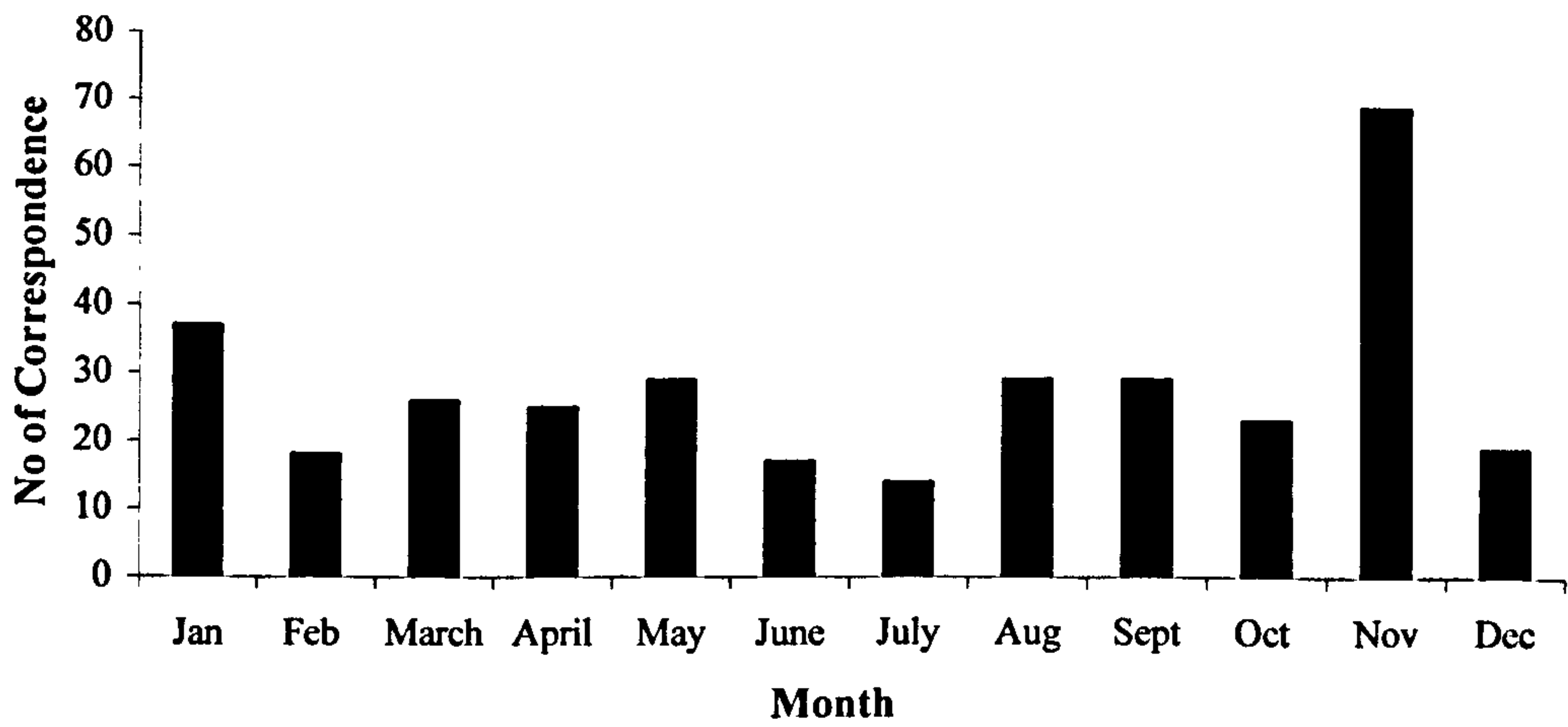
¹⁷⁷ John K. Walton, *The British Seaside: Holidays and Resorts in the Twentieth Century* (Manchester, 2000), pp. 3-4.

suggests that she is in control of her own thoughts and actions, and she promises to be good. She also resigns herself to not going to Scarborough – rather interesting considering that the whole nature of the poem is rather an appeal to allow her to go. This is also an ultimate concession that Dr Pierce is in control of what she can do. As we shall see in the next chapter, however, not all patients played along and conceded defeat.

Letter writing, like case note recording, was an important part of institutional and medical practice. Through it doctors represented both themselves and the Retreat. Letter writing also enabled them to develop and create roles for themselves in relation to patients' families. This was a two-way process as families often had clear expectations of what roles they wished the doctors to adopt. Letter writing was also a common way for families to remain actively involved with patients' care and the activities of the Retreat. Patient letter writing, like medical letter writing, was part of an institutional structure. It was developed out of being confined in an asylum, and led to the production of letters with similar styles, forms and even contents. Such letters can perhaps be defined as a 'literature of confinement'. To what extent this term is useful and whether patients' writings can be linked to other literature produced by asylum patients will be explored in the next chapter. The question also arises whether patient letters should be categorised as 'mad writing'. I have shown that labelling them as examples of 'mad writing' without at least exploring what this term means and breaking it down is problematic. Moreover, I have also suggested that 'mad writing' may not actually be the most useful category to employ.

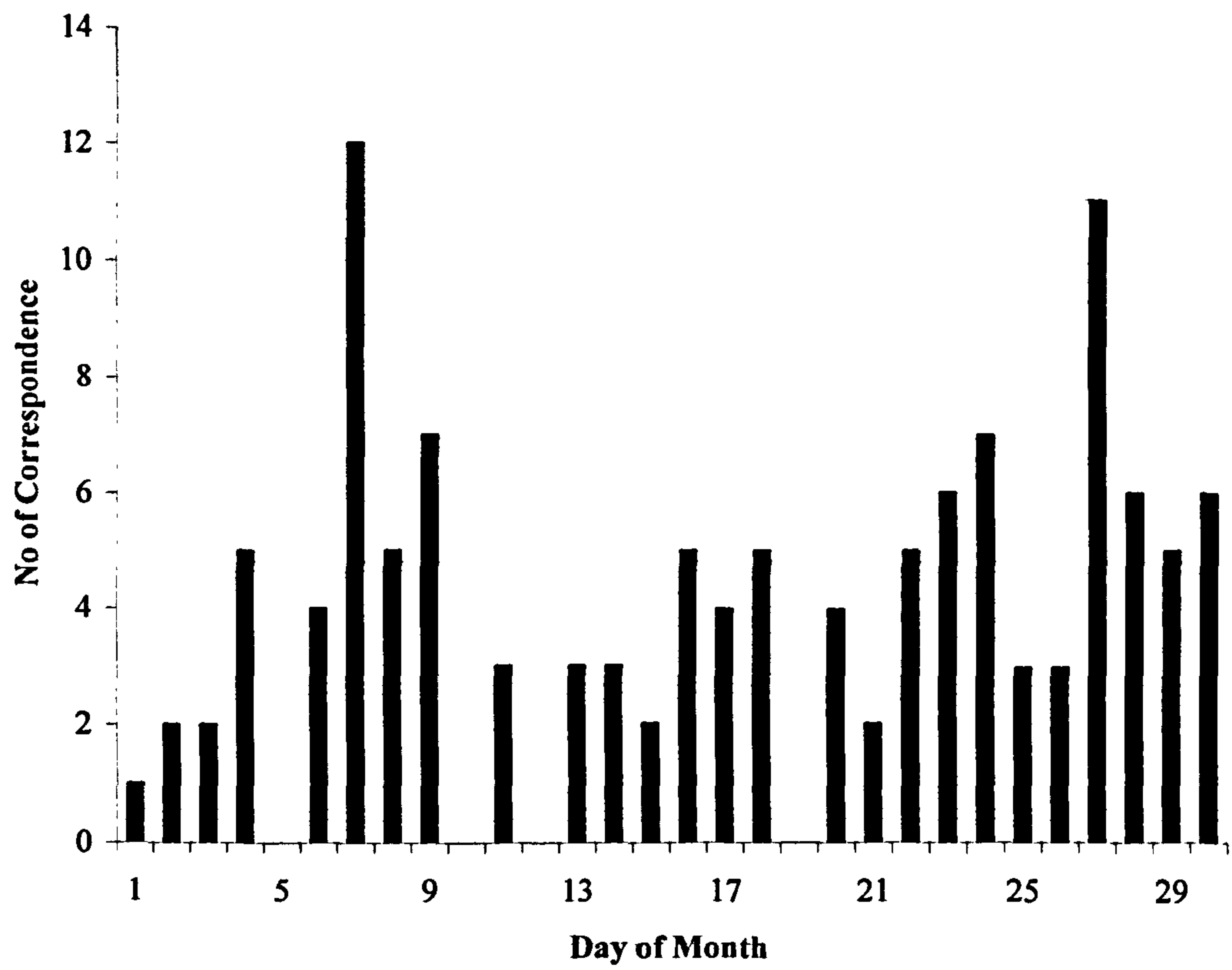


Graph 15 Percentage of Annual Budget spent on Medical Supplies and Postage¹⁷⁹

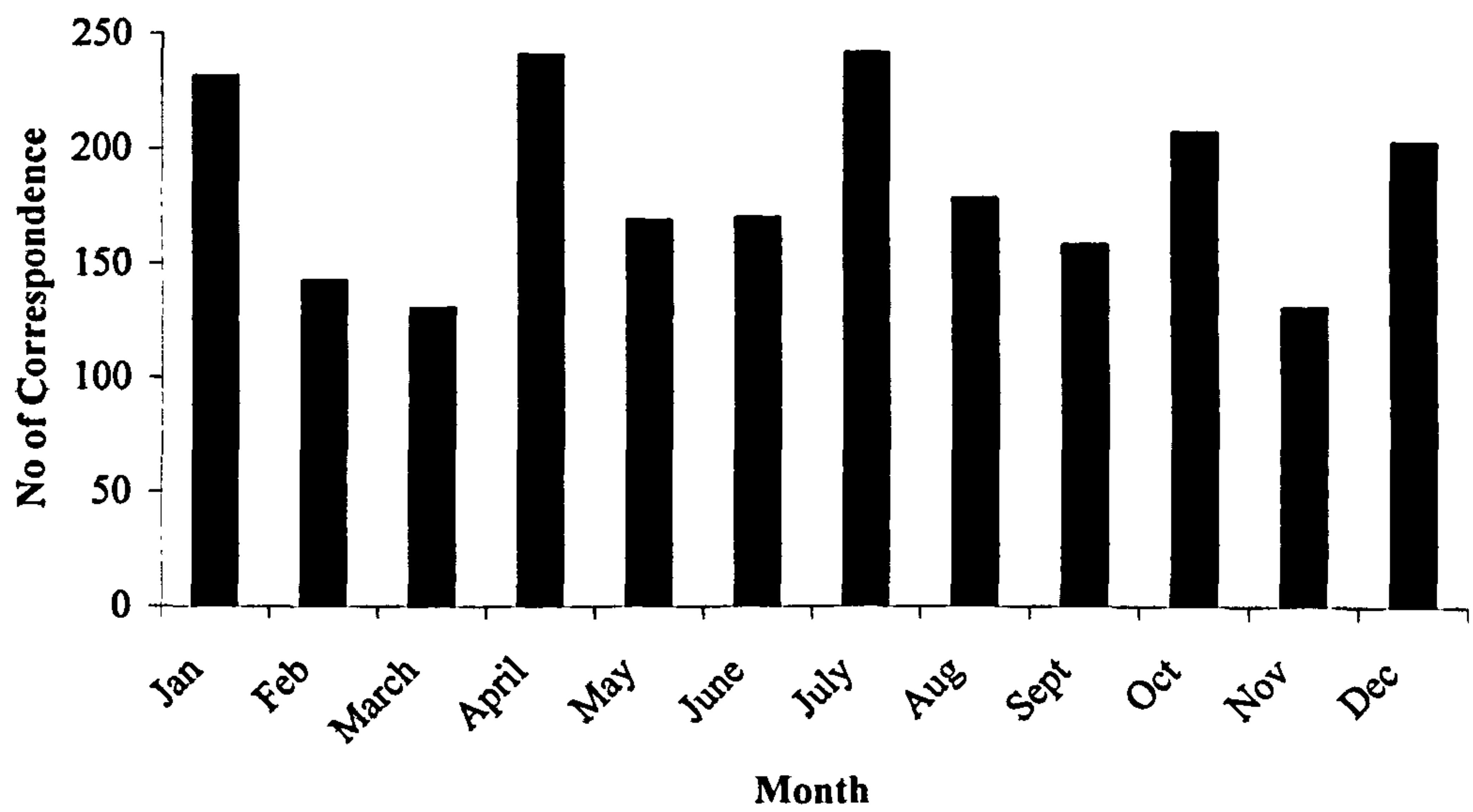


Graph 16 Number of Outgoing Correspondence 1911

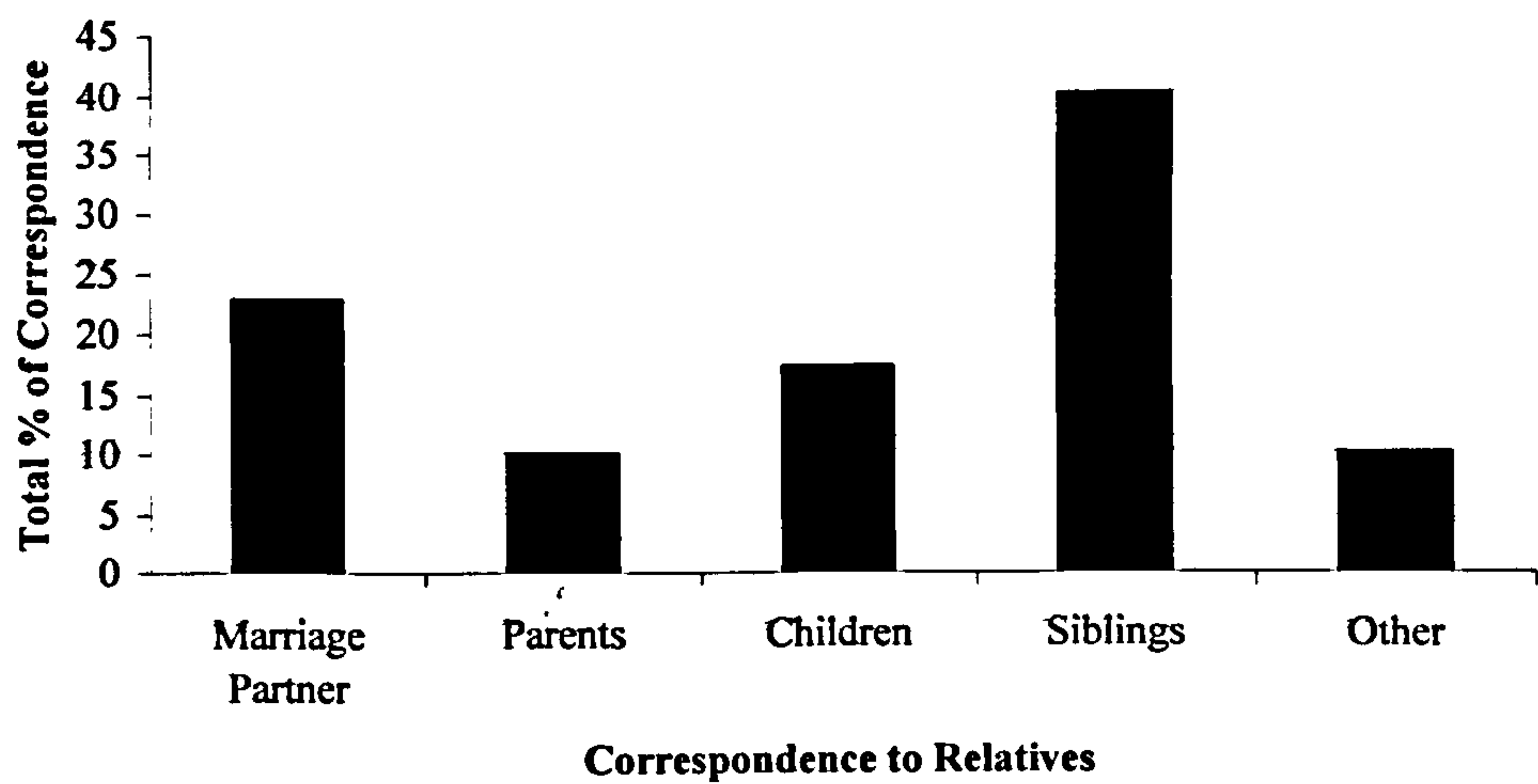
¹⁷⁹ Figures taken letter from Superintendent Annual Reports, 1933 missing



Graph 17 Number of Outgoing Correspondence April 1891



Graph 18 Number of Incoming Correspondence 1891



Graph 19 Proportion of Correspondence to Different Relatives¹⁸⁰

¹⁸⁰ This is only a rough approximation, not only because of the low percentage rate of letters whose authorship is determinable, but also because within the sample month letters were often written from the same person.

Chapter 4

A Literature of Confinement? Protest, 'Mad Writing' and Beyond

The last chapter argued that the shared experiences of residents in the Retreat meant that their letters produced many similar features. According to Porter and Peterson, one of the most common characteristics of writings of the insane in the eighteenth and nineteenth centuries was to protest against 'the trauma of being confined in a madhouse as a lunatic'.¹ Porter, for instance, in the *Social History of Madness* devotes a chapter to this, 'Madness Confined', with particular reference to John Perceval, who was incarcerated in Brislington and Ticehurst asylums, and who, after his release in 1840, published, *The Narrative of the Treatment by a Gentleman During a State of Mental Derangement*.² In this chapter I compare two manuscript examples of patients' writing from the Retreat and published texts written by those who have been confined in asylums. I consider whether the writing produced by the residents fits into the category of 'literature of confinement', and again discuss whether they should be labelled as 'mad people's writings'. My analysis reveals similarities between the texts, such as a common desire to shock their audience and a tendency to sensationalise their experience. It also shows that all these accounts contain comparable ideas of wrongful confinement, and express concerns surrounding staff, treatments and the asylums' daily regimes. However, I will also consider the extent to which such collective categorisations are historically useful. I suggest that such sources should be analysed with reference to other categories, genres, styles and forms.

I have chosen two contrasting texts from the Retreat. The first, a long letter that Elizabeth C. wrote in 1878 is, like many of the accounts selected by anthologised collections such as Dale Peterson's, a retrospective narrative of confinement.³ In the first instance, I ask whether a recovered person's narrative can be seen as a mad person's experience and writing. Should we not talk about such writing as an example of a broader category of social reform and religious, especially Quaker, propaganda? The second, Alec A's satirical newspaper

¹ Roy Porter, *A Social History of Madness: Stories of the Insane* (London, 1987), p. 167. See also Dale Peterson (ed), *A Mad People's History of Madness* (Pittsburgh, 1982), p. 47.

² Porter, *A Social History of Madness*, pp. 167-185.

³ Peterson (ed), *A Mad People's History of Madness*.

composed between 1904 and 1906, may be compared, for example, the poems of Christopher Smart and John Clare, written while they were confined in an asylum.⁴ I argue that discussions of the writing of an incarcerated patient should not be limited to interpretations which describe its as responding to confinement, proposing instead that it should also be seen as a *literary* piece of writing that engages with other genres such as nonsense and satire. Only by placing such texts in their wider cultural and generic contexts will historians acknowledge and fully understand the creativity shown by authors such as Elizabeth C. and Alec A. Discussing them as ‘outsider art’ or ‘mad people’s writing’ is ultimately reductive.

Two Authors

According to her case notes, Miss Elizabeth C. was a well-educated 59 year-old Quaker woman from Clifton in Bristol, who had been occupied in caring for her elder sister’s family. She had been subject to intermittent bouts of nervousness since the age of 25, but the attack that led to her admission was apparently bought on by over-zealousness in helping the poor. Her symptoms were presented as sleeplessness, depression and irritability, and she entered the Retreat in July 1876 at the petition of her brother. She was one of 18 female patients admitted that year into a community of 137, almost two thirds of whom, like her, were linked in some way to the Society of Friends.⁵

The case notes reveal very little about Elizabeth C’s time in the Retreat. They detailed the administration of chloral drafts and her occasional participation in walks. They highlighted her objection to music and the noise of nearby trains, and in October 1876, declared ‘she seems to become more miserable and anxious every day’. However, by December 1876 the case notes recorded that her ‘mental condition is on the whole somewhat improved’, and she was discharged

⁴ Karina Williamson, ‘Smart, Christopher (1722-1771)’, *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/25739>> (22 June 2005); Geoffrey Grigson (ed), *Poems of John Clare’s Madness* (London, 1949); Eric H. Robinson, ‘Clare, John (1793-1864)’, *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/5441>> (22 June 2005).

⁵ A/3/1/9, Annual Reports 1870-1879, Annual Reports 1876, 1877.

relieved. According to her own account Elizabeth C. recovered not in the Retreat but through the care of a new doctor at Banbury home in Sidcup.⁶

In the Retreat archives are Elizabeth C's case notes, 12 letters addressed to the superintendent by her brothers William, Jasper and Sam and his wife Sarah, and a letter written by Elizabeth C. In 1892 Elizabeth C. copied into a notebook old drafts of a letter that she had written to a friend in 1878.⁷ This was discovered by her great niece in 1965 and sent to the Retreat.⁸ It began by complaining that many Friends were being misled about the success of the 'Retreat'.⁹ She rejected the commonly held view that the Retreat promoted a healthy environment conducive to recovery. She attacked Dr Baker for his over-administration of drugs and his lack of attentiveness, and the servants for their low morality and mistreatment of the patients. She listed examples of abuses of fellow patients. For instance, she described the case of Miss R., whose unsuccessful attempt to run away led to a period of solitary confinement. Elizabeth C. even recommended solutions to such problems, suggesting that the visiting committee establish more personal relationships with the residents and that patients' relatives take a more active interest in their care. She also concentrated on her recovery at Sidcup where, in contrast to the Retreat, she received much kindness, was taken off the drug chloral, and was at liberty to decide what activities she participated in.¹⁰

Mr Alec A. was admitted nearly 30 years later in November 1904. By this time the Retreat was under the control of Dr Pierce and was a larger hospital like institution. The proportion of residents not connected in any way to the Society of Friends had also steadily continued to increase; it was then 49 per cent of the population. Alec A. was a member of the Church of England, and was one of 69 men admitted during that year.¹¹

⁶ K/1/7, Register of Certification and Admission Forms 4 April 1876- 16 Sept 1879; K/2/11, Case Notes 20 July 1868-19 Dec 1877, case 1279.

⁷ Anne Digby makes a few brief references to Elizabeth C. in her book, *Madness, Morality and Medicine: a Study of the York Retreat, 1796-1914* (Cambridge, 1985).

⁸ At some stage the notebook was typed out onto thirty-six pages, also sent to the Retreat by her great niece. This is the source that I am using for this chapter.

⁹ See Elizabeth C's letter (uncatalogued, 1892), p. 2.

¹⁰ Elizabeth C's letter.

¹¹ A/3/1/13, Annual Reports 1900-1909, Annual Reports 1904; K/1/17, Register of Certifications and Admission Forms 22 Oct 1904-1 March 1906, case 2242.

Alec A. was 24. His illness dated from the speculation with and loss of his £300 inheritance at the age of 21. His physician had recommended a trip to Australia, but he became delusional on the voyage, was committed to an asylum in Sydney and on his return was admitted to the Retreat. His case notes record that at the time of admission he was still suffering from delusions of persecution that had originated on the voyage. Alec A. believed that many of the crew had tried to poison and mesmerise him. In the Retreat he was initially very talkative about the conspiracy against him, but over time this volubility declined. For instance, his case notes recorded that in December 1904 he was still claiming to hear voices, but that he 'does not like to mention it in an asylum as he fears it may be considered evidence of insanity and used against him'. Instead, Alec A. wrote down his conspiratorial allegations alongside reflections on his care in the Retreat. Alec A's case notes also stated that he had 'no sense of right from wrong' and that he 'was adept at falsehood'. His behaviour in the Retreat was occasionally troublesome: it was recorded that he sometimes abused the medical officers and his talk could be 'of the most filthy description'. On two occasions, when on accompanied visits outside, he escaped from his attendant, later returning of his own accord. Alec A. remained in the Retreat until November 1906 when he was transferred to the Coppice asylum in Nottingham. The Coppice records reveal that he was transferred to Dumfries Crichton Royal Institution in June 1907. He was still there in 1908, as inserted into his Retreat case notes was a newspaper extract from December 1908, detailing his arrest for assaulting a woman in Sheffield after an escape from Dumfries.¹²

The Retreat archives contain Alec A's case records and several letters between his father (who signed the petition) and Dr Pierce. I have also been able to consult his case records from the Coppice Hospital in Nottingham. These reveal that there was very little change and that he held on to his delusional ideas of a conspiracy against him.¹³ This conspiracy is also detailed in an eight-page

¹² K/1/17 and K/2/22 Case Notes Male 17 Jan 1903-27 Feb 1911, pp. 57-58, case 2242. Newspaper extract, 25 Dec 1908; Nottinghamshire Archives, Nottingham, Coppice Hospital case records SO/HO 8/2/4/1, entry 27 June 1907, p. 35.

¹³ Case notes K/1/17 and K/2/22, case 2242; For correspondence regarding Alec A. see B/1/18, Superintendent's Out-letter Book Sept 1905-July 1906; B/1/19, Superintendent's Out-letter Book July 1906-Jan 1907; K/18/1/1, Correspondence Files of Patients, Surnames beginning with A; Later case records, Nottinghamshire Archives, Nottingham, Coppice Hospital case records SO/HO 8/2/4/1, pp. 355-358.

letter written to the Retreat doctors in December 1904, which was included in his case notes. In this Alec A. blames his father for his confinement.¹⁴ In addition, the archives contain two editions of Alec A's manuscript newspaper, *The Weekly "Bull"etin: a Journal Irresponsible*, dated 10 and 17 November 1906 (Figure 7). This was written just after he was transferred to the Coppice. Perhaps he wrote it while in the Retreat but made up and incorrectly guessed the date, or perhaps he posted them back from Nottingham (the Nottingham case records make no mention of this).¹⁵ The 10 November number was labelled issue three and was four pages long and that of 17 of November was issue four and contained eight pages. There were several features, for example, under the headline, 'The Deluded Specialist', were articles on the mental health of Alec A's so-called patient, Dr Pierce.¹⁶ There was also a section from the 'Editor's Boudoir' in which Alec A. detailed an orgy with the 'harmenites' [sic].¹⁷ The newspaper also contained a section titled 'Asylum Flashes', with details of Retreat news and gossip.

Elizabeth C.

Elizabeth C. had a very clear understanding of why and for whom she wrote her letter:

I might justly say much more on the subject, but some of these lesser details, though keenly felt are not easy to set forth. If I had written them earlier, it could have been done more minutely; but though feeling ever since as if I ought to make some of these things known, it was very long before I felt at all strong enough to do it, and when I spoke there, thy evident interest encouraged me, and opened the way.

It has taken me longer than I expected to write all this: having done it, I rejoice to possess it, and shall of course keep a copy. I have spoken to the friends of patients, (some few of whom have been released) and have written some letters. This long one will in future be a help to me.

My great wish is to be able to lay some of these things before Dr Tuke [Dr Hack Tuke, nineteenth-century alienist and great grandson of the founder of the Retreat] as I have good reason to believe that persons going into that house in a state of mental or nervous weakness only, are

¹⁴ K/2/22, Alec A's letter, 29 Dec 1904, case 2242.

¹⁵ See K/17/2/26, *The Weekly "Bull"etin: a Journal Irresponsible*; K/2/22, pp. 57-58, case 2242; SO/HO 8/2/4/1, pp. 335-358.

¹⁶ In this reversal Alec A. was the doctor and Dr Pierce the Retreat superintendent was the patient.

¹⁷ Play on the word harem. Alec A. wrote about a group of women called the harmenites.

likely to be terribly shaken by the horrors with which they are treated, as to become afflicted with a real and permanent malady.¹⁸

Writing about her experiences was painful and yet necessary and cathartic.¹⁹ Time, however, had to elapse before Elizabeth C. could relate her account. She waited two years before she wrote about her confinement and conceded that she lost some of the detail as a result. This need for time and space parallels the writings of Clifford Beers who was incarcerated in an American asylum at the beginning of the twentieth century. He went as far as to divide his current self from the self that experienced incarceration:

For in telling the story of my life, I must relate the history of another self – a self which was dominant from my twenty fourth to my twenty sixth year.²⁰

Five years after his release Beers wrote about his confinement, publishing *A Mind that Found Itself: an Autobiography*. He also lectured on his experiences and helped to create an international movement for mental health reform. For Elizabeth C. too there was a desire, especially considering the sending of the letter and need to write it down in notebook form, to preserve and share her experiences. She also had a more political aim. She wished to present her findings to Dr Tuke and made recommendations to the visiting committee, including that they ‘cultivate personal acquaintance with such patients as could be induced to converse’.²¹ She also became actively involved in speaking and writing to patients’ families. Although Elizabeth C’s letter was not published, it was probably sent to the friend to whom it had been addressed and its contents may have become known among Elizabeth C’s immediate circle of friends and other members of the Society of Friends. Indeed, Elizabeth C. addressed the Friends directly, seeking to dispel the ‘large amount of delusion [which] prevails among “Friends” in regard to the “Retreat”’, and focusing on factors such as Quaker meetings and the role of the Friends’ visiting committee.²²

Was Elizabeth C. insane when she wrote this letter? Elizabeth C’s great niece, having read its contents, cast aspersions upon her sanity. In her covering

¹⁸ Elizabeth C’s letter, pp. 1, 30, 35.

¹⁹ Peterson (ed), *A Mad People’s History of Madness*, pp. 161-163.

²⁰ Clifford Whittingham Beers, *A Mind that Found Itself: an Autobiography* (London, 1908), p. 1.

²¹ Elizabeth C’s letter, p. 32.

²² Elizabeth C’s letter, p. 1, committee, p. 32, meetings, p. 25.

letter to the Retreat she wrote, 'There is some repetition so I imagine she had not fully recovered her powers when she wrote it'. Elizabeth C. does repeat herself: on more than one occasion she details Dr Baker's absenteeism and the horrors of the nightly opiate draughts.²³ She also repeats the same anecdote about a sermon against swearing:

A friend came once – I will not name him, and gave these poor creatures an exhortation against swearing. How they could be expected to keep from it I do not know.

On one occasion a friend whom I know well, though happily I forget who he was, came and read a sermon on Profane Swearing – I forget the title of it. – It seemed to me a very strange thing.

Very many of these poor creatures are quenched below the power of understanding the harm of it, and possibly some are even morbidly feeling as if no other use for their tongues was left to them.²⁴

However, these repetitions are few and are surely not an obvious indication of insanity. Rather, they highlight the intensity of Elizabeth C's concerns, and set against her coherent prose style do not invalidate the text's overall sense.

Elizabeth C. also strongly denied that she was mad at the time of her confinement. She insisted that she had perhaps been a little run down but was otherwise perfectly sane:

My own prostration was caused simply by long-continued want of sleep, and had been very successfully combated for nearly three years, until recovered health and strength being too much presumed upon, an unwise exertion brought back the sleeplessness as before.²⁵

This claim of sanity was common among contemporary authors who published on their experience of asylums. For instance, Rachel Grant Smith in *The Experiences of an Asylum Patient* declared she was justifiably melancholic but not insane after her husband's death, and Herman Merivale in *My Experiences in an Insane Asylum by a Sane Patient* asserted that he suffered merely from hypochondrical concerns.²⁶ Such narrative defences might insulate authors from the social stigma and automatic disbelief that accompanied insanity. Such claims were also apt to ensure a bigger identificatory impact on readers, for, as Allan

²³ Elizabeth C's letter, absenteeism, pp. 3, 22; draughts, p. 3, 11.

²⁴ Elizabeth C's letter, p. 24.

²⁵ Elizabeth C's letter, p. 3.

²⁶ Rachel Grant Smith, *The Experiences of an Asylum Patient* (London, 1914); Herman Merivale, *My Experiences in a Lunatic Asylum by a Sane Patient* (London, 1879).

Ingram argues, a belief in being wrongfully confined when sane opens up the possibility to the reader that it could be them – that such an unfortunate and incredible state of affairs could happen to anyone.²⁷

Elizabeth C. also maintained that by the end of her stay in the Retreat her condition was much worsened:

For myself, from being in good health only excessively exhausted by continual sleeplessness, I became in the four months that I remained there so completely ill and weak, wasted and every way disordered, that many months of good air, rest and careful treatment were needed to restore my shattered strength.²⁸

Such views recall Porter's interpretation of John Perceval's 1840 narrative. Porter concludes that 'the [asylum] regime itself was intrinsically so mad and maddening that any patient with normal, healthy impulses would indeed be driven mad by it'.²⁹

If we take Elizabeth C. at her word, and assume that she was not insane when she wrote the letter and not insane when admitted to the Retreat, it is clear that we should not interpret her writing as belonging to those of the insane. However, could her account potentially be included among such 'mad people's writings' or at least as 'literature of confinement' because she wrote about and observed insanity at first hand? For example, while sane herself, she believed that many of her fellow residents were not:

Even demented fellow creatures have hearts, and would love those who habitually shewed a kind and loving interest in their comfort and welfare. But the Rule was plainly that of terror.

There is probably no class of men who can safely be put into possession of despotic power over their fellows. How much this danger is increased when the people so governed are for the most part as helpless as children, and less capable than they of making known their wants and wrongs. The very waywardness of some of these poor prisoners increases their liability to injustice and cruelty.³⁰

In naming residents 'children' or 'creatures' Elizabeth C. was using terminology prevalent in nineteenth-century Victorian understandings of madness. Porter, for instance, commenting upon the infantilising of the mad, has observed:

²⁷ Allan Ingram (ed), *Voices of Madness: Four Pamphlets, 1683-1796* (Stroud, 1997), p. xiv.

²⁸ Elizabeth C's letter, p. 11.

²⁹ Porter, *A Social History of Madness*, p. 185.

³⁰ Elizabeth C's letter, pp, 4, 29.

The notion of an analogy between infants and mad people had become orthodoxy over the previous century. Ever since John Locke ... Pioneers of more humane ways of treating the mad, such as the Tukes at the York Retreat, had prominently blazoned forth the notion that proper care of lunatics was akin to good child care.³¹

Elizabeth C's descriptions of the behaviour of residents at the Friends' religious meetings echoed other nineteenth-century accounts:

At the later gatherings it was plain that the poor things were constrained to come, and the whole affair seemed to me like a tragic farce. One or two of the poor oppressed broken-down mortals sometimes spoke a few words of prayer or comments on a portion of scripture ... week to week an attempt was made to induce this miserable company to sing hymns. The incongruous effect was not lessened by the knowledge that the lady who was usually asked to lead the singing with a piano was hopelessly melancholy ... I looked upon this assembly with peculiar feelings. If the affair had been much less tragic, it would have become comic.³²

This pitying description tainted with humour is similar to the world described by Charles Dickens or Elizabeth Gaskell, with their narratives of individual tales of tragedy and survival.³³ The mention of 'poor things' and 'oppressed broken-down mortals' resonates with Dickensian descriptions of 'creatures in rags, secretly groping among the swept out rubbish'.³⁴

Elizabeth C's language also echoed the terminology and concerns of contemporary Victorian social reformers. Like Henry Mayhew and Elizabeth Fry (discussed below), she highlighted her own feelings at the sight of others, and objectified and distanced herself from her subjects. This transformed her into a middle-class observer, more like a member of the ladies visiting committee than a patient. Take Henry Mayhew's sentimental account of the watercress girl from *London Labour and the London Poor*:

There was something cruelly pathetic in hearing this infant, so young that her features had scarcely found themselves, talking of the bitterest struggles of life, with the calm earnestness of one who had endured them

³¹ Porter, *A Social history of Madness*, p. 182.

³² Elizabeth C's letter, pp. 24-26.

³³ See, for example, Mary Poovey, *Making a Social Body: British Cultural Formation, 1830-1864* (Chicago, 1995), p. 125; Judith Rosenberg Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London, 1992), p. 19; James R Kincaid, 'Introduction: Dickens and Laughter' (1971), <<http://www.victorianweb.org/authors/dickens/kincaid2/intro1.html>> (15 Jan 2004).

³⁴ Charles Dickens, *Bleak House*, with Illustrations by H. K. Browne (London, 1853), p. 34.

all ... her little face, pale and thin with privation, was wrinkled where the dimples ought to have been.³⁵

Elizabeth C. similarly told sensational stories with the aim of alarming her readers. For example, by situating the last scene at a religious meeting, she emphasised the misery of the situation, writing of farcical chaos as opposed to religious order. This would surely have disturbed many members of the Society of Friends. Her writing also paralleled the famous Quaker prison reformer Elizabeth Fry, who wrote the following about women prisoners convicted for infanticide:

The whole affair has been truly afflicting to me; to see what poor mortals may be driven to, through sin and transgression and how hard the heart becomes, even to the most tender affections.³⁶

Again the language is sentimental and, as with Elizabeth C's narrative, this account is very personally presented, focusing upon her emotional response to the scenes that she witnessed.

The similarity to social reform writing is not surprising, for Elizabeth C. had previously engaged in religious philanthropic work. Her admission form noted that she had a devotional cast of mind in her youth and that, as an adult, she was occupied by missionary and voluntary work amongst the poor.³⁷ Social research, charitable and philanthropic work provided a means for middle-class women to access public space and find purposeful occupation.³⁸ The Society of Friends also had a strong history of social concern – campaigning against slavery, alcoholism and general poverty.

Elizabeth C. often campaigned on behalf of the other Retreat patients. Much of her account was concerned with narrating their stories. For example, she lamented the case of an elderly resident,

Whom no one supposed to be at all disordered in mind but who was detained there, because her husband was there, and there was no provision for her. She was an aged woman, a Friend whose long life in

³⁵ Henry Mayhew, *London Labour and the London Poor* (1861), ed Victor Neuburg (Harmondsworth, 1985), pp. 64-65.

³⁶ Elizabeth Fry's journal, entry 24 Feb. 1871 in Elizabeth Fry, *Memoir of the Life of Elizabeth Fry with Extracts From her Journal and Letters* ed. two of Elizabeth Fry's daughters, (2 vols, London, 1847), vol 1, p. 204.

³⁷ K/1/7, case 1279.

³⁸ Auguste Jones, *Quakers as Pioneers in Social Work*, trans. Thomas Kite (New York, 1969); Lynda Nead, *Myths of Sexuality: Representations of Women in Victorian Britain* (Oxford, 1988), pp. 196-197; Walkowitz, *City of Dreadful Delight*, p. 46.

patient discharge of its duties ought to have been respected; and her position was truly pitiable. But I remember that the thing which most deeply pained me about her was witnessed by my own eyes. I did see her carrying buckets much too heavy for her advanced years, and once when I spoke sympathising to her she answered me in tones of deep, calm patient misery, with a heavy sigh, and tears filling her eyes. She had to work – though between 70 and 80 years of age, and only seldom saw her husband.³⁹

This case echoes that of many women in late Victorian society who became disillusioned as old age, spinsterhood or widowhood took away what little financial, social and emotional security they had had.⁴⁰

Another moving illustration is Elizabeth C's conversation with a young woman who was about to be released from the asylum. Here Elizabeth C. recalled in a sentimental and dramatic prose:

The day she was to go it was very sad to me that there was no one to rejoice with her. I was feeling very ill but made a great effort to go into the room and found her busy at work, and trembling with fear lest the pouring rain should prevent her father from coming for her, yet anxious – by endeavouring to conceal her fears, lest they should tell against her, and she should be accused of excitement and further detained.⁴¹

This account works by asking the reader to visualise and empathise with the scene, showing the powerlessness and desperation felt by a patient who was at the mercy of the authorities and her family. It powerfully illuminates how the asylum could ironically be a world where to voice emotions and respond rationally to unusual situations would be interpreted as insane behaviour.

Like Elizabeth C's account, many books published to expose the horrors of the asylum system relied on accounts of fellow residents. For instance, the anonymous writer of an 1867 pamphlet spent much time narrating the stories of his fellow ward occupants and dining room companions, telling admonitory tales such as that of a man who went to fetch his wife from an asylum but ended up being put there himself. Marcia Hamilcar in her 1910 book *Legally Dead: Experiences During Seventeen Weeks Detention in a Private Asylum* told the woeful tales of Mrs Edge and Miss Needs.⁴² Elizabeth C. similarly sought to act

³⁹ Elizabeth C's letter, pp. 21-22.

⁴⁰ Pat Jalland, *Death in the Victorian Family* (Oxford, 1996), p. 230.

⁴¹ Elizabeth C's letter, pp. 10-11.

⁴² Anonymous, *Life in a Lunatic Asylum: an Autobiographical Sketch* (London, 1867), pp. 1, 25-27; Marcia Hamilcar, *Legally Dead: Experiences During Seventeen Weeks' Detention in a Private Lunatic Asylum* (London, 1910), pp. 216-217.

as a spokeswoman, campaigning on behalf of those unable to represent themselves. Elizabeth C's letter may also have been written to reassure readers that she was not the only one that had been ill-treated. Perhaps they served as a form of displacement, to illustrate her pains, worries and fears through the experience of others. How soon would it be until Elizabeth C. could become like the elderly woman just described, and how similar was she to:

A refined and delicate lady, Miss R., whose case touched me greatly. She continually sighed out her wish that she had something to do ... She was mostly out of doors but seemed weary of repressed energy ... Her discontent increases and I pitied her, because she so needed companionship.⁴³

Such accounts also achieve what Elizabeth C. in telling her own story could not. They were able to engage more fully with common, sensational narratives of madness, making them an effective campaigning tool against the horrors of the asylum system. Elizabeth C. was not horrendously treated by the Retreat staff, nor was she dramatically imprisoned by friends and family; she was not able to end her own tale with a tragic melodramatic ending. Instead she could engage with such sensational and sympathetic storylines by telling the stories of other patients.⁴⁴

Elizabeth C. also included tales and stories that she had heard from before she was in the Retreat. She recalled 'hearing of the incarceration of three persons when I was very young – one of them when I was less than 8 years. Each of these remained there over 50 years'. The first case was of a man with a disordered mind, who was relatively well cared for; the second was a woman suffering from 'godly sorrow', who declined into depression and whose family had her committed then never visited;⁴⁵ the third was a young girl of undeveloped mental powers who was shut away from the world. Again this is a

⁴³ Elizabeth C's letter, p. 7.

⁴⁴ See Charles Reade, *Hard Cash: a Matter of Fact Romance* (1868) (London, 1909); Walkowitz, *City of Dreadful Delight*, p. 176.

⁴⁵ Notice the language of piety: this phrase can be found in the nonconformist hymns of Charles Wesley and Isaac Watts. Isaac Watts, 'Godly Sorrow Arising from Sufferings of Christ', Hymn 9, in Isaac Watts, *The Works of the Reverend and learned Isaac Watts: Containing, Besides his Sermons, and Essays on Miscellaneous Subjects, Several Additional Pieces, Selected from his Manuscripts by the Rev. Dr. Jennings and the Rev. Dr. Doddridge, in 1753*, compiled by George Burder D.D. (6 vols, London, 1810), vol 4, p. 299; Second stanza 'Duly dead and rooted up; Godly sorrow is no more' in Charles Wesley, 'Fallen from Thy Pardoning Grace', Hymn 3, in John Wesley, *The Poetical Works of John and Charles Wesley: Reprinted from the Originals, With the Last Corrections of the Authors; Together with the Poems of Charles Wesley not Before Published*, coll. and arr. by G. Osborn (London, 1868), p. 386.

way of criticising not just her own experience but of campaigning against ill-treatment in general. However, she then tied these in with her own observations in the Retreat:

One such as the third of these I saw there, nay – another also, who is I think of this class, and it grieves me to think that such gentle inoffensive women should be forcibly confined to an utterly joyless life, merely because their mental powers were not equal to filling an ordinary position in the world.⁴⁶

Such stories and gossip from her past were part of the cultural myth of madness, and she made them part of her own experience. This may have legitimated Elizabeth C's experience and relieved her or at least enabled her to explore the distress she felt.⁴⁷ The asylum experience became collectively categorisable and conceptually stable.

Like much asylum protest literature Elizabeth C's letter focused upon the care, or rather lack of care, that she received. Elizabeth C. mainly held Dr Baker responsible for her confinement and treatment: she asserted, for instance, 'it was plain from the beginning that he did not once try to do me any good'.⁴⁸ She argued that,

He must have seen the evidence of progressing decay, in the wasting flesh and flabby skin, both which were healthy when I went in, he continually said and wrote that I was getting better! So much for medical care.⁴⁹

Dr Baker did indeed report that Elizabeth C. had improved:

22/11/76 EN C. bodily health is apparently very good, her mental condition remains the same
08/12/76 On the whole Miss C's mental condition is somewhat improved. She was this day removed to the care of a medical man in Oxfordshire Relieved.⁵⁰

Elizabeth C's account and the case notes differed, showing how staff and patients had different perceptions of what went on. Similarly while the case notes

⁴⁶ Elizabeth C's letter, p. 16.

⁴⁷ Allesandro Portelli, *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (Albany, New York, 1991), p. 26. Portelli has suggested that memory manipulates factual details and chronological sequence in order to serve three major functions: symbolic, psychological and formal.

⁴⁸ Elizabeth C's letter, p. 12.

⁴⁹ Elizabeth C's letter, pp. 3-4.

⁵⁰ K/2/11, p. 300, entries, 22 Nov, 8 Dec 1876, case 1279.

described Elizabeth C's walks as a sign of improvement, she explained how much discomfort they caused her:

The wretched condition to which I was reduced made walking painful and exhausting, yet Dr. Baker had up to the last been insisting on my taking walks, from which I returned in a kind of helpless anguish quite indescribable.⁵¹

Such distaste was not uncommon; Allan Beveridge has observed that at Morningside 'the daily walks around the Asylum grounds ... provoked bitterness'.⁵²

While condemning Dr Baker, Elizabeth C. was not too critical of the assistant medical officer, commenting, 'His assistant whom I occasionally saw, was kind and would have listened, but he was young, and perhaps had little authority'. Likewise Miss Woodhead, who was the matron in charge of the women's side, could respond to Elizabeth C's complaints only by asserting 'it was not her business'.⁵³ It is clear that Elizabeth C. perceived and used the strong hierarchies and varying positions of power amongst the Retreat staff.

Elizabeth C. disapproved strongly of the members of staff with whom she was in regular daily contact. She was very critical of the attendants, using mythologies of the Retreat's past to protest against the present staffing:

No-one to speak to but servant girls of a very inferior class. I think they must have been different in former times, since there were at least two, with whom I had little to do, who had been there many years, and who seemed to be really Christian women. These two always spoke to me with respect, even deference, such as they could give in that wretched place. But the rest were mostly young girls, whose habitual talk among themselves was a very low kind of love nonsense and some of whose private reading, kept where I could see it, was of a description sold only in disreputable shops. Some of the girls could not read at all.⁵⁴

Such complaints even echoed those of Dr Baker, who in the 1876 Retreat annual report commented upon 'the question of how to obtain good attendants and, when trained how to retain their services'.⁵⁵ Other patient accounts complained of similar problems. Marcia Hamilcar, also a middle-aged middle-class female patient, was similarly offended by her attendants:

⁵¹ K/2/11, p. 300, entry 27 Sept 1876, case 1279 and Elizabeth C's letter, p. 13.

⁵² Allan Beveridge, 'Life in the Asylum: Patients' Letters from Morningside, 1873-1908', *History of Psychiatry*, 9 (1998), p. 438.

⁵³ Elizabeth C's letter, p. 4.

⁵⁴ Elizabeth C's letter, p. 4.

⁵⁵ A/3/1/9, Annual Reports 1870-1879, Annual Report 1876, p. 15.

I could not think of hourly, daily association with those swearing, tyrannising women who had treated me as their inferior, without an agony indescribable.⁵⁶

Beveridge also comments that many of the more affluent Morningside patients looked down on the attendants.⁵⁷

Such descriptions suggest that Elizabeth was writing for a middle-class readership that would have had similar ideas about the lower classes, expecting deferential service rather than working-class assertion. Her inability to empathise or even sympathise with members of the lower classes also echoes misunderstandings between the thousands of philanthropic and charitable activists and their working-class subjects whom they were intent upon researching and helping. Generally these activists remained intent upon reinforcing their own hierarchies and regulations.⁵⁸ For example, Henry Mayhew criticised domestic servants, noting:

Maid servants live well, have no care or anxiety, no character worth speaking about to lose, for the origin of them is obscure, are fond of dress, and under these circumstances it cannot be wondered at that they are as a body immoral and unchaste.⁵⁹

However, Elizabeth C. did concede that that Retreat attendants had previously been of a higher standard: 'I think they must have been different in former times'.

Elizabeth C. claimed to have been familiar with and preferred the Retreat of the past. Elizabeth C's great niece writing in 1965 commented that Elizabeth C. 'contrasts the conditions under Dr Baker with the much better ones under his predecessor Dr Kitching, so she understood that the Retreat was not always so bad'.⁶⁰ For example, Elizabeth C. described how, unlike during her residence, patients had never previously been coerced into attending Quaker meetings.⁶¹ She even went further back into the history of the Retreat noting that:

When Thomas and Mary Allis were at the head of this establishment, they were generally supposed to have undertaken the post as a Christian

⁵⁶ Hamilcar, *Legally Dead*, p. 142.

⁵⁷ Beveridge, 'Life in the Asylum', p. 442.

⁵⁸ Nead, *Myths of Sexuality*, p. 197.

⁵⁹ Mayhew, *London Labour and the London Poor*, pp. 257-8.

⁶⁰ Mary P. N's letter, 8 Sept. 1965.

⁶¹ Elizabeth C's letter, p. 17.

duty. Doubtless they shared the responsibility, with the Resident Physician, whoever he might have been.⁶²

Elizabeth C's emphasis upon the earlier religious character of the Retreat perhaps reflects her dislike of how by the 1870s the influence of the Society of Friends was declining.

How well did Elizabeth C. know the Retreat of the past? It does seem that she was familiar with the Retreat before 1876. She stated how 'I think it was in 1870 that I was in York for a few days and went with a friend to visit a patient whom I knew'.⁶³ Elizabeth C. may also have met many residents who remembered Dr Kitching. However, it is unlikely that she would have met many patients resident during the Allises' superintendence from 1823 to 1841. Her account also reveals that she relied upon what was 'generally supposed' and what she presumed would be 'doubtless', rather than witnessing it herself or hearing first hand accounts. According to Digby, there was actually a general sense of dissatisfaction with Thomas Allis, the second Retreat superintendent. He was considered to have failed to '“grow with the job” and to develop new responsibilities to match the managers' enlarged concept of his duties'.⁶⁴ Elizabeth C. harked back to a golden age and drew upon the Quaker mythology surrounding the Retreat. Perhaps she was familiar with annual reports and accounts such as Samuel Tuke's *Description of the Retreat* which promoted such an idealised account of the Retreat's early days.

Returning to her own experiences, Elizabeth C. was also aggrieved by many of the specific practices and treatments of the Retreat. She was preoccupied with the environment, food, hygiene and general morality of the institution, concerns that would also have alarmed the middle-class Quaker readership for whom her complaints were potentially targeted. For instance, she saw problems with its air, grounds and building, commenting:

The atmosphere of that crowded building, after everything has been done to promote ventilation, is more depressing and exhausting than can be understood by those who have never been restrained from going out of doors whenever they need refreshment. Even the range of that garden, in cases where there is most liberty, is fearfully monstrous, and the air is charged with the flying soot inseparable from the neighbourhood of a

⁶² Elizabeth C's letter, p. 28.

⁶³ Elizabeth C's letter, pp. 20-21.

⁶⁴ Digby, *Madness, Morality and Medicine*, p. 108.

large city, and often scented strongly with the gas made on the premises, and thus is anything but pure.⁶⁵

One can only wonder how Elizabeth C. would have coped with living in the city itself! However, clean air, or its lack, was a common concern among asylum residents. Clifford Beers similarly complained that ‘the lack of ventilation means vitiated and foul air, and vitiated and foul air was the last thing one in my condition should have been permitted to breathe’.⁶⁶ Moreover, such concerns reflected the still prevalent notions of the miasmatic origin of disease that led to environmentalist controls of hospitals and prisons to limit contagion and ill health.⁶⁷ The social reformer and Christian socialist, Charles Kingsley, for instance, claimed that ‘the main exciting cause of drunkenness, is, I believe, firmly, bad air and bad lodging’ and argued that if,

You deprive, then, the man of his fair share of fresh air and pure light ... His blood is not properly oxygenated: his nervous energy is depressed, his digestion impaired.⁶⁸

However, Elizabeth C’s concerns were rather surprising considering that the Retreat strongly focused on providing a living environment that was conducive for recovery. Markus, for instance, observes that the building:

Aimed for rural domesticity, the gardens and fields are therapeutic tools, and the rabbits, hawks and poultry in the walled exercise yards were intended to awaken “social and benevolent feeling”.⁶⁹

The Retreat, did, however, have some problems with its sanitation. The annual report of 1877 admitted that ‘the system of cesspools in connection with the main building [had] been found in several instances objectionable’. At the time of Elizabeth C’s stay improvements such as connection of the Retreat drainage with

⁶⁵ Elizabeth C’s letter, p. 1.

⁶⁶ Beers, *A Mind that Found Itself*, p. 134.

⁶⁷ See for example, Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800-1854* (Cambridge, 1998); James C Riley, *The Eighteenth Century Campaign to Avoid Disease* (New York, 1987), p. 139.

⁶⁸ Charles Kingsley ‘Great Cities and their Influence for Good and Evil’ (1857), in Charles Kingsley, *The Works 1880-1885* (28 vols, Hildesheim 1969), vol 19, *Sanitary and Social Lectures and Essays*, pp. 201-202. See also Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression* (London, 1986), p. 131.

⁶⁹ Thomas A. Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (London, 1993), p. 134. See also Digby, *Madness, Morality and Medicine*, pp. 37-49.

the Rural Sanitary Authority's main drain into the nearby Heslington Road were taking place.⁷⁰

Elizabeth C. was also concerned with personal hygiene. For instance, she argued that 'I do not think that any lady, inspecting the bedrooms, would consider that there is proper washing accommodation'.⁷¹ This again suggests both that she was adopting the standards and role of a middle-class reformer and that her letter was a way of drawing problems to the attention of the visiting committee. Elizabeth C. was preoccupied with the bathing practices:

The ordinary provision for daily washing was utterly insufficient for comfort, and, according to my ideas, for cleanliness. I had a daily bath, by special agreement, but the maid often shewed herself much annoyed at it, and indeed it required a strong sense of its importance, to make it feel otherwise than a burden, under the circumstances. To go down and up again a number of stairs, clothed only in a dressing gown, into a Bath-room which was so little used for that purpose.⁷²

Her unfulfilled standards perhaps reflected how, from the mid-nineteenth century, middle-class homes saw the introduction of baths, soap and washbasins which become a distinctive sign of civilised gentility, good social order and sexual morality.⁷³ Kingsley, for instance, proposed that,

That morning cold bath which foreigners consider as young England's strangest superstition has done as much, believe me, to abolish drunkenness as any other cause whatsoever. With a clean skin in healthy action, and nerves and muscles braced by a sudden shock, men do not crave for artificial stimulants.⁷⁴

Elizabeth C. was also particularly disturbed by the amount of food and drink that was wasted:

I might say something on the cartloads of "drink" which I used to see brought into the house, – an amount really frightful ... Also how indignant I have felt to see quantities of food ... thrown out upon a dust-heap which was under a window by which I often passed. No doubt it is quite impossible to have everything consumed in the house, but it is well known that in a large city there are always missionaries and others

⁷⁰ A/3/1/9, Annual Report 1876; Annual Report 1877.

⁷¹ Elizabeth C's letter, p. 32.

⁷² Elizabeth C's letter, p. 30.

⁷³ Leonore Davidoff, 'Class and Gender in Victorian England', in Judith L. Newton, Mary P. Ryan and Judith R. Walkowitz (eds), *Sex and Class in Women's History* (London, 1983), pp. 17-71; Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Conquest* (London, 1995), p. 153; Andrew Wear, 'The History of Personal Hygiene', in W. F. Bynum and Roy Porter (eds), *Companion Encyclopaedia of the History of Medicine* (2 vols. London, 1993), vol 2, pp. 1283-1308.

⁷⁴ Kingsley, 'Great Cities and their Influence for Good and Evil', p. 203.

engaged in visiting the destitute, who would be thankful to have the disposal of such food and would send for it periodically.⁷⁵

Here, Elizabeth C's sense of her own provident behaviour comes through. Such complaints allowed her to assert that she knew and abided by appropriate moral standards. She also complained about the entertainments provided for the residents asserting that the real purpose of all the balls held at the Retreat was to amuse the servants. Elizabeth C. challenged the suitability of theatre trips and dances, commenting about her attendance at the balls:

Once only I yielded to Miss W's urgent persuasion, and went in, but the dreadful hubbub was quite overpowering, and I came away almost directly. It certainly confirmed my previous conviction that the Fear of God was not the guiding principle in the place.⁷⁶

Such reactions against an excess of food, drink and entertainments illustrate a strong sense of religious austerity. Quakers were also historically known for their adherence to plainness of speech, dress and manner and shunning of all things worldly. For example, in 1828 Elizabeth Fry wrote reflecting upon her youth:

I wholly gave up on my own ground, attending all public places of amusement, I saw they tended to promote evil; therefore even if I could attend them without being hurt myself, I felt in entering them, I lent my aid to promote that, which I was sure from what I saw, hurt others.⁷⁷

However, by the late nineteenth century such concerns and reservations were not necessarily typical of a member of the Society of Friends. For instance, by the 1870s the Society had made adherence to simplicity, plainness of speech and dress optional and had relegated the injunction against 'all vain sport and places of diversion' to merely a cautionary warning.⁷⁸ The Retreat changed accordingly during this time from its traditional framework of Quaker austerity to a regime of Victorian abundance.⁷⁹ When in 1874 the superintendent, Dr Kitching, described the Retreat's more aesthetic environment and increase in amusements, he noted that, 'in the old days these things were not much encouraged, but views have

⁷⁵ Elizabeth C's letter, p. 23.

⁷⁶ Elizabeth C's letter, p. 34.

⁷⁷ Elizabeth Fry in Elizabeth Fry's daughters, *Memoir of the Life of Elizabeth Fry*, p. 16.

⁷⁸ Thomas C. Kennedy, *British Quakerism, 1860-1920: the Transformation of a Religious Community* (Oxford, 2001), pp. 42-43.

⁷⁹ Digby, *Madness, Morality and Medicine*, p. 40.

changed; I might say, have become more liberal'.⁸⁰ Elizabeth C., however, was not happy with this change, holding onto old Quaker beliefs and values.

Despite the pettiness of some of her concerns, many of Elizabeth C's complaints were more serious and echoed common fears and allegations against asylums. For example, she was alarmed by the administration of drugs:

The general remedy appeared to be a nightly opiate. I have frequently seen 5 or 6 of these bottles in the hand of an attendant, and have good ground for believing that they were largely dispensed. These draughts were ordered in the forenoon, and brought about 4 o'clock to the foot of the stairs, by the medical assistant, and if, during the day any patient had felt a little better and when bedtime came wished to try to sleep without the draught, she had no liberty to do so. The least apparent reluctance was roughly reproofed as "insubordination".⁸¹

Montague Lomax (author of *Experiences of an Asylum Doctor* discussed in the first chapter), similarly lamented 'the employment of powerful narcotics and sedatives to enable the sufferers to procure any sleep'.⁸² Marcia Hamilcar also complained against the excessive drugging to which she was subjected, and observed that 'when the effect of the drugs wore off my mind was perfectly clear'.⁸³ The case notes back up Elizabeth C's allegations; the only recorded treatment given to her was a nightly draught of chloral.⁸⁴ Dr Baker, was an enthusiast for the medicalisation of insanity and significantly increased the Retreat's expenditure on chemical medications.⁸⁵ Moreover, as Phil Fennell observes:

In the 1870s and 1880s the use of drugs to restrain patients was extensively debated. There was evidence that heavy doses of medicines with unpleasant effects were used to deter patients from misbehaviour and that many patients were kept in a permanent state of over-sedation.⁸⁶

Elizabeth C. accused Dr Baker of aiming to control rather than treat his patients:

I told him one day that I believed what he meant by "better" was a nearer approach to that subdued and helpless condition below the power of complaint, which I saw in so many of those around me – an utter lack of

⁸⁰ A/3/1/9, Annual Report 1874, p. 22.

⁸¹ Elizabeth C's letter, pp. 2-3. See reference in Digby, *Madness, Morality and Medicine*, p. 130.

⁸² Montague Lomax, 'Introduction', in Grant-Smith, *The Experiences of An Asylum Patient*, p. 33.

⁸³ Hamilcar, *Legally Dead*, pp. 101-102.

⁸⁴ K/2/11, p. 300, entry 15 Aug 1876, case 1279.

⁸⁵ Digby, *Madness, Morality and Medicine*, pp. 122-130.

⁸⁶ Phil Fennell, *Treatment Without Consent: Law, Psychiatry and the Treatment of Mentally Disordered People Since 1845* (London, 1996), p. 37.

energy; – he said nothing, but Looked as if he knew that what I said was truth, but he had not expected to hear it.⁸⁷

Not that all of the patients were subdued and helpless. Elizabeth C. described some of the patients' rebellions, suggesting that many of the residents had some agency. One resident, for instance, annoyed the staff by continually banging a knife against her bed rail.⁸⁸ Another patient,

Stung to recklessness by the always stern and cold treatment she received, she took the only revenge in her power, and made it her favourite employment to read out loud, in a clear impressive voice (and it was a beautiful voice) the various passages in the Bible which denounce terrible judgements on the oppressors of their fellow-men. This being done in the very centre of the building, as she walked up and down the long gallery, the words rang through, and must have reached very many of the rooms. As she persisted in doing this, her bible was taken away. This I thought strange, as she did it in a way that was not unlady-like. And the denunciations of Scripture – not personally supplied, or even if falsely applied, can harm no one. I suppose the cap sometimes fitted, and the poor helpless woman was told to be silent. But to silence her was not so easy. Her memory was well stored, and she continued as vigorously as ever, and after a while in some way obtained a part of the bible.

This patient's employment of the Bible in a not 'unlady-like' manner seems to have met with Elizabeth C's approval. Elizabeth C. saw such behaviour as a permissible and appropriate means of rebellion. Perhaps she saw this woman as a kindred spirit; she may have wished to behave in such a way herself but did not have the courage to do so. However, perhaps the patient should have been more 'unlady-like', as in the end she was simply removed to another part of the asylum where she apparently became much quieter.⁸⁹

Elizabeth C. also believed that the Retreat resorted to cruel mental and physical abuse when responding to such rebellious behaviour. Such accusations were not uncommon. As late as the twentieth century, patients such as Clifford Beers and Rachel Grant Smith alleged that physical beatings and humiliating punishments were still carried out in the asylums that they spent time in.⁹⁰ Elizabeth C. told a sad tale about a spirited young woman who was punished by the regime of the Retreat.

⁸⁷ Elizabeth C's letter, p. 12.

⁸⁸ Elizabeth C's letter, p. 19.

⁸⁹ Elizabeth C's letter, pp. 18-19.

⁹⁰ Beers, *A Mind that Found Itself*, pp. 129-133; Grant-Smith, *The Experiences of an Asylum Patient*, p. 84.

One day the poor lady saw the front door open and went out, and had reached the garden gate before she was observed.

Happily for me I did not see her go, but soon afterwards was surprised to see her at the foot of the stairs, and Dr B. talking to her. From that moment I saw her no more and a few days after gathered from the talk of the servants what had happened. She had been removed to a cell with a double window, of which most of the panes were darkened, and was never seen outside for many weeks. This in the most splendid August weather. One day her rage at this close confinement so overcame her that she dashed her hand through 6 double panes: – I saw it done from the garden.

I heard often of the “horrors” of that part of the building but do not even know what they were. To me it seems cruelty enough to shut an energetic woman for weeks in a small room, with hardly any light and less air, in magnificent summer weather.

When next I saw Miss R. in the garden I was greatly shocked at the change in her appearance. What could have been done to her to cause it in those few weeks I never had an idea. I should not have recognised her by her face or her manner, both were so changed. Years do not often make such a painful alteration. She had been a fine comely young woman, in the bloom of her beauty, sprightly and elegant in her movements, and though sad; her face was attractive.

Now, her carriage was listless and weary, and she looked old and feeble. I do not suppose she was more than 25 years of age. She had marks on her face, as of blows. And she did not come out freely, as before, but only occasionally.⁹¹

Elizabeth C’s account powerfully focuses upon a physical description: ‘her carriage was listless and weary, and she looked old and feeble. I do not suppose she was more than 25 years of age’. Elizabeth C. also links Miss R’s loss of the ‘bloom of her beauty’ to her being deprived of the bloom of the ‘splendid August weather’. Elizabeth C’s emphasis upon the weather, and the joy of having recreational time outside in the sunshine, not only corresponds with prescribed treatment for convalescent patients, but was also a common privilege for the leisured ladies of the middle classes.

According to the case notes, Miss R. was a 20 year-old single woman. Her illness was attributed to uterine irregularity; she had delusions and was considered violent. The events Elizabeth C. described are also reported in the case notes:

Miss R’s condition continued satisfactory up to the 10th when she had a paroxysm of mania and was very violent on the morning of the 11th she smashed 32 panes of glass and it became necessary to seclude her in a

⁹¹ Elizabeth C’s letter, p. 10.

padded room. On the 12th she was again very violent and difficult to manage, saying that she would not be controlled but was determined to have her own way and do as she pleased. On the 13th she was quieter and was permitted to go to the meetings in the Saloon but on the 14th and 15th she was very violent and noisy and was removed to the 5th gallery. She remains there at present being quiet but it seems that the slightest opposition would be sufficient to bring on another paroxysm.

Miss R., though still prone to the occasional fit of bad temper, eventually learned to behave herself and was discharged a week after Elizabeth C. left the Retreat.⁹²

Elizabeth C's letter frequently sensationalised the Retreat as a place of punishment and reform. She often referred to the prison like nature of the Retreat, terming the residents 'prisoners', and the rooms 'cells'.⁹³ Such fears and accusations should be seen not only in the light of Elizabeth C's experiences of the Retreat but also as a result of cultural assumptions about the asylum. The fortress-like nature of mental institutions, especially the larger county asylums, with their imposing architecture entered into the consciousness of not just the residents but also the general population. Andrew Scull, for instance, notes that 'for almost two centuries, madness and the built form within which it has been contained have been virtually synonymous'. He goes on to explain how the asylums' physical presence warned those outside against the perils of non-conformity.⁹⁴ Similarly, Michael Ignatieff has commented:

"Total Institutions" work their effects on society through the mythic and symbolic weight of their walls on the world outside, through the ways, in other words, in which people fantasise, dream and fear the archipelago of confinement.⁹⁵

An example of such fears can be seen with the comments of an anonymous writer of a pamphlet in 1867:

On the gates of which I had much cause many, many times to think that there should be inscribed the terrible announcement "Hope never enters here."⁹⁶

⁹² K/2/11, entries 20 June 1876-16 Dec 1876, pp. 287-288, case 1276.

⁹³ Elizabeth C's letter, Prisoners, p. 29 and cell, p. 6.

⁹⁴ Andrew Scull, ' "A Convenient Place to Get Rid of Inconvenient People": the Victorian Lunatic Asylum', in Anthony D. King (ed), *Buildings and Society: Essays on the Social Development of the Built Environment* (London, 1980), pp. 38, 45-46.

⁹⁵ Michael Ignatieff, 'Total Institutions and Working Classes: a Review Essay', *History Workshop Journal*, 15 (1983), p. 167.

⁹⁶ Anonymous, *Life in a Lunatic Asylum*, p. 13.

Scull also notes how the physical hierarchies of space within the asylum served to punish deviant and reward improved behaviour.⁹⁷ From Elizabeth C's letter it is clear that there were certain areas of the Retreat that were particularly feared. One patient, for instance,

Speaking once of the dreaded "No 5" she said "Oh the humiliations I suffered there!" I said "Please don't tell me, I am not strong enough to bear it." She looked earnestly and seriously at me and said "I am not going to, I should not think of telling it!"⁹⁸

Elizabeth C. was never clear about what went on in this room and she never had any first hand experience of it. I was unable to find room number five as none of the plans for the Retreat have numbered rooms. What the plans do indicate, however, is that specific areas containing padded rooms were cordoned off for noisy patients (Figure 6).⁹⁹ Whether number five existed as a punishment room or not, what is significant is the shared fear among residents of the Retreat. Such fears also prevailed in other institutions. Hamilcar noted that in her asylum there was room number two 'of which I had a horror'. Herman Merivale dreaded the rat-haunted north room, and Clifford Beers, hearing of the ill-treatment which occurred in violent wards, chose to misbehave so as to be sent there to have his suspicions confirmed. Beers shrewdly reflected that 'the violent ward to an inmate of a hospital for the insane is what a prison is to a sane and free man'.¹⁰⁰ Such areas of asylums were places of unimagined horrors that acted as a deterrent and punishment.

Even if staff at the Retreat did not deliberately try to sedate the patients, use force or have special punishment rooms, it did try internally to control the individual. Michel Foucault argued that:

Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility: fear no longer reigned on the other side of the prison gates, it now reigned under the seeds of conscience.¹⁰¹

Elizabeth C. anticipated him by almost 100 years:

⁹⁷ Scull, 'A Convenient Place to Get Rid of Inconvenient People', pp. 37-60. See also Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913-1997* (London, 1998), p. 5.

⁹⁸ Elizabeth C's letter, p. 10.

⁹⁹ A/3/1/9, Annual Report, 1875.

¹⁰⁰ Hamilcar, *Legally Dead*, p. 136; Merivale, *My Experience in a Lunatic Asylum*, p. 140; Beers, *A Mind that Found Itself*, pp. 95, 146.

¹⁰¹ Michel Foucault, *Madness and Civilization: a History of Insanity in the Age of Reason*, trans. Richard Howard (trans. 1965; repr. London, 1971), p. 247.

Doubtless restraint was formerly exercised in a rough and cruel manner; but on the other hand what inducements can there be to use chains where incarceration is perfectly secure? Or blows where the power with a severity which without touching the body, causes the iron of captivity to enter into the soul?¹⁰³

The Retreat's regime, routines and restrictions imprisoned her, controlling what she called her soul and her internal self. Ben Adam (whose case is explored in more detail in the next chapter) also made similar observations over 50 years after Elizabeth C's stay in Retreat. In one of his letters he accurately described the Retreat windows, which were deliberately designed to be secure but appear as normal. Iron bars were encased within the wooden sashes.¹⁰⁴

In fulfilment of my promise to you this morning, I am going to write to you regarding my window, the window in my room ...

There is an activity, or perhaps rather artfulness about that window which is only apparent when the window is open. It is in two parts. On the inside the sash is made of iron and extends the whole way, about 8" 3" or 4 x 3" 6" from top to bottom, but only half of it is glazed, that is four openings, each containing five panes, the other the upper half is open. When the window is shut, which is seldom, it looks like an ordinary window but open it and at once the glazeless iron bar appears.

Within a few minutes of my arrival here July 11th 1927 I discovered the artfulness of the window. It seemed an improvement on the one at Brislington House, which had iron bars right outside the window. Both methods indicated restraint, a prison, but the Quakers tried to cover the evidence of the restraint in the way I have described ... so that the iron bars of my window are really and symbolically the evidence of my prison.

Of course I know that such a statement would seem nonsense to anyone who sees me getting about York and the countryside, I can be at large when I please. But you know that that liberty is only a tether which would suddenly become taut if I were guilty of anything that these doctors considered an act of "mental illness", the locks would click again, as they have done several times when they considered acts of mine as "mental illness" and I should be faced with my iron bars again.¹⁰⁵

To conclude this section, should we see Elizabeth C's writing as an example of 'mad people's writing'? Perhaps not, Elizabeth C. was no longer a patient when she wrote her letter and she also claimed that she was not insane. She did, however, write about her experiences of confinement. Is it therefore better to categorise her writing as an example of 'literature of confinement'?

¹⁰³ Elizabeth C's letter, p. 7. See also Roy Porter, *Mind Forg'd Manacles: a History of Madness in England from the Restoration to the Regency* (Cambridge, 1982), pp. 223-229.

¹⁰⁴ Digby, *Madness, Morality and Medicine*, p. 39.

¹⁰⁵ K/17/2/25, 27 April 1933, letter from Ben Adam to Mr Burgess.

Elizabeth C's writing in style and content clearly parallels not only many other accounts of Retreat patients, like those of Ben Adam and Alec A. discussed below, but also many published accounts by ex-residents of asylums. However, her letter did not just parallel writings from patients who had been confined to asylums; the way that she wrote about the Retreat and the language that she used also resembled contemporary social reform literature. She was writing as a distant campaigning religious and moral reformer.

Alec A.

Elizabeth C. was in the Retreat for only four months. By the time she wrote her letter she was safely outside the Retreat. Physical and chronological distance had elapsed between her stay and the time and place of her writing. By contrast, Alec A. wrote from a position of captivity. He was either still in the Retreat, or had just been transferred to another institution, when he created his newspaper. Is Alec A's account therefore, what should really be meant by 'mad people's writing' and 'literature of confinement'? As I discussed in the last chapter there are many factors that make writing from a position of captivity distinctive. Beveridge, for instance, has argued that letters written from within the asylum are much more vivid and less detached in their representations of asylum life.¹⁰⁶ While Elizabeth C. went into much detail about her experiences, Alec A's account had more immediacy and a sense of direct engagement with the staff and their activities. He wrote to defend himself against allegations of insanity, to protest against and in order to subvert the system and to rile particular members of staff. While Elizabeth C's allegations might well have been listened to, for example, by the visiting committee, Alec A's writings, reached a more limited audience and would have been easily dismissed as the work of an insane person because he was certified as insane and kept in an institution. It seems that Alec A's doctors automatically disbelieved what he wrote. His case notes observed:

His delusions persist although he does not spontaneously talk quite so much about them he spends much time in writing out a voluminous history of his case and of the conspiracy against him.¹⁰⁷

¹⁰⁶ Beveridge, 'Life in the Asylum', p. 431.

¹⁰⁷ K/2/22, p. 58, entry 28 Nov 1904, case 2242.

However, Alec A. was perceptive and aware that he would not be listened to, noting in December 1904, ‘that my writings and sayings were deemed by them to be the ravings of a lunatic!’¹⁰⁸

This awareness of the situation led Alec A. deliberately to mock the insane person’s desire for communication and writing. In one of his articles about his patient, Dr Pierce, he observed:

All over the paper he’s scrawling reports about myself and my
“INSANITY!”

He writes letters too! addresses them to Mr G V A [Alec A’s father] and the COMMISSIONERS! ...

Every now and then he asks for his doll and reads it some of his writings! Ah well, its a harmless enough pastime and so long as it amuses him and keeps him from becoming VIOLENT we ought to be thankful.¹⁰⁹

Alec A. understood that the opportunity presented for writing in the asylum did not provide the patient with a voice, but was a means to preoccupy and placate and thus silence the inmate. Alec A’s writing could also be used as an example of his madness.

If we take erratic, obscure and illogical writing as another indication of the ‘literature of confinement’ or even ‘mad writing’, Alec A’s writing could be seen as a good example. For instance, his eight-page letters declared:

Gradually they endeavoured to “smooth” me out of the country. They “wanted” to sign me “sane” – and let me go, “wanted” in fact, to get me out by the “back door”, so to speak-quietly, and without any scandal!

But I pointed out to them, quite as smoothly, that as they had restrained one for 14 weeks, merely because I said certain things had happened: They could hardly now give me my freedom!¹¹⁰

His use of quotation marks, his erratic underlinings and unusual sentence structure possibly indicate, or could certainly be used to back up, claims of insanity. However, there was a certain logic in his writing, and, as we shall see later it had parallels with other styles such as nonsense literature. For example, Alec A’s newspaper (Figure 7) also contained many underlinings and quotation marks, but it was very detailed and cleverly organised and presented, with some of the underlining clearly being typographical conventions representing italics.

¹⁰⁸ K/2/22, Alec A’s letter, 29 Dec 1904, p. 3.

¹⁰⁹ K/17/2/26, *The Weekly “Bull”etin*, 10 Nov 1906, p. 4.

¹¹⁰ K/2/22, Alec A’s letter, p. 3.

THE WEEKLY "BULL" ETIN

A JOURNAL IRRESPONSIBLE

No. 3

THE RETREAT, YORK

Nov 10th 1906

The DELUDED Specialist.

On the whole piece continues fairly quiet.

So Maud tells me anyway.

I myself during the past week have been too busy in my London to favour him with more than a couple of brief visits.

And on each of these he was asleep.

One night though in the middle of the week I understood he was gripped by a most extraordinary **HALLUCINATION**

It appears that he was lying restless & wakeful upon his bed & of a sudden chanced to spot a mouse that was frisking itself about on the hearth rug in the firelight.

Instantly says Maud, there was a commotion!

Figure 7 First Page of Alec A's 'Weekly "Bull"etin'

There were hardly any crossings-out or insertions, the headlines were well structured and there were deft ironic touches, such as the ending of one edition with a copyright notice of 'all rights reserved'.¹¹¹ Alec A. surely planned and drafted it out first.

Alec A's writing imitated newspaper writing. Such parodying of the newspaper form and content was not uncommon. Writing about the proliferation of newsprint in the nineteenth century, Aled Jones comments:

In poems, ballads and novels, newspapers and their journalists were ridiculed, parodied, criticised, or praised. Some decried the trite insubstantiality of the newssheet, while others relished the visual and tactile pleasures of the page and the smell of the ink.¹¹²

Alec A's newspaper also resembles other nineteenth and early twentieth-century institutional writings, such as school magazines and official asylum newspapers, and magazines such as Bethlem's *Under the Dome*, Craiglockhart's *Hydra* or even the Retreat's own *Harbour Lights*.¹¹³ Like Alec A's paper, *Harbour Lights* also included a small selection of jokes and an anecdotal column entitled 'odds and ends'.¹¹⁴ Writing in such styles developed in the 1880s, as lengthy political investigations were replaced with snippets on fashion, health, theatre, cartoon strips and puzzles, as reflected in periodicals such as *Tittle Tattle* and *The World*.¹¹⁵ Alec A., for example, ordered in copies of the *Sketch*, and this had sections such as:

The play and its story, small talk, news of the day, the juniors, the world of sport, echoes from the colonies, the literary lounge, notes from the exchange, art notes, curl papers, famous war sketches, a novel in a nutshell, our new notable, the fortune-teller, the week's cartoon, notes from the concert room, for the ladies, last week in Paris.¹¹⁶

¹¹¹ K/17/2/26, *The Weekly "Bull" etin*, 10 Nov 1906, p. 17.

¹¹² Aled Jones, *Powers of the Press: Newspapers, Power and the Public in Nineteenth-Century England* (Aldershot, 1996), p. 29.

¹¹³ *Under the Dome* was founded in 1892, *The Hydra* in 1917; A/5/4/1 *Harbour Lights*, examples between 1933 and 1935, founded in 1923.

¹¹⁴ A/5/4/1, *Harbour Lights*.

¹¹⁵ Jacques Barzun, *From Dawn to Decadence: 500 Years of Western Cultural Life, 1500 to the Present* (London, 2001), p. 684. For discussion of scandalous periodicals see Donald J. Gary, 'Early Victorian Scandalous Journalism; Rentin Nicholson's *The Town*', in Joanne Shattock and Michael Wolff (eds), *The Victorian Periodical Press: Samplings and Soundings* (Bath, 1982), pp. 317-348; Kate Jackson, ' "George Newnes and the Loyal Tit-Bitites": Editorial Identity and Textual Interaction in *Tit-Bits*', in Laurel Brake, Bill Bell and David Finkelstein (eds), *Nineteenth-Century Media and the Construction of Identities* (Basingstoke, 2000), pp. 11-26.

¹¹⁶ Alec A. reading 'Sketch'; see K/18/1/1, letter from Alex A's father to Dr Pierce, 6 Nov 1906; *Waterloo Directory of English Newspapers and Periodicals, 1800-1900*,

Alec A's use of satirical humour also parallels contemporary literature. In his newspaper he engaged with a long tradition of carnivalesque, the subverting and turning upside down of orders of power and the satirical sending up of important figures.¹¹⁷ This can be clearly seen, for instance, with his articles on the patient, Pierce, and his gossip about members of staff. Alec A's paper's title, '*The Weekly "Bull"etin: a Journal Irresponsiblę*', suggests the playful, humorous, and subversive nature of its contents. Such parodies were common at the beginning of the twentieth century in popular forms of music hall entertainment, sensational fiction, decadent literature and in periodicals such as *Punch*, or, as it was perceptively subtitled, the *London Charivari*.¹¹⁸

Why did Alec A. employ such humour? It may have been because he was insane. On the other hand Alec A's self-reflective wit and cleverness could have supported his claims of sanity. It could simply have been a belated form of adolescent rebellion and have served to annoy or amuse members of staff (presuming he wished them to read it). Dr Pierce, for instance, wrote to the Superintendent of the Coppice hospital that 'he has considerable gift of language and many of his letters are amusing' and 'I have little doubt that many of these were deliberately made in order to annoy'.¹¹⁹ Attacking the Retreat with humour was perhaps more likely to be tolerated than other forms of protest. Barfoot and Beveridge, who looked at the case of John William Mason, a patient at Morningside Asylum in the second half of the nineteenth century, note that one of Mason's articles for the asylum newspaper pretended that William Gladstone was an asylum patient. They argue that, because an unlikely person was the subject and because a humorous approach was adopted, the reference was made less threatening.¹²⁰ This may have been a reason why, in his articles, Alec A. chose Dr Pierce as the patient rather than himself. However, it was such writing that eventually led him to be transferred. Dr Pierce, wrote:

<<http://www.victorianperiodicals.com/series2/showarticle.asp?id=94209&HighlightedField=title&HighlightedWords=sketch>> (24 April 2005).

¹¹⁷ See Mikhail Bakhtin, *Rabelais and his World*, trans. Helene Iswolsky (trans. 1968; repr. Indiana, 1984), p. 81.

¹¹⁸ Stallybrass and White, *The Politics and Poetics of Transgression*, p. 24.

¹¹⁹ B/1/19, 12 Oct 1906, letter from Dr Pierce to Dr Russell; 10 Nov 1906, letter from Dr Pierce to Alec A's father.

¹²⁰ Michael Barfoot and Allan Beveridge, ' "Our Most Notable Inmate": John Willis Mason at the Royal Edinburgh Asylum, 1864-1901', *History of Psychiatry*, 14 (1993), p. 177.

I have told his father to remove him because he came back with a story that I was grossly immoral and the female side was my harem, and he writes abundant letters on the subject.¹²¹

In light of debates surrounding the carnivalesque, his humour could be seen both as a challenge to the established order, and as a way of controlling his own circumstances.¹²² However, such an interpretation should be set against understandings of the carnivalesque, which sees it as acting to reinforce the hierarchies upon which status and power are produced.¹²³ As Roger Sales has pointed out:

Although the world might appear to be turned upside down during the carnival season, the fact that Kings and Queens were chosen and crowned actually reaffirmed the *status quo*.¹²⁴

These two understandings are not necessarily in opposition. To an extent Alec A. challenged authority and empowered himself, yet, because he started off from a position of so little power, realistically he was unable to have a great deal of impact upon the doctors and their regimes. Carnochan reflects upon a tradition, originating with Prometheus, of the prisoner who:

Is not the heroic rebel but the agile intellectual and sharp-tongued satirist who has himself been tricked in turn by the superior power and wit of Zeus. It is part that fictional prisoner-heroes often play. The antagonist of authority opposes his own strength, often wittily and satirically, against the superior weaponry of society or the gods.¹²⁵

It is likely that the doctors dismissed Alec A's attacks as those of a weaker defeated opponent or rather madman. His case notes reveal ironic amusement at, and tolerance of, some of Alec A's aberrant behaviour. It seems that the doctors did not believe him, yet they seemed to appreciate his imaginative lying:

Yesterday he went with an attendant to Bridlington. He continued to give the attendant the slip and went off by himself. He however came back to the station to meet the attendant on the train back to York. He said he

¹²¹ B/1/19, Superintendent's Out-letter Book July 1906-Jan 1907, 12 Oct 1906, letter from Dr Pierce to Dr Russell.

¹²² Patrick Joyce, *Visions of the People: Industrial England and the Question of Class, 1848-1914* (Cambridge, 1991), p. 226.

¹²³ Aaron Gurevich, 'Bakhtin and His Theory of Carnival', in Jan Bremmer and Herman Roodenburg (eds), *A Cultural History of Humour: from Antiquity to the Present Day* (Cambridge, 1997), p. 58.

¹²⁴ Roger Sales, *English Literature in History, 1780-1930: Pastoral and Politics* (London, 1983), p. 169.

¹²⁵ W. B. Carnochan, 'The Literature of Confinement', in Norval Morris and David J. Rothman (eds), *The Oxford History of the Prison: the Practice of Punishment in Western Society* (Oxford, 1995), p. 429.

had done this to show how sane he was and how well he could look after himself. He told a very circumscribed story (which appears to be pure fabrication, with no foundation in fact) of how the attendant went to sleep in the train and he [Alec] turned out his pockets to the amusement of the other passengers.¹²⁶

On this, as on one other occasion, Alec A. escaped but returned of his own free will.¹²⁷ This can be compared to Carnochan's observation that,

Ideas of struggle underlie the plot of prison literature, although the very absence of struggle, the radical acceptance of confinement – the desire not to escape or even the love of being imprisoned – is sometimes the real story.¹²⁸

Another instance of such resistance is how when Alec A. was removed from the Retreat, he was reluctant to leave. This was expressed in a letter between Dr Pierce and Alec A's father:

Mr A was a good deal upset at leaving here. In spite of all the attacks and abuse he was sad to leave us. It is often the case that patients who complain the most are the most sorry to leave when the time comes.¹²⁹

To an extent he seems to have wanted the security of the Retreat. There was safety in being confined as 'mad'. In 1908, for example, his 'insanity' prevented him from being charged with assaulting a woman in Sheffield.

Alec A. recognised benefits in being certified. In one of his asylum newsflashes he wrote that:

Every honour to the bogus German Captain who bluffed K__ and its mayor!

He's amused Europe.

Nevertheless he's arrested and for a spell he'll have to live in prison.

Why though before visiting K__ didn't he come here and get Pierce to certify him as IRRESPONSIBLE! Then he could have RUN AWAY brought off his coup—and been allright [sic] How's that Umpire!¹³⁰

He also had a stoical tolerance of his incarceration. He remained adamant that there was a conspiracy against him and was prepared to endure the consequences of holding onto this belief:

These things have happened. I said it yesterday – I say it today – and I shall always say it. For it is either the truth. Therefore they must either

¹²⁶ K/2/22, p. 58, entry 8 Oct 1906, case 2242.

¹²⁷ K/2/22, p. 58, entries 30 Oct 1905; 8 Oct 1906, case 2242.

¹²⁸ Carnochan, 'The Literature of Confinement'. p. 428.

¹²⁹ B/1/19, 10 Nov 1906, letter from Dr Pierce to Alec A's father.

¹³⁰ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 6.

be proved or else I must prepare to remain either here or at a Govt asylum for life! (which is scarcely a pleasing outlook!) That I fancy is very plain!¹³¹

These passages play with typographical form. 'Irresponsible' is capitalised with an exclamation mark attached, so as to highlight the precariousness of such a category; words like 'truth', 'proved', and phrases such as 'I shall always say it', are underlined to emphasise their importance or their contingency. The structure of the first passage quoted above is also significant. It is a succession of one-line statements energetically listed, leading towards the punch-line that ends with the wordplay on "Umpire", with its double and linked meanings of British Empire and fair play.

Rather than being reduced to being symptoms of madness, such punning and games with form and content can be related to nonsense writings, typified by the works of Edward Lear and Lewis Carroll. Growing out of traditions of nursery rhymes and folkloric tales, such childish and poetic nonsense became popular in late Victorian society.¹³² Take as an example this verse from one of Lear's poems:

'O'Shovely so lovely!' the Poker he sang,
'You have perfectly conquered my heart!
'Dong-a dong! Dong a dong! If you're pleased with my song,
'I will feed you with cold apple tart!
'When you scrape up the coals with a delicate sound,
'You enrapture my life with delight!
'Your nose is so shiny! Your head is so round
'And your shape is so slender and bright!
'Ding-a dong! Ding-a dong!
'Aint you pleased with my song?'¹³³

Alec A., like Lear, played around with quotation and exclamation marks, indentations, phonetic spelling and short lively sentences to test the boundaries of sense.

However, madness and nonsense were also inextricably interlinked; as the Cheshire Cat in Carroll's *Alice in Wonderland* conceded, 'we're all mad

¹³¹ K/2/22, Alec A's letter, p. 5.

¹³² Jean-Jacques Lecercle, *Philosophy of Nonsense: the Intuitions of Victorian Nonsense Literature* (London, 1994), pp. 179-182.

¹³³ Edward Lear, second verse of 'The Borm, the Shovel, the Poker, and the Tongs', in 'Nonsense Songs, Stories, Botany and Alphabets', in Edward Lear, *Book of Nonsense*, ed David Campbell (London, 1992), p. 93.

here'.¹³⁴ Jean-Jacques Lecercle, writing about nonsense literature, has described how,

There is intuition in their madness, to the same extent as there is madness in their method ... Nonsense or madness not only subvert, they also disclose and construct.¹³⁵

To an extent such self-awareness reconstitutes, contains and denies madness. Indeed Alec A. posed the riddle 'How can a SANE man be made SANE?'¹³⁶ It is clear that by posing his conundrum, he was exploring his fundamental dilemma. Because he already believed himself to be sane, he felt that there was nothing that he could do to make himself appear saner so as to secure his release. There is much method in Alec A's madness. Even when his writings are not necessarily conventionally understandable, they are clearly purposeful.¹³⁷ His texts seem to be self-reflective parody rather than a product of irrationality.

Lecercle observes:

That nonsense is on the whole a conservative-revolutionary genre. It is conservative because deeply respectful of authority in all its forms: rules of grammar, maxims of conversation and of politeness, the authority of the canonical author of the parodied text.¹³⁸

Nonsense texts play around with form and content but ultimately rely upon the rigidity of such structures. They remain obedient to syntactical structure and continue to communicate through universally understood codes of grammar and punctuation.¹³⁹ Alec A's texts are well structured and lack the chaotic arbitrariness of some of the letters examined in Chapter 3 and the writings of Charles W. explored in Chapter 6.

Alec A's writing, like Elizabeth C's, can be considered a 'literature of confinement' because he wrote about and protested against his experiences of incarceration. Alec A. firstly wrote to annoy his father who certified him. He described him as 'simple', 'childish', and a 'rat'.¹⁴⁰ He said in his letter that his father was to blame, as,

¹³⁴ Lewis Carroll, *Alice's Adventures in Wonderland and Through the Looking Glass and What Alice Found there* (1865), ed and intro. Roger Lancelyn (Oxford, 1998), p. 58.

¹³⁵ Lecercle, *Philosophy of Nonsense*, p. 6.

¹³⁶ K/17/2/26, *The Weekly "Bull" etin*, 17 Nov 1906, p. 6.

¹³⁷ Lecercle, *Philosophy of Nonsense*, pp. 6, 204-208.

¹³⁸ Lecercle, *Philosophy of Nonsense*, pp. 2-3. Interestingly Lecercle also compares nonsense to the carnivalesque, pp. 194-195.

¹³⁹ Lecercle, *Philosophy of Nonsense*, p. 60.

¹⁴⁰ K/2/22, Alec A's letter, p. 5.

Ever since 15, I have been obliged to soothe and humour him and often when I have required a “rest” or “change of air” – “breakdowns” in health have had to be engineered.

This time, unfortunately my landlady and myself have overacted our parts. And he’s perfectly satisfied in his own mind that the “going mad” is merely a natural outcome of the “break-downs”!¹⁴¹

Alec A. hoped that this letter or its contents, which was addressed to the doctors, would be revealed to his father, commenting, ‘and in telling you this, it is rather my father I am telling through you!’¹⁴² The case notes describe Alec A’s father, who was a missionary, as ‘rather nervous and worrying’. Like some of the patients’ relatives discussed in the last chapter, Alec A’s father continually intervened in his care. He demanded that Alec A. be forbade from attending the theatre and be prevented from buying new clothes.¹⁴³ Even Dr Pierce thought that such sanctions were too harsh, writing that:

I am sorry that you object to his going to the theatre, as I think some amusement of this kind is helpful, seeing the conditions under which he lives, but I have in deference to your wishes arranged that he shall go no more. I have had a long and abusive letter from your son in consequence. I would send it on for you to see, but there is so much that is objectionable in regard to yourself that perhaps I had better keep it.¹⁴⁴

Alec A’s next target was the Retreat doctors. To an extent he appeared to trust them. In one letter he tried to enlist Dr Pierce’s help, commenting:

In the first place let me assure you of my bona-fides as far as you yourself and Dr Mackenzie [assistant medical officer] are concerned. You must not think for a moment that I look upon you in the same fashion that I look upon “Mr” Ross and his bosom friend Vause of New South Wales ... So far, you have treated me with perfect “asylum” fairness – and shewn me every consideration and my feelings towards you are of a very friendly nature.¹⁴⁵

“Mr” Ross was obviously not a doctor of the same calibre as Dr Pierce. However, in stating that he was only treated with “asylum” fairness, Alec A. was suggesting that this was rather short of ordinary standards. Moreover, such an account may have been an attempt to gain alliances rather than an expression of genuine appreciation.

¹⁴¹ K/2/22, Alec A’s letter, p. 7.

¹⁴² K/2/22, Alec A’s letter, p. 6.

¹⁴³ K/2/22, p. 57, entry 18 Nov 1904, case 2242; Missionary, Newspaper extract, 25 Dec 1908; K/18/1/1, 9 Nov 1906, letter from Alec A’s father to Dr Pierce.

¹⁴⁴ B/1/18, 29 Nov 1905, letter from Dr Pierce to Alec A’s father.

¹⁴⁵ K/2/22, Alec A’s letter, p. 1.

Alec A., however, attacked Dr Pierce in his newspaper. Both editions contained serialised accounts of his relationship with Dr Pierce, with himself as the powerful superintendent and Dr Pierce as his most difficult patient. He characterised Dr Pierce as a lunatic who believed that he was a psychiatric doctor:

Maud [nurse] says that he believes him once more to be a big MENTAL doctor like what he was two years ago when I had him placed under restraint.¹⁴⁶

Again, through typographical games, Alec A. emphasised his point; capitalising 'mental' reinforces the term's authority and vulnerability. Alec A. was playing on the well-known story of the mad alienist who entered the asylum sane but soon went mad and was confined as a patient, thus revealing the fine line between sanity and insanity.¹⁴⁷

Alec A., like Elizabeth C., adopted well-known caricatures of madness in order to describe his patient. Dr Pierce was presented as a stereotypical madman. According to Alec A., he was violent, jealous and childish:

Maud stroked his hand soothingly and told him that what he had seen was a mouse. But he wouldn't believe her and as he again began to strain his eyes on the hearth rug she once more approached the safe and brought him his toy doll which sometimes has a wondrous effect in keeping him quiet ... A little later as he showed signs of sharing drinks with the doll instead of with her. She undressed him and put him back to bed.

"Come boy Come!" I cried whistling at him, clicking my fingers at him and finally motioning him towards me by patting my shin in the same way that a man motions a dog.¹⁴⁸

However, while Elizabeth C's infantilising of her fellow patients was condescending but nonetheless sympathetic, Alec A's descriptions were rather more humiliating.

Through his portrayal of the mad Pierce, Alec A. also revealed his awareness of the difficulties that patients could cause doctors. Pierce was an especially demanding patient, prone to sudden violent attacks:

¹⁴⁶ K/17/2/26, *The Weekly "Bull"etin*, 10 Nov 1906, p. 4.

¹⁴⁷ Porter, *A Social History of Madness*, p. 4; Yannick Ripa, *Women and Madness: the Incarceration of Women in Nineteenth Century France*, trans. Catherine du Peloux Menagé (Cambridge, 1990), p. 84.

¹⁴⁸ K/17/2/26, *The Weekly "Bull"etin*, 10 Nov 1906, p. 3; 17 Nov, p. 2.

I was having a siesta in my boudoir when a hurried knocking at the door brought me quickly to my feet, startled and dishevelled.

Maud stood without

“Come !” she panted, clutching my arm in the excitement “It’s another DELUSION! He says you’re trying to get him divorced” ...

The table had been overturned, and on the floor scattered about in all directions were his reports, letters and various writings: while as for him, he was striding up and down the room in a great state, trampling ferociously upon the littered documents and mouthing in anger to the furniture

On seeing me he spat in my face and his striding up and down seemed to become wilder.¹⁴⁹

Alec A., as the doctor, feared the potentially violent and dangerous patient, Pierce, and therefore had to watch his own behaviour. If Alec A. in this carnivalesque satire was turning the tables upside down to empower himself by depicting himself as a superintendent he partially failed. He showed that the patient Pierce still had much power and agency by demanding attention and threatening physical danger. What this did achieve, however, was to show the power that Alec A. had as a patient living in the Retreat.

Alec A., as the doctor, possessed skills and faults that reflected critically upon the role of the medical professional. Alec A. explained that to gain control over Pierce, he adopted his ‘best professional manner’ and ‘throwing myself with professional ease into the armchair I implored him to sit down and chat to me’.¹⁵⁰ As well as perhaps reflecting Alec A’s own experience, such commentary resonated with popular understandings of the medical profession. As *Punch* wrote of the sick John Bull:

Certainly it was a passing poor object that met the eye of the Arch Practitioner as he entered the apartment of John Bull, patient. A Specialist in complications he was accustomed to prescribe for the most distressing symptoms with a smiling face. To-day however, he wore an air of unusual seriousness. A faint savour of quackery, which pervaded the room, had not escaped the professional nostril, eruct as ever; but had confirmed his suspicion that he should have been called in at an earlier stage. In consequence he was inclined to adopt a tone of moral exhortation rare in so genial a physician as Dr Punch.¹⁵¹

Alec A. also exposed the techniques employed by doctors, such as distracting the patient from his delusion:

¹⁴⁹ K/17/2/26, *The Weekly “Bull”etin*, 17 Nov 1906, pp. 1-2.

¹⁵⁰ K/17/2/26, *The Weekly “Bull”etin*, 17 Nov 1906, pp. 2, 5.

¹⁵¹ *Punch*, 25 Dec 1901, p. 3.

My diplomatic manoeuvre in switching him back to his wife ... in order that he shouldn't develop a fresh DELUSION concerning Maud and myself – had answered rather better than I had intended; and despairing of calming him by the use of more words I walked to the safe to try the use of drinks.¹⁵²

In this passage Alec A. referred to Pierce's jealousy at the relationship between Alec A. and his assistant Maud. Alec A. presented this envy as not necessarily unfounded (again the use of capitalisation highlights the ambivalence of the delusion), for he preceded the account with the following description, 'her ripe young face, crowned with its raven black hair, was up – turned to mine and her lips were pouted and anxious' and 'at once, in order to catch her whisper, I bent towards her. So close to her indeed did I get that the scent of her presence almost intoxicated me'.¹⁵³ I was unable to discover if there was any member of staff named Maud; the Retreat records of staff at the turn of the century reveal no one of that name.¹⁵⁴

Alec A's Maud was also prone to the reading of French novels, suggesting perhaps a certain looseness of morality.¹⁵⁵ Decadent French literature such as Zola's *La Terre* and Baudelaire's *Fleurs de Mal* was considered highly corrupting, and by 1888 the House of Commons had proposed a motion deploring the 'rapid spread of demoralising literature upon this country'. As Lawrence Danson explains, it was understood that:

They were bad enough in French but a calamity now that why were being published in cheap translations, which meant that the young, the poor, and the female could acquire them.¹⁵⁶

Not that Alec A's newspaper would escape accusations of immorality. Alec A's style and content can be compared to that of *The Pearl: a Journal of Facetiæ and Voluptuous Reading*, with its bawdy short stories, poems limericks and jokes. This also had its unique take on issues of lunacy:

A QUESTION OF LUNACY.

¹⁵² K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 5.

¹⁵³ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 4.

¹⁵⁴ A/3/1/11-A/3/1/13, Annual Reports 1890-1909; F/5/1/3, Staff Notebook 4 Oct 1860-15 Sept 1872; F/5/2/2 *Retreat's Who's Who*, n.d. early 20th c.

¹⁵⁵ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 8.

¹⁵⁶ Lawrence Danson, 'Wilde as Critic and Theorist', in Peter Raby (ed), *The Cambridge Companion to Oscar Wilde* (Cambridge, 1997), p. 86.

A lady the other day, wishing to get an imbecile son into an asylum, consulted a doctor about a certificate and he naturally enquired as to the actions of the alleged lunatic.

Lady- I must tell you that lately at Christmas he would get up at night and eat all the mince-pie in the pantry.

Doctor –That is only gluttony

Lady – There's something awfully shocking to tell: The other day he threw the servant down the stairs and fucked her!

Doctor – Mere depravity, that's all. Now allow me to ex-plain the difference to you, Madame! If you had told me that your son had eaten the servant and fucked the mince-pies there could have been no doubt about the necessity of confining him in an asylum.¹⁵⁷

Alec A's jokes and stories also resembled the subtle hints and innuendo that prevailed in the music hall. For example, he wrote:

Is it true that Stratford of the galleries is starting a Sunday school class for the idiots? If so then I suggest that he labels it "LADIES only!" He'll have a better time this way than the other!

Why didn't the cook turn up at my boudoir last Sunday afternoon as arranged?

Was she busy elsewhere?¹⁵⁸

Alec A. also made observations on the daily routines and treatments of the Retreat. He touched on many of the same issues as Elizabeth C., for example, he alluded to the use of drugs, writing about placating Dr Pierce with gin, and noting that 'things have been humming like a rocket, and its small wonder that my head throbs and I'm taking pills!¹⁵⁹ Alec A. like Elizabeth C., also criticised the Retreat entertainments, noting that:

In last weeks "Bull"-ETIN I criticised the dance under the heading of Topical Events. This heading of course was in error. It ought to have been Tropical Events! Why and oh why, do they think it necessary, considering the nature of the dances, to light fires both in the Saloon and in the corridor adjoining?

If we go on at this rather we shall not – only require the smoked glasses, but blocks of ICE as well!¹⁶⁰

Alec A's concerns, however, were about the quality rather than the morality of the entertainment.

¹⁵⁷ *The Pearl: a Journal of Facetiæ and Voluptuous Reading*, Dec 1880, p. 168.

¹⁵⁸ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, pp. 6-7.

¹⁵⁹ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, gin, p. 6; pills, p. 9.

¹⁶⁰ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, pp. 6-7.

Alec A. also commented on the Retreat building. According to the case notes he described the hospital as like a kennel and claimed that it had dung laden corridors.¹⁶¹ However, rather than focusing upon the Retreat as a place of punishment like Elizabeth C., he fantasised about it as a place of debauchery.

Diana Gittins has pointed out that:

Material space ... is not the only space, and try though authorities may to define, delimit and contain mental illness within material confines, there still remains another space: the space of imagination, vision, madness.¹⁶²

Alec A. gave the following description of the Retreat:

It's been a red and purple week in the boudoir and no mistake! Things have been humming like a rocket, and its small wonder that my head throbs and I'm taking pills!

Wild reckless carousals and dissipation of every sort has been the order of the week.

Yet in the centre of a HAREM what else can one expect! Perhaps the most dazzling orgy took place last Wednesday night, for it was then that I invited a dozen of the HARMENITES to a dance and champagne supper.

I was the only male!¹⁶³

This passage resonates with decadent literature of the late nineteenth century, relishing a fantastical, exuberant and luxurious retreat from reality.¹⁶⁴

The account also engages with an orientalist theme and the mythologies associated with exotic experiences believed to be found in harems and opium dens.¹⁶⁵ The nature and activities of the harem were a popular Orientalist preoccupation. Rana Kabbani, has written that the Orient was commonly represented as full of,

Doe-eyed women in abundance, languishing with love and expiring of desire, wicked men who kept them in captivity, rich banquets, gorgeous brocades and cashmeres, jewels, perfume music, dance and poetry.¹⁶⁶

Alec A. even referred to popular Orientalist authors:

A book entitled "Disenchanted" has just been published I see by Messers Methuen and Co.

¹⁶¹ K/2/22, p. 58, entry 30 Oct 1906, case 2242.

¹⁶² Gittins, *Madness in its Place*, p. 5.

¹⁶³ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 9.

¹⁶⁴ R. K. R. Thornton "Decadence" in Late-Nineteenth Century England", in Ian Fletcher (ed), *Decadence and the 1890's* (London, 1980), p. 28.

¹⁶⁵ Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London, 1981), pp. 195-205; Rana Kabbani, *Imperial Fictions, Europe's Myths of Orient* (rev. edn, Glasgow, 1994).

¹⁶⁶ Kabbani, *Imperial Fictions, Europe's Myths of Orient*, p. 34.

The author is Pierre Loti, and a snapshot review of his work says that it's "an arresting picture of life in a harem."¹⁶⁷

Loti's *Les Desenchantes* contained such luxuriating descriptions as:

His three austere little black spectres metamorphosed into three odalisques sparkling with gold embroidery and spangles, in delightful old world-magnificence ... They amused themselves by treating him as a pasha, and danced before him – a dance like that of their grandmothers in the plains of Karadjemir, very chaste and slow, with much waving of bare arms, to an Asiatic pastoral air played upon a lute by one of the veiled women.¹⁶⁸

Loti's depictions of the harem were more fantastical than factual. One contemporary western woman traveller, for instance, criticised *Les Desenchantes* for 'presenting an entirely false view of the aspirations and ideals of representative Osmanli womanhood'.¹⁶⁹ Kabbani discusses how Oriental literature and art generally created a separate fantastical escapist space for the bourgeoisie male.¹⁷⁰ Alec A., incarcerated in a predominantly sexually segregated, Quaker mental institution, perhaps felt a strong need to create such a fantasy world.

However, Alec A's choice of the oriental boudoir/harem took second place to his dream of entertaining women in London:

The HARMENITES are all very well in their way, but they aren't patch on the London gals and don't you forget it!

Indeed if it wasn't for the fact of half a loaf being better than no bread sort of thing I shouldn't deign to have dealings with them ...

A few samples of choice young actresses, don't-cher-know with music and "extras" thrown in midst the hubbub of life and the Universe, are far more to my taste than this!

But then what am I to do!¹⁷¹

The exotic was apparently not erotic enough; instead Alec A. proposed to get 'a batch of fluff from London once a week'.¹⁷² Actresses and music hall entertainers were generally considered to be unsavoury and immoral, and were also symbols of the decadent era. Thornton has commented that,

¹⁶⁷ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 15.

¹⁶⁸ Pierre Loti, *Disenchanted*, trans. Clara Bell (London, 1911).

¹⁶⁹ Lucy Mary Jane Garnett, *Turkey of the Ottomans* (New York, 1911), p. 241, quoted in Irene Szyliowicz, *Pierre Loti and the Oriental Women*, (London, 1988). p 115.

¹⁷⁰ Kabbani, *Imperial Fictions*, p. 69.

¹⁷¹ K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 10.

¹⁷² K/17/2/26, *The Weekly "Bull"etin*, 17 Nov 1906, p. 10.

Love especially with an actress or a dancer or a highly made up woman, or a woman untouchable because of her youth or self-involvement, becomes a favourite symbol of the attempt to escape the bonds of the real world, especially since it also relates to the striving for freedom of subject matter.¹⁷³

Alec A's father disapproved of his association with the theatre. Referring to an invoice where he saw that his son had ordered a copy of the *Sketch*, he noted:

The item "Sketch" 101, I strongly object to: please tell me who gave permission for this to be obtained ... Knowing my wishes as to theatres, and considering the sad state of my son's mental condition morally, I cannot think the medical superintendent would sanction such a periodical, clearly with actresses and its pictures at times of a very loose nature, must have had a very pernicious influence.¹⁷⁴

His father may well have been right: the *Sketch* may very well have inspired Alec A's ideas.

Alec A. also referred to the famous music hall actress, Marie Lloyd. He wrote in his asylum flashes section that,

Marie Lloyd (The Comedienne) is going to favour the asylum with a "visit" I understand she's to sing and dance in the saloon. If this is correct than it'll b [sic] a case of no "LADIES" admitted to her. On the other hand if her "visit" spells the common and ordinary sort of visit don't-cher-know then it el [sic] be a case of Marie being admitted to the "LADIES!"¹⁷⁵

It is highly unlikely that Marie Lloyd went to the Retreat as an entertainer or (as Alec A. suggested) as a patient. By placing quotations round the term "visit" Alec A. clearly was reflecting on the irony of calling incarceration "a visit". Marie Lloyd was known for her 'saucy winks', rude songs and vulgarity. She was brought before the vigilance committee, where as Paul Morris writes, there:

Follows the famous story of Marie singing to the Committee the lovely drawing room ballad "Come into the Garden Maud" with such a wealth of gesture that it became quite obscene.

Marie Lloyd may also have been receiving a lot of attention in periodicals such as the *Sketch* around the time of Alec A's incarceration, as she was one of the key figures in the strike of music hall workers.¹⁷⁶

¹⁷³ R. K. R. Thornton. ' "Decadence" in the Later Nineteenth-Century', p. 29. See also John Stokes, 'The Legend of Duse: Decadent Theatre', in Ian Fletcher (ed), *Decadence and the 1890's* (London, 1980), pp. 151-171; Midge Gillies, *Marie Lloyd, the One and Only* (London, 1999), pp. 23-33.

¹⁷⁴ K/18/1/1, letter from Alec A's father to Dr Pierce, 6 Nov 1906.

¹⁷⁵ K/17/2/26, *The Weekly "Bull" etin*, 17 Nov 1906, p. 8.

Alec A's pursuit of women was not confined to his fantasy world. His case notes record how, during his trips to town while a Retreat patient, 'on meeting any woman he would wink at her or otherwise try to attract attention, and often tried to speak to them'.¹⁷⁷ He may also have turned his attention to men. One entry records, 'only a few days ago he made indecent proposals to two other patients [presumably male as there was still single sex ward accommodation] who were in his room'.¹⁷⁸ On another occasion:

Slipping away from the attendant when in Leeds on Saturday. He met a 'lady' whom he evidently knew well, in Albion St, and went away with her. He told [illegible, the attendant] that he had been married to her four years ago and he had come by appointment to see her. All this he denies point blank today.¹⁷⁹

Two years after his release, the following report 'Midnight wanderings: Lunatics and Ladies. A Singular affair in Sheffield' appeared in a newspaper:

A very singular case came before the Stipendiary at the Sheffield Police court, on Thursday when a young man of good appearance, named Alexander was charged with assaulting Nellie S. of 7 Pinfold Street. Alexander, whose age was given as 28, was well dressed, with sharp clean shaven features, and an educated manner. His behaviour in the dock was somewhat eccentric, and led one to form conclusions which were confirmed later in the day by the arrival of an attendant, who conducted Alexander back to an institution in Dumfries. The story of his conduct on Friday midnight was sufficiently remarkable.¹⁸⁰

The charges were dropped because he was returned to the mental institution in Dumfries. His fantasies had partially become reality.

Was Alec A's writing an example of 'mad writing?' He was writing from a position of incarceration, and his literary style and form could at times be interpreted as those of an insane person. His writing could also fall into the category of 'literature of confinement'. He protested against his immediate experiences, the staff and regime and treatments of the Retreat. His writing was also very much a way of dealing with his life in the institution. It offered a means of getting revenge on members of staff, a way of subverting his position of powerlessness, and provided an opportunity to escape into a fantasy world.

¹⁷⁶ Paul Morris 'Marie Lloyd' (1997), <<http://www.amaranthdesign.ca/music/hall/past/Lloyd.htm>> (27 Feb 2003). See also Gillies, *Marie Lloyd*, p. 78.

¹⁷⁷ K/2/22, p. 58, entry 5 Dec 1904, case 2242.

¹⁷⁸ K/2/22, p. 58, entry 25 Jan 1905, case 2242.

¹⁷⁹ K/2/22, p. 58, entry Oct 1906, case 2242.

¹⁸⁰ K/2/22, Newspaper extract, 25 Dec 1908.

However, his writing was also very clever and knowing, it was as if he was parodying 'mad people's writings' rather than writing from such a position. His writing was also very different from Elizabeth C's and other published accounts of confinement. It was not autobiographical in the conventional sense, it had its own distinct style imitative of modern newspapers and periodicals. Alec A's writing can perhaps more usefully be placed in other categories of writing. For example, Alec A. employed contemporary genres of nonsense and satire, and engaged with ideas and language of decadence, the music hall and theatre, and the Orient.

The writings of Elizabeth C. and Alec A. are two examples of 'literature of confinement'. I do believe that it is a valid category to use, a way of relating patients' and ex-patients' writings to their individual experiences and common preoccupations, concerns and the mythologies surrounding asylums. The more the writing is about similar institutions and the nearer it is chronologically, the more profitable it is to consider them together. 'Literature of confinement' is also a category that should perhaps be disassociated from 'mad people's writings', as this term implies that the authors were insane and undermines the validity of what they wrote. Moreover, the interpretation of such texts should not stop there. These texts in their very different ways have so much more to offer than examples of 'mad people's writing' or 'literature of confinement'. They can be related to other genres of writing and to wider social and cultural preoccupations. The next chapter continues to employ such arguments, this time looking at one man's account of madness, or rather his 'mental and spiritual crisis'.

Chapter 5

Ben Adam, 'Second Begotten Son of Yahweh the God of the Hebrews, Adult Born at the Retreat, York, England on ...'¹

The long long night is over, and the mountain peaks are indicated in the splendour of the rising sun, and soon the meadows and the tower ground will be sweetened by the coming of a glorious morn.²

This rather beautiful and optimistic passage occurs in Ben Adam's 1930 New Year address to his family. He was reflecting upon his victorious battle for Good against Evil, which had taken place ten days previously. Ben Adam has already been mentioned in the last two chapters. I have discussed his relationships through letter writing with his family, and noted some of his protests against the Retreat's regime. In this chapter I focus on his writing about 'madness' and look at his interpretation of his 'mental and spiritual crisis'.

Ben Adam's writings offer a rare insight into an early twentieth-century account of madness. They are also distinctive because, unlike many autobiographical accounts of madness, they were produced by someone who remained certified and institutionalised for insanity. Yet Ben Adam is an example of a resident who remained competent, articulate and self-reflective, and who continued to engage with the outside world. His case illuminates the fine and arbitrary line between sanity and madness. For example, one of the main reasons that he was certified was because of his unusual religious beliefs but, as will be shown, while in the Retreat Ben Adam justified these beliefs, and participated in theological exchanges with well known Quakers.

I approach Ben Adam's texts as an example of writing about madness rather than as a 'mad person's writing'. That is not to ignore his possible insanity; indeed I pay particular attention to his preoccupations and obsessions, and also draw upon Louis Arnosson Sass's commentary on the experience of schizophrenia to illuminate his situation.³ In addition, I consider how being defined as mad and kept in the Retreat affected his writing. I draw on the

¹ Message to be inscribed on post-resurrection birth certificate, K/17/2/25, Writings of Patient A.D. (Ben Adam), 7 Oct 1930, letter to Retreat Secretary Mr Burgess.

² K/17/2/25, 31 Dec 1929, letter to family.

³ Louis Arnosson Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature and Thought* (New York, 1992).

institutional identity and ‘literature of confinement’ debates, and place his texts in the context of other autobiographical writings of madness. However, this is only a small part of my analysis of Ben Adam’s work. As with the last chapter, I contextualise his writings, comparing them to religious and psychological texts. Drawing on information about some of the books that Ben Adam read, and the plays and films that he saw, I show the impact of many of his cultural influences. This is the main aim of this chapter, as I am interested in understanding how one man interpreted and understood what happened to him during a ‘mental and spiritual crisis’, and how he adapted to his life in the Retreat. I further show that Ben Adam’s writings provide an important insight into the dissemination and influence of certain ideas and cultural values in the first half of the twentieth century.

Ben Adam, meaning ‘son of man’, was his intended post-resurrection name, and in order to preserve his anonymity I will use this title instead of his given name.⁴ According to his own account, Ben Adam was born in 1878 into a Quaker family. He was educated in Ulster at his uncle’s school. He left school at 15 and was apprenticed as a carpenter in Belfast. After completing this apprenticeship he was employed as a cabinetmaker. In 1899 he believed he had an extraordinary visitation from God, which his case notes define as his first mental and physical breakdown.⁵ In 1907 he decided to take the opportunity to go for a term to Woodbrooke Quaker educational settlement in Selly Oak, Birmingham.⁶ Ben Adam then moved to Evesham, taking up religious and educational work. The Friends Home Committee Minute book in 1912 commented upon how he ‘has been usefully engaged in the Evesham district for the past three years, giving special attention to Sunday School work’.⁷ In 1917 Ben Adam moved again to the West Country and ended up working as a secretary for the Society of Friends Quarterly Extension Committee, an

⁴ For an explanation of the meaning of Ben Adam’s name see K/17/2/25, 7 October 1930, letter to Mr Burgess.

⁵ Ben Adams case notes (uncatalogued), entry 11 July 1927, case 3301.

⁶ Woodbrooke was established in Selly Oak in 1903. It aimed to encourage Bible study and general education in an attempt to encourage Friends to engage with modern debates surrounding Biblical criticism, the growth of sciences and the changing global economic and social conditions. See Robert Davis (ed), *Woodbrooke, 1903-1953: a Brief History of a Quaker Experiment in Religious Education* (London, 1953); Arnold S. Rowntree, *Woodbrooke: its History and Aims* (London, 1923).

⁷ Friends House, London, Friends Home Committee Minute Book 1911-1926, entry 1 Feb 1912, p. 38.

organisation that aimed to promote the popularity and influence of the Society of Friends. He married in 1906 and had three children, two girls and a boy. In May 1927 Ben Adam had what he defined as a 'mental and spiritual crisis' and, as a result of his behaviour during this time, he was committed to Brislington House, a private asylum in Bristol. In July of the same year he was transferred to the Retreat.⁸ On his admission the Retreat case notes state he was an 'energetic, keen religious worker' and attribute his attack to overwork and overstrain. They describe the onset in the following way:

Became elated. Religious, unstable, difficult tempered excitable and unreasonable. Filled with temper. Energy worked all day, accomplished nothing, was disorderly and very talkative.⁹

During his time in the Retreat, Ben Adam experienced an overnight struggle with Satan on the nearby Heslington Common (quoted in the opening passage), gaining victory for the world. He also received divine revelations about issues such as the decision to admit Earth into the Republic of the Universe. He resigned from the Society of Friends (although this resignation was not accepted) and anticipated and planned for the 'climax' of his own death and subsequent resurrection.¹⁰ Ben Adam's time in the Retreat was occupied with much writing, especially letter writing. He also entertained himself with an enormous amount of reading, some gardening, tennis, croquet, occasional holidays in Ireland and outings to the cinema and theatre.¹¹ Ben Adam's case notes in 1932 sum up what was a long and varied time in the Retreat:

Still continues to enjoy life in his own way, he spends the morning gardening for which he is paid 5/5 weekly. Then each afternoon he goes out cycling and walking. He seldom mixes with others but is generally affable when addressed. His general attitude to life here is "If the Friends are fools enough to put me here and keep me here" then I'm going to have a jolly good time at their expense. Without sedative control he becomes overbearing and arrogant.¹²

⁸ The majority of this autobiographical information comes from, K/17/2/25, *Pioneering: the Spiritual and Mental Conflict of Ben Adam* 30 Jan 1929, addressed to Mr Burgess.

⁹ Ben Adams case notes, entry 11 July 1927.

¹⁰ K/17/2/25, Heslington Common, 21-22 Dec 1929, diary entry; Resigning, 20 Jan 1930, letter to Dr Charles Marsh (one of the doctors who certified him); 22 Jan 1930, letter from Mr Robert Davis; Jesus Universal leader, 20 March 1930, diary entry; Earth's entry into Republic of Universe, 23 June 1931, 20 Jan 1930, diary entries; Death, 7 Oct 1930, letter to Mr Burgess.

¹¹ K/17/2/25, diaries 1929-1931.

¹² Ben Adam's case notes, entry 30 Jan 1932, case 3301.

Ben Adam spent the remainder of his life in the Retreat, and died on the 24 December 1949.¹³

Ben Adam's Writings

Many of Ben Adam's writings between 1927 and 1936 remain in the Retreat archives. In total there are copies of over 100 pieces of his correspondence written to a variety of people, ranging from family members and doctors to the local press, the archbishop of Canterbury and the manufacturers of Myatt's razor blades. The archive also contains as many letters that he received; three diaries from 1929 to 1931; two autobiographical accounts of his life and crisis, one written in 1927 and one in 1929; one play written in 1927; one attempt at a religious newspaper in 1930 and several articles in the mid-1930s published in the *Harbour Lights* Retreat magazine. A few letters written in the 1940s were also kept in his case records.¹⁴

The way that these writings, especially the letters, were organised shows how significant they were to Ben Adam. Firstly, they were all wrapped in several sealed large brown paper parcels labelled with Ben Adam's home address (written in his own handwriting). These remained sealed until opened by archive staff. Inside these parcels copies of generally lengthier letters and writings, such as his autobiographies, were placed in smaller brown envelopes addressed to the Retreat secretary, Mr Burgess. There was also one parcel of individual letters (to be collected by himself after his resurrection) that was sealed and addressed to the Society of Friends 'per favour of Mr Burgess' (Figure 5).¹⁵ In addition, the collection contains loose correspondence; many had 'copy' written across the top, and some 'copy to Mr Burgess'. There were also letters that were in copybook form, including letters (both outgoing copies and incoming originals) that were bound and indexed.¹⁶

¹³ Ben Adam's case notes, entry 24 Dec 1949, case 3301.

¹⁴ See K/17/2/25 and K/17/2/26.

¹⁵ Indications that this was to be collected after his death come from another letter, K/17/2/25, 30 Sept 1930, letter to Mr Burgess.

¹⁶ See for example, Copies, 17 July 1929, letters to Mr Alfred B. Searle (Acting Retreat Committee Chair). and Dr Macleod; *Copy letters to Mr Burgess*, K/17/2/25, 18 Feb 1929, letter to Mr Burgess, copy to letter for Dr Wilson (assistant medical officer); 6 April 1929, letter to Mr Burgess, copy of letter meant to Dr Macleod.; Copybook Form, Letter Book written at Brislington 1927; Bound and Labelled Correspondence, Christmas 1928-Feb 1929.

The letters had multiple audiences which suggests several different purposes. Firstly, the letters were presumably all copies so they were sent to the original recipients. Secondly there were copies of letters and writings placed in parcels and addressed to the secretary, Mr Burgess (perhaps to be delivered posthumously). Despite Ben Adam's desire, 'to place them beyond the reach of the Asylum Authorities', he actually tried to make sure that the authorities received copies of many of his letters. However, Ben Adam generally felt that Mr Burgess was sympathetic to his cause.¹⁷ Whether Mr Burgess received the letters that were titled 'copy to Mr Burgess' is not clear; the ones in this collection may be original unsent copies, or copies of copies. Thirdly, it seems that Ben Adam was writing for himself. This is not only illuminated in the letter that he intended to collect after his death, but also by the way that he kept and filed both his incoming and outgoing correspondence, and wrapped all his writings in parcels, labelled with his name and address. He also emphasised the significance and collective value of his writings by taking great care in preserving and filing. For example, the following extract is from a letter to the Retreat's Chairman of Directors, whom Ben Adam criticised for being un-professional in not keeping the letters that he had sent to him:

When my papers are gone through by those capable of understanding evidence. I have little doubt of the conclusion they will arrive at. They will say something to this effect. "There is a man who has kept a copy of every letter he has written in the Retreat, has carefully filed them with the replies he has received, has taken the precaution to place them beyond the reach of the Asylum Authorities. His Diaries record endless interviews with the Doctors and others."¹⁸

This interest in record keeping was probably because Ben Adam wished to present himself as a professional person. It probably also reflected his occupation as secretary for the Society of Friends Extension committee, whereby such practices were daily routine concerns. His obituary in the *Friend* noted how he was 'thorough and painstaking in everything he undertook, he was indefatigable in his work and never spared himself'.¹⁹

It is clear that by organising and preserving his writings Ben Adam was writing for the future. In one instance he referred to how he thought the parcels

¹⁷ K/17/2/25, 31 Aug 1930, letter to Mr Wilfred E. Littleboy (Clerk to Meeting for Sufferings).

¹⁸ K/17/2/25, July 1929, letter to Mr Searle.

¹⁹ *The Friend*, 29 Jan 1950, p. 45.

would go to the executor of his will, Arnold Selywn.²⁰ He wanted them to be stored for posterity and to be read again. He believed that they were ‘valuable as to historic interest, and psychological index’.²¹ He also saw many of his writings as having an important religious significance, arguing that ‘I am engaged on Research work which I have earlier defined as the validity of Religious Experience’.²² Ben Adam even offered directions as to a future editorial process, ‘my documents will require editing. I do not mean by that, that some facts may be taken out and destroyed as either irrelevant, erroneous or false’.²³

Ben Adam was also very self-reflective about the style and tone of his writing. In 1930 he argued that,

When thought is completed or sometimes before it is complete it must express itself in action to see how it works, tentatively perhaps at first as experiment.

That so my thought now moves to action. The action is writing, but it is more. It is not solitary action, I communicate with you.²⁴

Writing was an experimental, active, working through of thoughts that aimed to communicate. Ben Adam noted that some of his writings were difficult to understand, but justified this by stressing the momentousness of his message and the challenge that it presented to language: ‘the letters that boil over, so to speak are an indication of the greatness of the experience’.²⁵ At times he did not feel in control of his texts, believing that some were divinely influenced: ‘time and again I have written things under an inspiration which my whole social and religious sense revolted against’.²⁶

The contents of Ben Adam’s writing changed during his residence in the Retreat. At different stages he was preoccupied with certain issues. In 1927 he was understandably concerned about wanting to be released, whereas by 1933 he was more preoccupied with staffing matters in the Retreat.²⁷ As time progressed Ben Adam reinterpreted what had happened to him in May 1927. He conceded that some of his thoughts and actions had been symptomatic of insanity. For

²⁰ K/17/2/25, 30 Sept 1930, letter to Mr Burgess.

²¹ K/17/2/25, 26 May 1935, letter to Allen W. (ex resident, friend, acting as literary agent).

²² K/17/2/25, 6 July 1933, letter to Mr Burgess, copy of letter to Allen W.

²³ K/17/2/25, 29 Sept 1930, letter to Mr Burgess.

²⁴ K/17/2/25, 30 Sept 1930, letter to Mr Burgess.

²⁵ K/17/2/25, 26 May 1935, letter to Allen W.

²⁶ K/17/2/25, 29 Sept 1930, letter to Mr Burgess.

²⁷ For example, K/17/2/25, 27 June 1927, letter to Bookseller Mr H. Cleaver.

instance, in 1929 Ben Adam wrote of how in 1927 'I put in my parcel quite a number of things. Just exactly as the folk you speak of as mentally ill do, they have reasons for what they do, no doubt as I had'. His 1929 autobiography, *Pioneering*, admitted that in 1927 he had mistakenly believed that he had gained possession of Professor J. Arthur Thomson's (professor in Natural History at the University of Aberdeen) brain.²⁸ However, throughout his time in the Retreat Ben Adam always believed that his experience was genuine and spiritually meaningful. He was also fairly consistent in his views on issues such as the cosmic significance of the battle on Heslington common and his belief that he would soon die and be resurrected. Ben Adam also referred back to previous writings as evidence of his understandings. In 1932, for instance, when he received a divine message, saying 'You cannot mould the destinies of a nation by figures cast upon a piece of metal, how do People live by bread alone, but by the life of the Eternal', he noted in a letter 'this message has been long expected, I foresaw it in the autumn of 1927 when I wrote a play entitled *A Drama of the Planet Earth*'.²⁹

Ben Adam's propensity for writing and record keeping means that it is also possible to gain insights into his cultural world, and to learn about his outings to the theatre, cinema and art galleries and the books he read.³⁰ Between 1929 and 1931 his diary noted his frequent visits to the town library and his reading of over 100 books and articles. Ben Adam read works by Shakespeare, Anthony Trollope, H. G. Wells and George Bernard-Shaw. He read Anglo-Catholic literature such as Newman's *Apologia* and Gore's *Lux Mundi*.³¹ He especially considered the works of Dean Inge, the popular scholar of neo-Platonist mysticism.³² In addition he read the *Manchester Guardian*, *The Friend*

²⁸ K/17/2/26, 24 May 1929, letter to Mr Burgess; K/17/2/25, *Pioneering*. Roy Porter and Lesley Hall, *The Facts of Life: the Creation of Sexual Knowledge in Britain, 1650-1950* (London, 1995), pp. 155-156.

²⁹ K/17/2/25, 19 March 1932, letter to Mr Burgess, Mr Arnold Selwyn, and Allen W.

³⁰ Comparisons can be made with working-class autobiographers who often record the literature that they read, sometimes even devoting a whole chapter of their work to the subject. See Jonathan Rose, *The Intellectual Life of the British Working Classes* (London, 2001), p. 2.

³¹ *Apologia*, 2 Aug 1931, diary entry; *Lux Mundi*, 7 Oct 1930, diary entry. See also Ian Ker, 'Newman, John Henry (1801-1890)', *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/20023>> (22 May 2005); Alan Wilkinson, 'Gore, Charles (1853-1932)', *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/33471>> (22 May 2005).

³² Dean Inge, 8 Jan, 6 Feb, 25 Feb 1931, diary entries; 3 July 1931, letter to Gerald K Hibbert (reader at Woodbrooke College). See also Hastings, *A History of English Christianity, 1920-*

and *Punch*. A package of issues of *Punch* was left with his writings, and his case notes recorded how 'his ideas of reference are very striking – he collects copies of *Punch* and reads a private meaning into practically all the cartoons and articles'.³³

Ben Adam used his knowledge of such literature in his 1927 play *Drama of the Planet Earth*. The action relied heavily upon literary quotations and jumped between different times, places and belief systems. Ben Adam chose the authorial pseudo-name of 'The Dark Plagiarist' and the text of the play included passages from *La Yamon The Arthurian Portion of the Brut*, Euripides's *Hippolytus*, Shakespeare's *Macbeth*, *The Bible*, hymns and nursery rhymes.³⁴ Such an amalgamation and compositive approach to the construction of this play parallels modernist writings such as those of T. S. Eliot.³⁵

'Mental and Spiritual Crisis'

Roy Porter observed that 'sufferers have often felt impelled to record the experience of losing mental control and its accompanying vertiginous disorientation in consciousness'.³⁶ Ben Adam was no exception. He often wrote about his mental and spiritual conflict, implicitly in his play and more explicitly in his letters and autobiographies. To investigate Ben Adam's conflict I will analyse his autobiographical account '*Pioneering: The Spiritual and Mental Conflict of Ben Adam*', written more than two years after the event in January 1929.³⁷ *Pioneering*, was broken down into three chapters, entitled 'A Contribution to Religion and Morality', 'A Contribution to Religion and Biology' and 'A Contribution to Religion and Psychology'.³⁸ I will examine these in turn in order to illuminate Ben Adam's experience and understandings of his crisis, life and society.

1990 (3rd edn, London, 1991). p. 177; Matthew Grimley, 'Inge, William Ralph (1860-1954)', *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/34098>> (2 May 2005).

³³ K/17/2/25, *Punch* copies and Ben Adam's case notes, entry 13 Jan 1928, case 3301.

³⁴ K/17/2/25, *Drama of the Planet Earth*, autumn 1927.

³⁵ See James Logenbach, '“Mature Poets Steal”: Eliot's Allusive Practice', in A. David Moody (ed), *The Cambridge Companion to T. S. Eliot* (Cambridge, 1994), pp. 176-188; A. Walton Litz 'The Allusive Poet: Eliot and his Sources', in Ronald Bush (ed), *T. S. Eliot: the Modernist in History* (Cambridge, 1991), pp. 131-151; Peter Nicholls, *Modernisms: a Literary Guide* (Basingstoke, 1995), pp. 181, 131-151.

³⁶ Roy Porter (ed), *The Faber Book of Madness* (London, 1991), p. 113.

³⁷ K/17/2/25, *Pioneering*.

³⁸ K/17/2/25, *Pioneering*.

The following lengthy extract from *Pioneering* describes the onset of his crisis and shows how the above themes all interact:

I should say it was about 12.30 a.m.

I was writing of my intimate relationship with God. An intimacy which I have seldom spoken of except in general terms, because I felt no one would credit or believe how intimate was my experience of God.

Suddenly I was struck a blow on my right leg just below the hip joint and sent staggering off my chair and my trousers were torn open by invisible hands and there rushed upon me, that “roaring flame of passion” of which I have spoken above. I was being stampeded into the sin of self abuse with a violence and urgency I had never experienced in my life before. I stood trembling, glanced out through the French window, and slowly and deliberately fastened my garments ... I was conscious of the most sinister influences surrounding me, then in fear and terror I knelt to pray and this is what I prayed. The second petition of my prayer, which almost daily – save for the experiment referred to. I have prayed for 30 years.

“Oh God save me from the awful lust of the flesh
From the very shadow of a shadow of a thought of it;
Let the fire of thy Holiness burn to the deepest depths
Of my being so that I may with unveiled face
Reflect as a mirror the Glory of the Lord, that I may
Be transformed into the same image form glory
To Glory even as by the Lord the Spirit. That I may
Desire with all the earnestness of Jesus and seek with all
The diligence of Jesus that I may dwell in the House of
The Lord all the days of my life to behold the beauty
Of the Lord and to enquire in His Temple.”

I arose from my knees calm and continued my writing, finished my M.S. and went to bed.

The next morning I was up and about as usual not conscious of the pain in my back any more. I remember going out to feed the fowls, seeing a brown rat which looked very nice in the morning sunshine, then I went to the Watercress bed and noticed a lovely bit of frogspawn that glowed like amber in the sunshine. I remember coming into the house washing my hands and drying them on the roller towel in the back garden. But I then must have gone quite unconscious, for I remember nothing more until I saw my wife and Miss Watkins helping me into E’s bedroom ... This wonderful enhanced vision is one of the most joyous and delightful memories of this mostly otherwise in the outward at least, sad experience. When I looked out of my window at the trees and shrubs in our road. I felt I had never before seen green and gold in nature, it was wonderful beyond language to describe ...

I Cried out “I am God! But I’m not” The next step was this. I may have lain down again I know not but this is what I remember. I found myself lying on my back stripped of my pyjamas and bedclothes and from my body there simply poured, poured in torrents – a term not the least exaggerated for this physiological occurrence – floods of that

wonderful seminal fluid, the Elixir of life, accompanied by a thrill, an ecstasy, a joy I had never experienced in all my married life. Irresistibly as this Elixir fell upon my body I spread it over and rubbed it into the skin saying “Oh the beautiful, the beautiful, beautiful sex” until it was all absorbed by my body. My wife was present and assisted me into bed with her characteristic modesty and holy chasteness, and I did exactly as she asked and laid me down again.

And now follows an incident of which I was fully conscious in my mind, but not in my brain motor centres. My brother told me that I made the attempt to go outside naked ...

Now I think I shall be witnessing to the truth when I say that the picture present to my mind when that terrible, unspeakable action on the part of my motor centres was taking place, was of my body going out to satisfy its lust with the first person who would gratify it, and doing that, seemed to my mind a perfectly right and proper thing to do. That is a mental spiritual (im)moral fact of my experiences on the darker sinister side and is in closest connection with the fearful raving flame of passion that attacked me the previous night.³⁹

This passage combines and juxtaposes the dramatic, literary, fantastical, scientific and spiritual. The description is full of religious references such as the vengeful imagery, ‘smote them hip and thigh’ and the prayerful reference to Corinthians, ‘we, who with unveiled faces all reflect the Lord’s glory’.⁴⁰ The account contains many images common in ecstatic religious experiences, such as the awareness of both satanic and divine influence, experiences often deemed forms of religious mania or madness. Porter, for instance, has observed:

Insanity might of course be God’s punishment for crime, as the favourite case of Herod’s madness exemplified. But madness could also be holy. A Faith founded upon the madness of the Cross ... could not help but see gleams of godliness in the simplicity of the fool or in ecstasies and transports.⁴¹

Remarkably this passage also contains an explanatory scientific understanding of ‘motor neurones’. The experiences are powerfully articulated through a creative literary formula. The account is plotted like a melodrama, detailing how just after midnight sinister influences descended upon the unsuspecting author. It also closes with a dramatic and sensational climax of sinister passions.

Throughout the texts there are fantastical and poetical descriptions such as the ultra green and gold landscape, conveying Ben Adam’s sense of heightened

³⁹ K/17/2/25, *Pioneering*.

⁴⁰ Biblical quotes will use 8 King James *Authorised Version* unless otherwise stated ‘Smote hip and thigh’ *Judges* 15:8, 2 *Corinthians* 3: 18.

⁴¹ Roy Porter, *A Social History of Madness*, Stories of the Insane (London, 1987), p. 14.

reality, and detailed images such as the ‘lovely bit of frogspawn that glowed like amber in the sunshine’. Such descriptions are similar to the experience of a schizophrenic episode. Sass argues that ‘reality seems to be unveiled as nothing before and the visual world looks peculiar and eerie – weirdly beautiful, tantalizingly significant, or perhaps horrifying in some insidious but ineffable way’.⁴² In this extract Ben Adam interprets his new feelings, visions and behaviours as an indication of divine knowledge and personal glory. Sass also attributes such beliefs to a hyperreflexivity, an acute sense or self-referencing and self-consciousness as patients devote themselves to metaphysical problems.⁴³

Spirituality

My claim from the first, as you know has been that my experience was “Religious Conflict” and for me to have the deepest and profoundest experience of my life dubbed as “Insanity” was unthinkable, and I would not suffer it and God also would not suffer it.⁴⁴

Ben Adam interpreted his experiences in terms of religious, spiritual and metaphysical forces. He showed his knowledge of, and preoccupation, with such concerns in his play *Drama of the Planet Earth*. The cast of this play included Dancing Dervishes, Genies, English Platonists, Rabbis and Satyrs. It had a strong contingent of characters borrowed from the Northern Gods, such as Thor and Woden, perhaps a legacy from Victorian interest in Nordic mythology.⁴⁵ The play was set around earth, especially mount Sinai, and also Jotunheim, the mythological land of the giants. Its scenes began with descriptions such as,

At the Edifice Theosophists, Dispensationists, Fundamentalists other Automatons ... a Chinese Pagoda, a Buddhist temple and a cathedral where all are gathered.

The language of this play was rather obscure, for example:

Thors Oracle Yahweh speaks regarding mathematics. The nation of people who give first place in their studies shall perish to the joust. Therefore the Biologists challenge the Physicist to mortal combat at the Brewery at Burton On Trent because they dared to estimate the age of Balder before entering into the bond of immortal friendship with us.⁴⁶

⁴² Sass, *Madness and Modernism*, p. 43.

⁴³ Sass, *Madness and Modernism*, pp. 7, 60.

⁴⁴ K/17/2/25, 25 Jan 1930, letter to Dr Marsh.

⁴⁵ Andrew Wawn, *The Vikings and the Victorians: Inventing the Old North in Nineteenth-Century Britain* (Cambridge, 2000).

⁴⁶ K/17/2/25, *Drama of the Planet Earth*.

However, it is possible to ascertain that the main plot was a rather autobiographical account of a dancing dervish's prophetic lamentations and subsequent court appearance, where the doctor concluded that he was insane. In his play Ben Adam clearly placed his own experiences within a universal context.

Ben Adam, like the play's protagonist, was preoccupied with universal revelations and prophecy. He believed that he received divine visions and messages on the condition of the earth and the universe, often noting these in his diary:

Dream of Broadway and the show factory with shoes with good "uppers" but rotten soles (souls) circle complete.⁴⁷

Message this am "There shall be no more death for the former things are passed away. Death shall be swallowed up in Victory."⁴⁸

This message came to me this am following and arising out of Sundays message and incorporation of the Earth into the Republic of the Universe: "We members of the Anglo Saxon Race greet you in Friendship"

My reply was: –

"I thank you for your greeting but more for your Friendship."⁴⁹

Some of Ben Adam's messages were rather old news – one that he received on 28 October 1930 comes from the Book of Revelations, 'and there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain: for the former things have passed away'.⁵⁰ Even his understanding of the term 'sole' for 'soul' echoed a Shakespearian pun.⁵¹

Alongside Universal prophecies Ben Adam also received warnings of more immediate earthly troubles:

After long thought on the present national crisis this message came to me on waking this a.m.

Thus saith the Lord God Omnipotent to the nations of the Earth.

You must lay down your Arms, and your tariffs you must sweep away.⁵²

⁴⁷ K/17/2/25, 27 Dec 1930, diary entry.

⁴⁸ K/17/2/25, 28 Oct 1930, diary entry.

⁴⁹ K/17/2/25, 23 June 1931, diary entry.

⁵⁰ Revelations 21:4.

⁵¹ William Shakespeare, *The Arden Shakespeare: Romeo and Juliet* (1623), ed Brian Gibbons (London, 1980), Act I, Scene IV 'Not! Believe me, you have dancing shoes with nimble soles: I have a soul of lead', p. 106.

⁵² K/17/2/25, 18 March 1932, letter to Mr Burgess, Mr Arnold Selwyn and Allen W.

This can be placed in the context of how this was an era given over to the catastrophic legacy of the First World War and the perceived inevitability of future conflict, with the 1930s depression leading to increased international tariffs (British General Tariff introduced in 1932) and rearmament.⁵³ Much literature at the time was also dominated by an impending sense of doom, beliefs in the coming threat of war and revolution, and a desperate plea for peace.⁵⁴ Ben Adam's diaries show that he concerned himself with the rather fearful visions of the future of H. G. Wells and the socialist, biological and metaphysical confusions of George Bernard Shaw.⁵⁵ For instance, after watching the film of H. G. Well's *The Invisible Man*, he commented 'I remember the horror with which I saw a film unfolding the power of a strong evil mind influencing, domination a weaker mind and ultimately driving that weaker man's body to commit murder'.⁵⁶

What was Ben Adam doing by turning such concerns into Prophecy? Rhodri Hayward, who has investigated the prophets of the early twentieth-century Welsh revival movement, argues that their prophecies were politically subversive, for prophecy subverts accepted notions of authorship, selfhood, and agency, and this enables the group or individual to deny responsibility but increase authority. As a result, the Revival appealed to the disenfranchised communities of working-class women and children, enabling them through prophecy to create an authoritative power base.⁵⁷ Perhaps something similar can be said to have been happening with Ben Adam, once he had been marginalized as a mad man he was able to justify and understand his stay in the Retreat as being of vital significance in God's plans. Broader similarities have also been

⁵³ See Charles H. Feinstein, Peter Temin and Gianni Toniolo, *The European Economy Between the Wars* (Oxford, 1997), p. 153 and Samuel Hynes, *A War Imagined: the First World War and English Culture* (London, 1990), pp. 408, 466; Christopher Price, *Britain, America and Rearmament in the 1930s: the Cost of Failure* (Basingstoke, 2001).

⁵⁴ I. F. Clarke, *Voices Prophesying War: Future Wars, 1763-3749* (2nd edn, London, 1992), pp. 131, 142; John Lucas, *The Radical Twenties: Aspects of Writing, Politics and Culture* (Nottingham, 1997), pp. 137-173; Peter Miles and Malcolm Smith, *Cinema, Literature and Society: Elite and Mass Culture In Interwar Britain* (Kent, 1987), p. 217.

⁵⁵ K/17/2/25, 1929-1931, diaries; Michael Coren, *The Invisible Man: the Life and Liberties of H. G. Wells* (London, 1993), p. 63; Sally Peters, 'Shaw's Life: a Feminist in Spite of Himself', in Christopher Innes (ed), *The Cambridge Companion to George Bernard Shaw* (Cambridge, 1998), p. 16.

⁵⁶ K/17/2/25, *Pioneering*.

⁵⁷ Rhodri Hayward, 'From the Millennial Future to the Unconscious Past: the Transformation of Prophecy in Early Twentieth-Century Britain', in Bertrand Taithe and Tim Thornton (eds), *Prophecy: the Power of Inspired Language in History 1300-2000* (Stroud, 1997), pp. 161-180.

pointed out with regard to insanity. Porter has noted that ‘the history of madness is the history of power. Because it imagines power, madness is both impotence and omnipotence’.⁵⁸

Ben Adam moved towards claims of omnipotence, going as far as to declare ‘I am God but I am Not’.⁵⁹ Ben Adam believed that during his crisis, God revealed to him, through the seminal outpourings, that he had a biological relationship with God, like ‘which my son claims kinship with me’.⁶⁰ He argued that:

For quite a number of years I have rejected the idea of “Inward light” and substituted kinship with God. It is Biology verses Physics. It is a Paternal Religion verses Philosophical Religion.⁶¹

Ben Adam, opposed a general spiritual and mystical religion in favour of a more direct relationship with Jesus: ‘Jesus Christ is the objective External Historic light of the world’.⁶² This relates to late nineteenth and early twentieth-century theological and Quaker ideas of a return to the historical Jesus.⁶³ He emphasised that Jesus was a *man* with no pre-existence.⁶⁴ He criticised the prologue to the fourth gospel: ‘In the beginning was the Word, and the Word was with God, and the Word was God’.⁶⁵ He argued that:

The combined Doctrine of Quaker, Friend and author of the Prologue to the Fourth Gospel is a damnable will o’ the wisp.

I want to trace the footsteps of that man’s thought one by one, as he proceeds from the observation of exalted and pre-eminent goodness to postulate Pre-existence and Incarnation (whatever that may mean) but I have not been able to find them, but I have found a chasm in that man’s thought, therefore I conclude that the prologue to the Fourth Gospel is a philosopher’s leap in the dark.⁶⁶

As ‘Ben Adam, second begotten son of Yahweh the God of the Hebrews’, he went a step further and directly compared himself to Jesus.⁶⁷ His case notes recorded this, observing in 1931, how ‘the identification with Christ is evident

⁵⁸ Porter, *A Social History of Madness*, p. 39.

⁵⁹ K/17/2/25, *Pioneering*.

⁶⁰ K/17/2/25, *Pioneering*.

⁶¹ K/17/2/25, 18 July 1929, letter to Mr Burgess, Copy of letter to Mr Searle.

⁶² K/17/2/25, 3 July 1931, diary entry.

⁶³ Owen Chadwick, *The Victorian Church Part Two 1860—1901* (2nd edn, London, 1972), p. 110; George H Gorham *Introducing Quakerism* (7th edn, London, 1921), p. 19.

⁶⁴ K/17/2/25, Aug 1930, letter to Mr Burgess (Post resurrection letter).

⁶⁵ John 1: 1.

⁶⁶ K/17/2/25, 26 Aug 1930, letter to Mr Littleboy.

⁶⁷ K/17/2/25, 7 Oct 1930, letter to Mr Burgess.

but it is interesting to note how it is partially concealed'.⁶⁸ Such comparisons are additionally apparent in his mapping out of his life – his early career as a carpenter followed by years of missionary work, a period of persecution and then death to be followed by resurrection. Ben Adam also drew direct parallels between Jesus' baptism and his own resurrection, 'I have been "Born Again" this time like the River Jordan full born'.⁶⁹

Ben Adam believed that he was the fulfilment of prophecy and that after his resurrection he would be renamed. This renaming was set out in the book of Revelations:

"I will give him a white stone Inscribed with a new name" Revelation 2: 17 Moffatt and it is Ben Adam.⁷⁰

Renaming was another way in which Ben Adam gained a sense of importance and status. At one stage he also asserted that 'Azure that is my name among the Gods. It was indicated to me long ago'.⁷¹ Such renaming separated Ben Adam from his current experiences and the painful events of the past, and it signified a new and more powerful identity.

Ben Adam was prepared to be a prophet, to be fully reborn, renamed and have his thoughts absorbed with the divine; on one occasion he wrote:

"I will think my thoughts in thy mind and they shall be thine own
I shall think my thoughts in thy mind and thou will be mine own."⁷²

Yet he had a great fear of any other form of influence over him. He expressed a strong dislike of mind control, commenting that, 'of all the fears in my life, secondary to my fear of doing anything displeasing to God was the fear of having my mind dominated by another mind'. When Ben Adam saw the film of H. G. Wells's *Invisible Man*, he 'left that Picture House with this question "What if I should thus come under an evil mind more powerful than my own" '. In one letter he also related his fear to the powerful manipulation of press, the danger of being turned into automata, and fascist and communist states' attempts at the forcible homogenisation of thoughts and culture.⁷³ This is understandable

⁶⁸ Ben Adam's case notes, 18 Jan 1931, case 3301.

⁶⁹ K/17/2/25, 7 Oct 1930, letter to Mr Burgess.

⁷⁰ K/17/2/25, 7 Oct 1930, letter to Mr Burgess.

⁷¹ K/17/2/25, 14 Dec 1929, letter to Mr Burgess.

⁷² K/17/2/25, 26 Dec 1931, diary entry.

⁷³ K/17/2/25, 24 March 1936, letter to brother Henry.

considering the forces he felt were assaulting and influencing him during his crisis:

My experience was akin to what Bunyan describes of his experience in the valley of the shadow of Death when the voices of demons so entered into his thought and mind that he could not distinguish what was his own thought and what was the suggestion of the fiends, that was hypnotism with a vengeance, that was the dominance of one mind, for a period at least, over another.⁷⁴

Ben Adam also interpreted his experience with reference to his membership of the Society of Friends. He reflected upon how his experiences were similar to biblical and early Quaker prophets:

One would have thought that when the gentle mind of Yahweh approaches us we should invariably experience joy and uplift, but the records of the Hebrew prophets and 17th century Friends reveal it is true, the joy, but it alternates with gloom, struggle and depression.⁷⁵

He linked his feelings and behaviour to George Fox's struggles with spiritual darkness and the misunderstandings generated by James Naylor.⁷⁶ Ben Adam's belief in the possibility of revelations and prophecies may also relate back to the early Quakers' reliance on visions, dreams and signs, and their understanding that God's spirit spoke directly to and through them.⁷⁷ However, as Fiona Godlee has pointed out, 'Quakers of later generations tended to adopt an apologetic stance when speaking of the religious excesses of their spiritual forebears'.⁷⁸ Writing in the twentieth century, Ben Adam's brother also recognised such changes conceding that,

the probability is that if G. F. [George Fox] were alive now and acted as he did at Lichfield a police-man would arrest him and he would be confined "during his majesty's pleasure." Probably rightly, Naylor the same.⁷⁹

⁷⁴ K/17/2/25, *Pioneering*. See John Bunyan, *The Pilgrim's Progress* (1675) (London, 1988).

⁷⁵ K/17/2/25, *Shew My People their Transgression*, 25 May 1933.

⁷⁶ K/17/2/25, *Shew my People their Transgression*, 25 May 1933; See Edward Grubb, *Quaker Thought and History: a Volume of Essays* (London, 1925), p. 5.

⁷⁷ Richard Bauman, *Let Your Words Be Few: Symbolism of Speaking and Silence Among Seventeenth-Century Quakers* (Cambridge, 1983), p. 25. Many of the Early Quakers also adopted tropes and techniques from the Biblical prophets see Nigel Smith, *Perfection Proclaimed: Language and Literature in English Radical Religion, 1640-1660* (Oxford, 1989), p. 44.

⁷⁸ Fiona Godlee, 'Aspects of Non-Conformity: Quakers and the Lunatic Fringe', in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1985), vol 2, *Institutions and Society*, p. 81.

⁷⁹ K/17/2/25, 12 Dec 1935, letter from brother Henry.

However, Ben Adam wished to return to earlier times, criticising the modern Quaker movement for being too centralised and dogmatic. He complained when the Meeting for Sufferings (the Society's executive committee) refused to allow him to attend and share his prophecies:

The meeting for Sufferings is no longer in organic connection with the rank and file of the Society of Friends and deliberately excludes even the possibility of fresh light coming from any outside sources ... However I shall try again, with pervasive entreaty and call to my aid a sentence or two from yearly meeting epistle of 1929. "Our society has been nourished largely through the prophetic word coming direct from the heart."⁸⁰

The possibility of divine revelation was not dismissed amongst the Society of Friends, but Ben Adam's own particular version of such revelation was. One of the Retreat doctors recorded in 1940 how:

I maintained that I could not accept Ben Adam's theories as divine revelations to him they were only his own interpretation of experiences he has suffered while suffering an acute mental illness. I was careful to stress the fact that I was not maintaining disbelief in general of the possibility of divine revelation, this then appeared to bring us into deadlock.⁸¹

Many of Ben Adam's theological ideas can be interpreted and more sympathetically understood in the light of Quaker ideas. For example, it may at first seem bizarre that he opposed one of the central tenants of the Quaker religion, a belief in the inner light. For example, in this letter to Wilfred Littleboy, clerk to the Meeting for Sufferings, Ben Adam wrote 'the Society of Friends Doctrine of the "Inward Light" is a will o' the wisp'.⁸² However, such views and those discussed earlier about the pre-existence and incarnation of Jesus were not uncommon among members of the Society of Friends. For example, in the early nineteenth century some Quakers rejected the doctrine of the inner light in favour of a more scriptural evangelicalism. Joseph John Gurney (1788-1847), who was one of the first Quakers in the nineteenth century to attempt a comprehensive exploration of Quaker doctrine, was criticised for relegating the inner light to a mere adjunct of Quaker faith.⁸³ Ben Adam's ideas even received support from contemporary Quakers, such as Gerald K. Hibbert, a

⁸⁰ K/17/2/25, 2 Sept 1930, letter to Mr Littleboy.

⁸¹ Ben Adam's case notes, entry 2 Oct 1940,

⁸² K/17/2/25, 26 Aug 1930, letter to Mr Littleboy.

⁸³ Thomas C. Kennedy, *British Quakerism, 1860-1920: the Transformation of a Religious Community* (Oxford, 2001), pp. 19-22.

reader at Woodbrooke College. In replying to Ben Adam's criticism of his lecture Hibbert conceded:

I think your phrase "kinship with God" does adequately account for the phenomenon I deal with. I too have given up a belief in the virgin birth nor can I accept the doctrine of the Pre-existence of Christ in the sense, in which it is usually held. I am continually trying to get rid of mechanical and magical lines of thought, and to think more in terms of Personality and Communion between spirit and spirit

I agree with you that the doctrine of the Inner Light as held by many Friends is a will o the wisp. It seems to me that we must return more and more to the historical Jesus. No light can be true light (to my mind) that is inconsistent with the spirit of God revealed in and through Jesus. The light is not any light coming from any source but the light of the spirit of God revealed in Jesus.

The Society of Friends seems to me to be in some danger of dying of "vagueness" and a dreamy mysticism which leads nowhere.⁸⁴

At the beginning of the twentieth century the Society of Friends was reinvigorated from at least half a century of struggles between conservative traditionalists, who foregrounded mysticism and a belief in the inner light, and evangelicals, who propagated a more scriptural form of religion for the Society. The third way that emerged among young Friends was that of Quaker liberalism, a more worldly, open-minded approach that still emphasised the individual's personal spirituality. Ben Adam seemed to belong to this third position. He studied and relied upon scripture to work out the details of his theology and celebrated 'the method of persuasion and appeal to reason, facts and experience as the guides of life'.⁸⁵ But he also accused such modern scientific approaches of leading him astray from truths, such as a belief in Satan.⁸⁶ Ben Adam observed that:

Education and the ordered arrangements of knowledge and ideas steadily increased among the rank and file due to the influence of Friends schools ... I do not find very often that deep, simple childlike faith in the sovereignty of God our father ... It would seem as if occupied with the gifts of modern life we had ignored the giver and were only rendering him lip service, when he should have occupied the premium place in our thoughts and lives.⁸⁷

⁸⁴ K/17/2/25, 4 July 1931, letter from Mr Hibbert.

⁸⁵ K/17/2/25, 19 March 1932, letter to Mr Burgess, Mr. Arnold Selwyn and Allen W.

⁸⁶ Kennedy, *British Quakerism, 1860-1920*.

⁸⁷ K/17/2/25, "Shew my People their Transgression" *A Statement Regarding the Failure of the Religious Society of Friends to Understand the Experience of Ben Adam*, 25 May 1933.

It is slightly ironic that Ben Adam thought this, considering his fondness for literature and theological scholarship, and previous employment as a secretary for the Extension committee involved in lecturing and running summer schools. Such an argument was, however, accepted by members of the Society of Friends. Shortly before the events of May 1927 Ben Adam had been the main contributor to an Extension Committee Annual Report. In this he commented:

We would not minimise the value of education in preparing the way for the Kingdom of God, but we should be failing in those things which are of deepest consequence, if that were all for which we claimed your support.⁸⁸

He suggested that Friends should focus more on the coming of God's kingdom than on education. The report was considered controversial:

The Report of the QM Extension Committee adopted at our meeting yesterday was unusual in character and I was left with the feeling that there was insufficient opportunity for those who had not seen a draft to grasp it.

The Report whilst it is a Report is also in the nature of a challenge. It is a call to the whole membership of the QM to look and see, and dedicate and help. The Report is daring and voices a definite concern which we as a committee wish to pass on to the Quarterly meeting.⁸⁹

However, despite the controversy, Ben Adam's report was still passed by the meeting, suggesting that many of his ideas, while 'unusual', were still acceptable – at least before he was institutionalised. Ben Adam had been an active member and employee of the Society of Friends. He was educated and informed about spiritual and religious issues. Even once institutionalised some Quakers continued to take his ideas seriously. However, many of his beliefs were considered unacceptable and interpreted in terms of psychological factors.

Psychology

Ben Adam disliked the psychiatric profession: 'to Psycho-Analysts and their ilk. I would say, learn reverence for Human Personality before you think of prying into the recesses of the Human Brain'.⁹⁰ His case records, for instance,

⁸⁸ K/17/2/26, *Towards Life More Abundant: the Annual Report of the Bristol and Somerset Quarterly Extension and Visitation Committee*, Jan-Dec 1926.

⁸⁹ K/17/2/25, 20 March 1927, letter from William Rutter; K/17/2/26, *Towards Life More Abundant*.

⁹⁰ K/17/2/25, 4 Feb 1930, letter to Professor Thomson.

note how he ‘was very talkative on admission and tried to assert his authority. Asked the qualifications of all the doctors’.⁹¹ Ben Adam described the events of his committal to Brislington House:

He was certified by two members of the British Medical Association and a JP as being insane. Having suffered from the profundity of their ignorance and their unwearied and unskilled attention he sprang out of bed and slapping his hands, either on his own bed or on his suitcase said that “the British Medical Association are a pack of Damned Asses” and was promptly removed to be kept quiet

Unfortunately in the abnormal psychic experience which he had he was unable to act on Prof Wm McDougall’s [popular twentieth-century psychologist] interesting suggestion to “avoid the medical profession”.⁹²

Ben Adam’s use of a detached third person persona created an ironic distance from the disturbing events that led to his confinement. However, his dismissive attitudes towards doctors were combined with a distressing awareness that they were in a powerful position to control his future. For example, in 1930 he claimed to have been,

Certainly hardened into a state of permanent attitude of mind; and humanly speaking I take up my residence here for life, or the Doctors must reverse their stupid diagnosis.⁹³

To Ben Adam ‘a lunacy certificate is the most binding document administered in England’.⁹⁴ He cited the stigma attached to certification as the reason for not attending his daughter’s wedding.⁹⁵ The fear and stigma associated with mental illness was also evident on an occasion when:

I had a chat with a little girl about ten seated in a field quite alone reading a book. We had a lovely chat together and I told her about Mrs Nesbit and the “Five children and it” The Phoenix and the carpet the treasure seekers and the New Treasure Seekers, the Railway Children. And then I got scared and went away quickly lest she like the grown ups should be afraid of me, but she was not afraid of me.⁹⁶

⁹¹ Ben Adam’s case notes, entry 12 July 1927, case 3301.

⁹² K/17/2/25, Preface to Letter Book written at Brislington 1927. On McDougall see Graham Richards, ‘McDougall, William (1871-1938)’, *Oxford Dictionary of National Biography* (Oxford, 2004) <<http://www.oxforddnb.com/view/article/34716>> (10 Aug 2005).

⁹³ K/17/2/25, 23 March 1930, letter to Mr Burgess.

⁹⁴ K/17/2/25, 27 April 1933, letter to Mr Burgess.

⁹⁵ K/17/2/25, 16 Feb 1936, letter to family. See Kathleen Jones, *Asylums and After: a Revised History of the Mental Health Services: from the Early 18th Century to the 1990s* (London, 1993), p. 112.

⁹⁶ K/17/2/25, 9 July 1927, letter to brother Alf.

The little girl, what better choice of the vulnerable and innocent figure could there have been, was actually safe in the hands of this certified lunatic.

Ben Adam, however, was not always crushed by the stigma attached to mental illness. At times he satirised his position as a certified lunatic. He signed one letter to his family ‘with love to all from “The Lunatic” daddy’, and wrote to his monthly meeting complaining that their membership list used his home address rather than that of the Retreat, asking ‘Is it a crime to reside at the Retreat York? Or is it a stigma too deep, too terrible to publish or print?’⁹⁷ Interestingly, these challenges went against the perceptive advice of the ex-patient Allen W. who wrote to Ben Adam:

I did not head my letters Private Lunatic Asylum, and did not sign myself, even in sarcasm, “The lunatic”, for I knew that if I behaved rationally I should very soon be free and my subsequent life would prove how wrong had been the suggestion that I was “insane”.⁹⁸

Ben Adam also knew his rights as a certified lunatic. He was a member of the Society for Lunacy Reform and requested a transfer to a public asylum, in accord with suggestions advocated by the *Manchester Guardian*.⁹⁹ He occasionally transcribed or pasted into his diaries negative press reports concerning psychiatry and psychiatrists. He included a December 1929 *Church Times* protest against the sterilization of the feeble-minded, and a newspaper article on a court case from 1929, where Dr Yellowlees’s (the former Retreat superintendent) evidence for the defence failed to stop a criminal from being convicted.¹⁰⁰

Ben Adam was also interested in reading about madness. He read Shakespeare’s *Hamlet* and *King Lear* – two plays that break down the idea of a solid boundary between sanity and madness. He reflected upon Stevenson’s *Dr Jekyll and Mr Hyde* when trying to understand his own experiences:

⁹⁷ K/17/2/25, Lunatic Daddy, 11 Jan 1929, letter to family; meeting, 21 Jan 1935, letter to Mr Robert Longman.

⁹⁸ K/17/2/25, 29 Jan 1929, letter from Allen W.

⁹⁹ K/17/2/25, Legislation and *Manchester Guardian*, 21 March 1930, letter to North Somerset and Wiltshire Monthly Meeting; Lunacy Law Reform, Nov 1935, letter from Society for Lunacy Reform. According to Fennell the National Society for Lunacy Law Reform was ‘an organisation of ex-patients and their sympathisers founded in 1920’, Phil Fennell, *Treatment without Consent: Law, Psychiatry and the Treatment of Mentally Disordered People Since 1845* (London, 1996), p. 108.

¹⁰⁰ K/17/2/25, Sterilization, *Church Times*, 6 Dec 1929, 1 Jan 1930, diary entry; Court case, *Manchester Guardian*, 1 June 1929, beginning 1929 Diary, diary entry.

I was actually in conflict with a mind, the mind of a person who shall remain nameless. I shall not even call him “Hyde” for that is too crude a description of the relationship of good and evil in a man’s mind and nervous system, the forces of good and evil are far more “deeply infused”. I cannot by a long way be so sharply defined as Stevenson does in his separation of Dr Jekyll and Mr Hyde.¹⁰¹

Ben Adam also read H. G. Wells’s *Christina Alberta’s Father*.¹⁰² It would be interesting to know what he thought of this book, as many of the issues were relevant to his own circumstances. The main protagonist believed that he was Sargon, King of Kings, ruler of the world, and was incarcerated in an asylum (later escaping). One of the overarching themes of the novel was the relation of individual greatness and communal worthiness. The book reflected on how ‘we all want to be born again really. Every one with any sense of humility does. Into something greater’.¹⁰³ Ben Adam also knew and drew upon Charles Reade’s 1863 *Hard Cash: A Matter of Fact Romance*, the plot concerns a young man whose father wrongly imprisoned him in a mental asylum. During the novel the protagonist experiences a variety of establishments for the insane and encounters mainly cruel, but occasionally sympathetic, staff and treatments. One passage for instance reads:

They seized him, shook their fists in his face, cursed him, and pinned him ... They took him to the strong room, and manacled his ankles together with an iron hobble, and then strapped them to bedposts and fastened his body down by broad bands of ticking with leather straps at the end.¹⁰⁴

Ben Adam used such accounts to turn the asylum into a place of imagined horrors. He knowingly blended fact and fiction to describe his admission to Brislington House:

I became aware of the padded floor and walls of my cell, in a silence like the tomb. Here all the memories of tortures that I had ever read of esp. Prisons and Reade’s “Hard Cash” the story of a private lunatic Asylum came back to me and I seemed to see around me men on racks with their heads bent back on indescribable suffering. I became mixed up in not suffering now myself except the suffering that I had with them.¹⁰⁵

¹⁰¹ K/17/2/25, *Pioneering*.

¹⁰² K/17/2/25, 10 July 1929, diary entry and 27 June 1927, letter to H. G. Wood (Director of Studies at Woodbrooke).

¹⁰³ H. G. Wells, *Christina Alberta’s Father* (London, 1933), p. 170.

¹⁰⁴ Charles Reade, *Hard Cash: a Matter of Fact Romance* (1868) (London, 1909), p. 335.

¹⁰⁵ K/17/2/25, 29 June 1927, letter to daughter Mary.

Ben Adam was aware that fictional accounts of madness and confinement could serve a political purpose. He wrote:

The Book is H G Wells "Christina Alberta Husband and is about Private Lunatic Asylums ... but as you know of course it is a novel. So was "Uncle Toms Cabin" and so many, and may I ask you to read it too "Hard Cash" by Charles Reade.¹⁰⁶

If *Uncle Tom's Cabin* was 'the book that made this great war' to end slavery, perhaps fictional accounts of asylums could alter the treatment of the mentally ill. Reade's *Hard Cash*, for instance, provoked controversial exchanges of letters in the press regarding the likelihood of wrongful confinement and the possibility of ill-treatment in Britain's asylums, with Reade citing real life cases when he went to court to defend alleged lunatics.¹⁰⁷ However, in drawing parallels between his own experience and those of the protagonist of *Hard Cash*, perhaps Ben Adam thought that such books did not have much effect.

Ben Adam was additionally familiar with contemporary non-fictional works about asylums, such as Marcia Hamilcar's *Legally Dead: Experiences During Seventeen Weeks' Detention in a Private Asylum*.¹⁰⁸ This book is an account of the wrongful confinement and brutal treatment of the author in the hands of an unconcerned family and an evil nursing home keeper. It also details the somewhat less cruel, but still rather disheartening, treatment of her and fellow patients in a private asylum, and suggests the legal changes needed to secure patient liberties and rights.

Despite Ben Adam's dislike of the psychiatric profession, he seemed to have taken on board many psychological concepts and ideas. He read books and knew about popular psychologists such as William McDougall, William James and James Arthur Hadfield.¹⁰⁹ He may have come across Hadfield through the Society of Friends, as in April 1927 the *Friend* advertised one of his lectures

¹⁰⁶ K/17/2/25, 27 June 1927, letter to H. G. Wood.

¹⁰⁷ *Uncle Tom's Cabin* quote, <<http://classiclitt.about.com/library/weekly/aa013103b.htm>> (10 Jan 2005). Reade's book includes an exchange of letters that occurred in the *Daily News* and Hamilcar refers to the correspondence the book generated in the *Pall Mall Gazette*. Reade, *Hard Cash*, pp. 593-600; Marcia Hamilcar, *Legally Dead: Experiences During Seventeen Weeks' Detention in a Private Lunatic Asylum* (London, 1910), p. 31.

¹⁰⁸ K/17/2/25, 27 Aug 1929, diary entry.

¹⁰⁹ For instance mentioned in K/17/2/25, *Pioneering*. See Richards, 'McDougall, William (1871-1938)'; Hadfield, James Arthur (b. 11 November 1882 - d. 4 September 1967) *Who's Who 2005 and Who Was Who 1897-2004* (2005) <<http://www.xreferplus.com/entry/4934761>> (10 Aug 2005); James, William (1842 - 1910). *World of Sociology* (Gale, 2001) <<http://www.xreferplus.com/entry/4785512>> (10 Aug 2005).

arranged by the Home Mission and Extension Committee on 'Religion and Morality in their Psychological Aspect'.¹¹⁰ Ben Adam recommended that staff read the '*New Psychology* by Professor Tansley, I want it here to introduce it to the Doctors'.¹¹¹ Plant economist, Arthur George Tansley's *New Psychology and its Relation to Life* (1920) did much to spread a biologically orientated form of psychoanalysis and had a relatively sensitive approach to religious beliefs.

Tansey observed, for example:

God is simply the projection of the ethical self, the highest standard conceived by the individual ... It cannot be doubted that God has been a necessity to the human race, that He is still a necessity, and will long continue to be.¹¹²

This book was very popular among the general public, going through ten impressions in five years.¹¹³

Ben Adam also made several observations about Freud and Jung, one, for instance, that:

The accepted view today of the "sub or super conscious" as taught by Freud and Jung. I have not read much of these men but I understand that the view is that in man there is a vast sub un or super consciousness from which arises acc [sic] to Freud thoughts of evil, sex bespeaks of as a dominant factor, if I rightly quote him.¹¹⁴

Samuel Hynes notes that there was a post-war influx of Freud in translation.¹¹⁵

Ben Adam believed that 'I have some valuable material I assure you, valuable as to historic interest, and psychological index'.¹¹⁶ He incorporated psychological terms, though he felt that he was not an expert on the use of such language:

¹¹⁰ *The Friend*, 15 April 1927, p. 317.

¹¹¹ K/17/2/25, 9 July 1927, letter to brother Alf.

¹¹² Arthur George Tansley, *The New Psychology and its Relation to Life* (London, 1920), p. 138.

¹¹³ Tansley, *New Psychology*. See Jeffrey Weeks, *Sex, Politics and Society: the Regulation of Sexuality since 1800* (2nd edn, Essex, 1989), p. 155. J. F. Hope-Simpson, 'Tansley, Sir Arthur George (1871-1955)', rev. David E. Evans, *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/36415>> (1 June 2005).

¹¹⁴ K/17/2/25, 26 Nov 1933, letter to brother Henry.

¹¹⁵ Roy Porter, 'Two Cheers for Psychiatry! The Social History of Mental Disorder in Twentieth Century Britain', in Hugh Freeman and German E. Berrios (eds), *150 Years of British Psychiatry* (2 vols, London, 1996), vol 2, *the Aftermath*, pp. 383-406; Nikolas Rose, *Governing the Soul: the Shaping of the Private Self* (London, 1990); Samuel Hynes, *A War Imagined: the First World War and English Culture* (London, 1990), p. 365. See also Edward Shorter, *A History of Psychiatry: from the Era of the Asylum to the Age of Prozac* (New York, 1997), pp. 145-157; Matthew Thomson, 'The Popular, the Practical and the Professional: Psychological Identities in Britain, 1902-1950', in G. C. Bunn, A. D. Lovie and G. D. Richards (eds), *Psychology in Britain: Historical Essays and Personal Reflections* (Leicester, 2001), pp. 114-132.

¹¹⁶ K/17/2/25, 28 May 1935, letter to Mr Robert Mennell.

I now come to the third stage of my experience. It deals with experimental psychology. I have little doubt that I shall fall into no end of pitfalls as regards nomenclature and even of description of processes. That disturbs me not at all. I know the thing of which I write and there are hundreds of first rate earnest Psychologists who will be glad to put me right on those technical aspects, and I shall be rejoiced to become their pupils.¹¹⁷

Ben Adam also drew several psychological diagrams with lengthy explanations to account for his crisis (Figure 8).¹¹⁸ Figure 8, depicts his crisis of 1927. According to his own account, the illustration of the nerve cell is taken from William McDougall (he also acknowledged James, Hadfield and Tansley). Ben Adam explained that the evils of the right hand side were inhibited or barraged by daily prayer. The left hand side represented the Christian reaction, but the lower half was only a partial outlet as ‘the Christian view of life ... found no lodgement in most of the people I met’(hence high brow, cynicism). Ben Adam, however, saw true liberation as represented by the upper sections (true receptiveness and home and friendships). Yet, he believed that this was set against the traits such as high brow and cynicism, which in 1927 caused the explosion point of his crisis. He believed this crisis was about testing the ‘Christian view to the uttermost’ and asking God for an answer.¹¹⁹ However, the doctors dismissed the content. His case records noted that:

The diagram is interesting and manifests two features
1 intense egocentricity, – there is no connection in his diagram of mind with other social beings or demands
2 his love of abstractions – with v little ability to interpret these into any but emotional terms.¹²⁰

According to Nikolas Rose, increasingly throughout the twentieth century, the average person’s understanding of self came to be dominated by the language of ‘psy’, whereby feelings and behaviours were framed within and understood by specialists such as psychiatrists, psychiatric social workers,

¹¹⁷ K/17/2/25, *Pioneering*.

¹¹⁸ For instance, other psychological works used diagrams such as Tansley’s *The New Psychology*, p. 33; J. A. Hadfield, *Psychology and Morals* (London, 1923), p. 68.

¹¹⁹ K/17/2/25, *Pioneering*.

¹²⁰ Ben Adam’s case notes, entry 29 Dec 1930, case 3301.

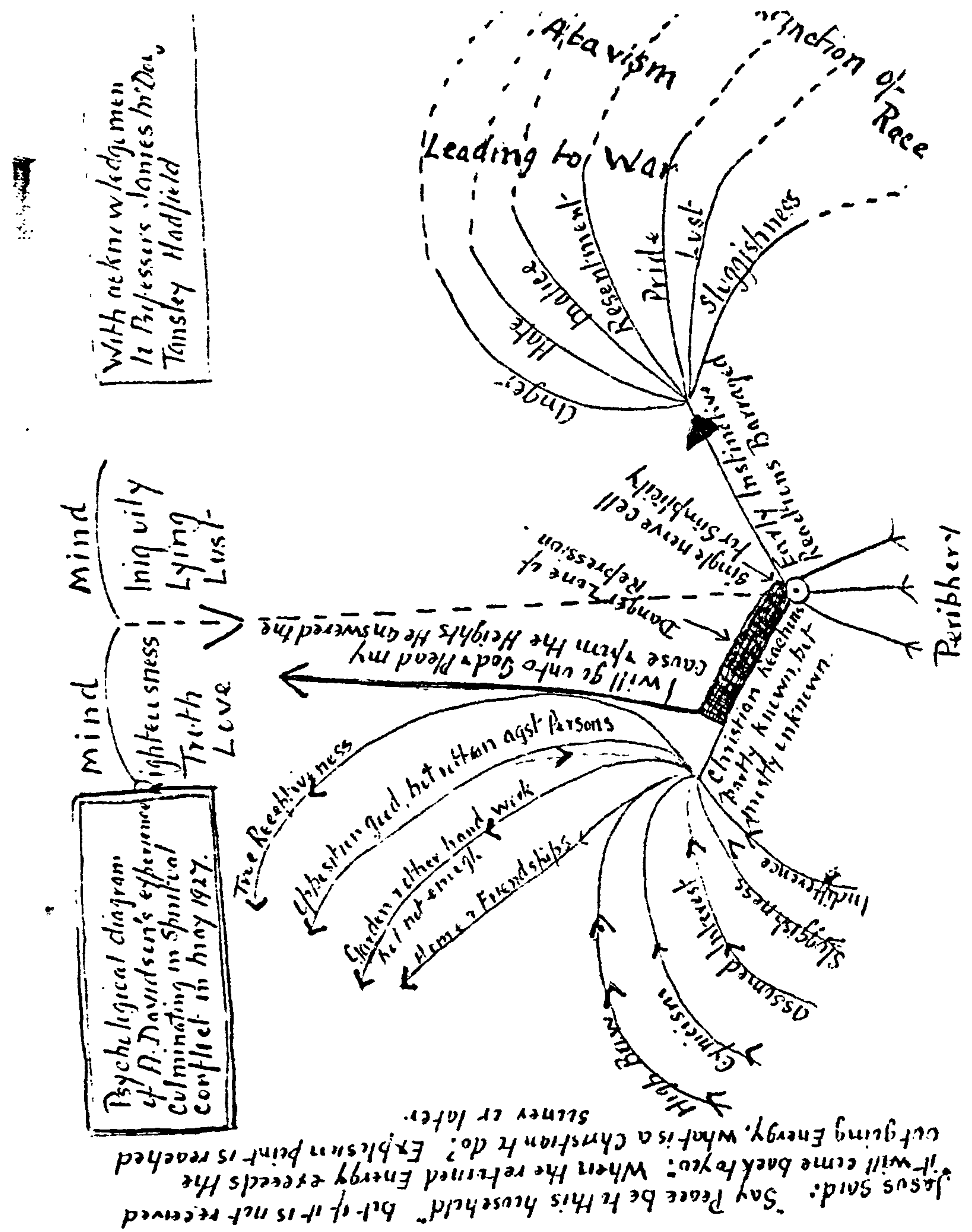


Figure 8 Ben Adam's Psychological Diagram

market researchers and opinion pollers.¹²¹ By the interwar period, terms such as ‘inferiority complex’, ‘repression’ and ‘nervous breakdown’ had entered into common speech.¹²² Porter has noted that there was an increasing convergence between the language used by psychiatry and that chosen by psychiatric patients to express and understand their experiences, and that twentieth-century autobiographical accounts of madness were often produced with the intention of contributing to the study of psychology. He has argued that there is an element of assimilation between madness and psychiatry, something that is evident in the writings of Ben Adam.¹²³

Biology

Alongside Ben Adam’s concern with the new science of psychology was an interest in biology.¹²⁴ He believed that understanding his body would lead to greater understandings of the world and Universe:

My journey down those vast vistas of my nervous system seemed like a journey to the utmost bounds of the Universe and I spoke of it as such

When any man looks into his brain and tries to understand its content and working, he is indeed gazing down those vast vistas of “Unimagined Time” and will realise something of the beauty and wonder ... yes the Human nervous system is the grand trunk line of the Universe.¹²⁵

Such metaphysical contemplations recall Sass’s observations that schizophrenic patients experience an ‘externalisation of involution’, whereby inner life seems to fill the external world.¹²⁶ More generally, these understandings resonate with contemporary popular biological views of life, earth and the universe as a ‘bio-drama’ where, for instance, ‘many an atom is comparable to a miniature solar system, with rings of electrons whirling round a central nucleus, like planets round the sun’.¹²⁷ Jonathan Dollimore has highlighted that, around the turn of the century, there were common popularly understood links between the cosmic

¹²¹ Nikolas Rose, ‘Assembling the Modern Self’, in Roy Porter (ed) *Rewriting the Self: Histories from the Renaissance to the Present* (London, 1997), p. 223-226.

¹²² Porter, ‘Two Cheers for Psychiatry!’, 392.

¹²³ Porter, *A Social History of the Madness*, pp. 37-38, 148.

¹²⁴ Many contemporary psychologists also had similar concerns. For instance Hadfield in his book *Psychology and Morals* devoted a chapter to Biology and Morality, pp. 141-147.

¹²⁵ K/17/2/25, *Pioneering*.

¹²⁶ Sass, *Madness and Modernism*, p. 233.

¹²⁷ Patrick Geddes and J. Arthur Thomson, *Biology* (London, 1925), p. 9.

and the biological. This was related to concern with racial degeneration and beliefs that the future of the universe was dependent upon the individual's internal biological capabilities.¹²⁸ However, Ben Adam was certainly proud of his own biological inheritance, stating that, 'I come from a great Race and of a noble clan. In our brains and nerve cells there is stored all the wizardry of the Scottish moors'.¹²⁹

Ben Adam wanted the Retreat doctors to answer his bio-psychological questions, such as:

Can you tell me in what part of my anatomy
My sense of moral Responsibility Lies? Is it a
separate faculty? or is it an integral part of
my ordinary neural process?¹³⁰

Ben Adam's interest in biological science resembles popular scientific thought. He was writing at a time when biological and psychological textbooks claimed that feelings 'may be detected, as in the circulation by the plethsmograph' and that it was possible to 'understand the impulses from which evil springs in the individual'.¹³¹

However, Ben Adam also believed that psychiatrists and scientists were not capable of understanding human nature, for that this was something only God could do:

Take a man's brain to a psychologist ... set it down before a psychologist say "Here now is a mans brain. Millions of cells revealing every impression every thought and emotion that this man ever had, be good enough to read this mans life for me" ... I do not wish to crow over the incapacity of psychologists or other scientists I am too thankful for what they have already taught me but I wish to bury out as clearly as I can just where his boundary is and beyond which he never shall be able to go. Why? Because the danger is too great. Yahweh's age long experience has taught Him that and all men when they know the facts will say. "I unite with that judgement; only the eternal Good and Eternal wise should be trusted with that fundamental secret."¹³²

¹²⁸ Jonathan Dollimore, *Death, Desire and Loss in Western Culture* (London, 1998), p. 129.

¹²⁹ K/17/2/25, 25 June 1927, letter to the Meeting of Suffering.

¹³⁰ K/17/2/25, 17 July 1929, letter to Dr Macleod. The format of this quotation has been kept to maintain a more accurate representation of its structure.

¹³¹ Geddes and Thomson, *Biology*, p. 229; Hadfield, *The Psychology and Morals*, p. 6. See also Otniel E. Dror, 'Techniques of the Brain and the Paradox of Emotions, 1880–1930', *Science in Context*, 14 (2001), 643–660.

¹³² K/17/2/25, 19 March 1932, Letter to Mr Burgess, Mr A Selwyn and Allen W.

He was perhaps ahead of his time as Hayward has argued that, during the 1940s and 1950s, a ‘liberal model of the limitations of scientific authority was deeply embedded within British literary and popular culture’. He notes that ‘the idea that aspects of human existence such as love or spirituality transcended the boundaries of scientific representation was a commonplace in popular film and fiction’.¹³³

One scientific issue that Ben Adam did consider was the distinctiveness and separateness of the mind and body. He believed that during his crisis his body let him down, and at one stage he actually blamed the events on kidney problems.¹³⁴ He also believed that his body was quite independently under the throes of passions and urges:

Unspeakable action on the part of my motor centres was taking place, was of my body going out to satisfy its lust with the first person who would gratify it.¹³⁵

Roger Smith argues that in the 1930s and 1940s it was common to refer to ‘the mind-body problem’. He adds how,

General views about mind and brain were not then, as they are not now, esoteric matters. There was a public audience for new views of the brain and of what these views would mean for human life. Scientists took trouble to explain new scientific knowledge, and they wanted the public to understand how new knowledge brings new powers and responsibilities.¹³⁶

One section in *Pioneering* considered it the mind’s fault that his body was out of control, a reversal of Ben Adam’s earlier explanation:

The terrible thought that filled my mind was that I had by some mental violence actually stolen the brains of Professor Thompson [sic]. There is still vividly present a picture in my mind of that brilliant professor shewing only a ragged skull like the shattered battlements of a lately bombarded castle with the brain removed and carried elsewhere! In the subsequent days as my mind, now only connected with my body by the slenderest thread, roamed down those vast tracks of Evolutionary development to discover just where humanity had gone wrong.¹³⁷

¹³³ Rhodri Hayward, ‘The Tortoise and the Love-Machine: Grey Walter and the Politics of Electroencephalography’, *Science in Context*, 14 (2001), p. 621.

¹³⁴ K/17/2/25, 25 June 1927, letter to Meeting for Suffering.

¹³⁵ K/17/2/25, *Pioneering*.

¹³⁶ Roger Smith, ‘Representations of Mind: C. S. Sherrington and Scientific Opinion, c. 1930–1950’, *Science in Context*, 14 (2001), pp. 512–514.

¹³⁷ K/17/2/25, *Pioneering*.

However, it seems that the two were invariably interdependent, as it was the bodily brains of Professor Thomson that were needed to provide access to his mind.

Ben Adam's interest in Professor Thomson stretched further than just occupying his brains. J. Arthur Thomson was a Professor in Natural History at the University of Aberdeen. He had initially been a theology student and had hoped to become a missionary.¹³⁸ Ben Adam relied upon Thomson as a biological expert; he recommended his views to the Society of Friends, wrote to him (and received a reply) asking him to 'state a Spiritual Experience in Biological terms?', and acquired his books and articles from the nearby library.¹³⁹ Ben Adam was not alone in relating Thomson's work to Quakerism. Edward Grubb in his 1925 book on Quaker thought wrote that:

recent biology has been teaching us more and more clearly the co-existence of another and deeper principle of progress, that of co-operation and mutual aid. Professors Patrick Geddes and J Arthur Thomson, and Prince Kropotkin in his *Mutual Aid in Nature* have shown how, in the higher ranges of organic evolution especially, this element of love or helpfulness has been the chief factor in progress.¹⁴⁰

Sex and Morality

Together Professor Thomson and Professor Patrick Geddes wrote one of Ben Adam's favourite books, *Sex*.¹⁴¹ Ben Adam attributed most of the book's ideas to Thomson, writing to him that, 'I have your little book on Sex I expect you did most of it, especially the latter half'.¹⁴² *Sex* espoused essentialist biological arguments, such as 'Biological efficiency is the silver at least of our national wealth; while money is but its bronze or nickel'.¹⁴³ Yet, at the same time, it adopted a rather post-Darwinist approach, for instance, asserting that man could defy natural selection by living longer. Moreover, while it essentialised

¹³⁸ Roy Porter and Lesley Hall, *The Facts of Life: the Creation of Sexual Knowledge in Britain, 1650-1950* (London, 1995), pp. 155-156.

¹³⁹ K/17/2/25, Recommending to Friends, 25 Jan 1930, letter to Dr Marsh; wrote to him, 11 July 1927, letter to Professor Thomson; received reply, 29 April 1930, diary entry; borrowing books from library, 3 Feb 1930, diary entry.

¹⁴⁰ Grubb, *Quaker Thought and History*, p. 110.

¹⁴¹ Patrick Geddes and J. Arthur Thomson, *Sex* (London, 1914). Patrick Geddes was a professor of Biology at Dundee, a polymath and prolific writer on many topics, especially town regeneration. Paddy Kitchen, *A Most Unsettling Person: an Introduction to the Ideas and Life of Patrick Geddes* (London, 1975).

¹⁴² K/17/2/25, 11 July 1927, letter to Professor Thomson.

¹⁴³ Geddes and Thomson, *Sex*, p. 229.

sexual difference and 'natural sex', it also proposed that they were contingent upon, and could be corrupted by, society and culture.¹⁴⁴ Thomson brought to the text what Porter and Hall have described as 'a particularly romantic brand of earnestness'.¹⁴⁵ This is clear in the following passage from the book, one that Ben Adam was particularly fond of:

What is the ideal of life? What but the blossoming of noble (that is pure) individuality, human and organic, into fullness, that is of the love of sex? What better symbol (that is sign) of these than the lily? And what clearer word of literal revelation, what simpler yet deeper word of initiation to both art and science was ever spoken than in ancient counsel and command. "Consider the lilies how they grow" ... Its magnificent array is to show forth, not conceal: These wear their lucent argent for the passion-fragrant night, and these roll back their swart-stained robes of scarlet-orange to the sun-rich day; naked and not ashamed, glowing, breathing, warm, each flower showers forth its opulence of golden dust, stretches forth to welcome it in return.¹⁴⁶

Such poetical musing perhaps inspired Ben Adam's declarations of ' "Oh the beautiful, the beautiful, beautiful sex" '.¹⁴⁷ For Ben Adam, sex could have a glorious intellectual and spiritual significance:

Wonderful revelation of God to me of the beauty and significance of those wonderful sublime powers which we most inadequately and most unwisely describe as "sex".¹⁴⁸

However, Ben Adam also linked sex to death, as the moment of spiritual crisis appears to have been simultaneously orgasmic and fatal. Regarding the day of his seminal outpourings, Ben Adam told the certifying doctor, 'that both he and his wife died on May 18th', and he wrote that he 'died in May 1927 when he stretched himself on his bed to die'.¹⁴⁹ As well as this spiritual death in life, Ben Adam confided in Mr Burgess, about his future physical demise and resurrection using the orgasmic term 'climax':¹⁵⁰

¹⁴⁴ Geddes and Thomson, *Sex*. See also Lesley Hall's comments on Geddes and Thomson's *The Evolution of Sex*, Lesley Hall, *Hidden Anxieties: Male Sexuality 1900-1950* (Cambridge, 1991), pp. 19, 29; Weeks, *Sex, Politics and Society*, pp. 129, 144.

¹⁴⁵ Porter and Hall, *The Facts of Life*, pp. 155-156.

¹⁴⁶ Geddes and Thomson, *Sex*, pp. 192-93; K/17/2/25, 11 July 1927, letter to Professor Thomson.

¹⁴⁷ K/17/2/25, *Pioneering*.

¹⁴⁸ K/17/2/25, *Pioneering*.

¹⁴⁹ K/1/31, case 3301; K/17/2/25, 1 Jan 1929, letter to Allen W.

¹⁵⁰ Sass interestingly comments that schizophrenic episodes often result in a 'death in life' whereby the appetitive soul and physical and emotional feelings become detached from the body, Sass, *Madness and Modernism*, pp. 7-8.

I use the word “climax” as a sort of paraphrase for another word which is present to our minds, not because we are afraid to use it, but because that other word is invariably used to express finality, and I know that it carries no finality in this case.¹⁵¹

Ben Adam described a transformation of the self; death was a passing away without finality, as he expected to be resurrected and to retain much of his identity. This linking of sex, death and madness draws on traditions of association from Plato to Freud.¹⁵² Screech, for instance, analysing Platonist philosophy, writes about how:

In erotic mania souls are exchanged between the two lovers, who therefore live in a state of permanent ecstasy, permanently, that is ‘outside’ themselves and ‘in’ the beloved. This ecstasy is caused by divine beauty reflected in the beloved ... As far as he can, the true philosopher spurns the body and those things which are akin to it, since they chain him to the world. He knows that, in death, his purified soul, having freed itself from the body, will enjoy real, eternal values, not transient worldly ones. Meanwhile he ‘practices dying’ – trains himself for the joys of the life to come – by striving, as far as is right to do so, to separate soul from body.¹⁵³

Ben Adam similarly prepared and practiced for death, and in his journey of spiritual love, death and partial transformation, he chose to take his earthly lover, his wife, with him. One of the first things that he intended to do on his return from the dead was to marry her once more. Ben Adam commented in one letter:

So in conclusion when others see a death and foolishly mourn, you and I shall see a wedding as its consummation and a new era of domestic felicity for mankind.¹⁵⁴

Death for Ben Adam was also about rebirth, remarriage and new love.

While sex could be spiritual, conjugally permissible and fatally desirable, it could also be dangerously corrupting. For Ben Adam, sex was such a powerful and significant force that ‘the man or woman who goes sexually wrong have gone wrong at the very foundation of their life’.¹⁵⁵ Ben Adam was particularly

¹⁵¹ K/17/2/25, 3 Oct 1930, letter to Mr Burgess.

¹⁵² Jonathan Dollimore, *Death, Desire and Loss in Western Culture*; Michel Foucault, *History of Sexuality*, trans. Robert Hurley (3 vols, Harmondsworth, 1985), vol 2, *the Use of Pleasure*, pp. 5, 133-134; Sigmund Freud, *Civilization and its Discontents*, trans. Joan Riviere (8th edn, London, 1957), pp. 97-103; Sass, *Madness and Modernism*, p. 3.

¹⁵³ M. A. Screech, ‘Good Madness in Christendom’, in W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols, London, 1985), vol 1, *People and Ideas*, p. 29.

¹⁵⁴ K/17/2/25, 3 Oct 1930, letter to Mr Burgess.

¹⁵⁵ K/17/2/25, *Pioneering*.

disturbed by the changing place of sex in society. He wrote to Dr Marsh, one of the doctors, also a member of the Society of Friends, who certified him in 1927, there was 'no greater evil in our national life today than the appalling looseness of the sexes. It threatens civilization'.¹⁵⁶ Ben Adam's ideas tie in with many of his contemporaries; for example, his biological gurus, Geddes and Thomson, asserted that:

Sex is the biological condition of the love of lovers – one of the finest things in the world; on the other hand it yields the pathological condition of sexual vice "corrupti optimi pessimi" (that corruption of the best which is worst of all).¹⁵⁷

Porter and Hall have observed that the persistent motif that dominated the making of sexual knowledge at the beginning of the twentieth century was that of sex as both sacred and sinful.¹⁵⁸ Ben Adam's views echoed contemporary debates about the threat of moral degeneracy. For instance, with the First World War came concerns over the coarse conversations generated by all male environments and the threat of male homosexuality. There was alarm about both professional and casual prostitutes, sexual attacks on women and a general increase in pre-marital sex war relations.¹⁵⁹ Ben Adam was concerned about the talk of his work colleagues, his son's vulnerability and the dangers that his daughters faced:

I worked among men, young men, old men, among whom no girl, no woman was safe from their rapacity, unless guarded by police and public opinion. I knew that; I saw the same thing beneath the veneer among many of the men I met in England; and during April 1927 as the full force of it burst upon me. I confess I shuddered. I confess I was afraid, not for myself, but for the security of my daughter Mary, for the security of my daughter Dorothy, for the security of my son from the awful perils of being a conscript into an army with that gentle nature of his.¹⁶⁰

Ben Adam went as far as to write to his daughter's fiancé, recommending the prevention of conception by the use of self control and sexual intercourse during the safe period.¹⁶¹ He lamented against 'pouring that Eternal Ineffably noble life

¹⁵⁶ K/17/2/25, 25 Jan 1930, letter to Dr Marsh.

¹⁵⁷ Geddes and Thomson, *Sex*, p. 142.

¹⁵⁸ Porter and Hall, *The Facts of Life*, p. 275.

¹⁵⁹ Hall, *Hidden Anxieties*, p. 43; Susan Kingsley Kent, *Making Peace: the Reconstruction of Gender in Interwar Britain* (Princeton, 1993), pp. 41, 89. See also Weeks, *Sex, Politics and Society*, p. 198.

¹⁶⁰ K/17/2/25, 31 Dec 1929, letter to all family.

¹⁶¹ A time during a women's menstrual cycle when she is unable to conceive.

of God into a rubber tube and throwing it down the sewer!’¹⁶² The future son-in-law expressed discomfort with discussing the topic, commenting ‘I am naturally most embarrassed, as in our family we don’t usually say very much of what we feel, especially if it is the deeper sort of feelings’.¹⁶³ However, he did not accept Ben Adam’s advice. He was willing to ‘concede that any form of birth restriction is against nature so are clothes’.¹⁶⁴ He argued, however, that ‘mechanical aids to birth control are necessary ... You see I am, alas, in the 20th century, and I feel that if you and I agree to differ on this question, it would be due to the fact that I am just one step ahead of your generation at any rate, in this matter’.¹⁶⁵ John Lucas has argued that one of the most significant phenomena of the 1920s was ‘the revolt of the young against the older generation, whose values the young clearly and with good reason despised’.¹⁶⁶ Ben Adam’s potential son in law had witnessed the introduction of Marie Stopes’ *Married Love* and her *Society for Constructive Birth Control and Racial Progress*. They inhabited a society where contraception was available for married couples, with the condom, despite being the least favoured method of contraception amongst early advocates of birth control, becoming the most widely used form.¹⁶⁷ However, in being frank and open, bringing sex to the fore of a family discussion, (albeit a man-to-man discussion) Ben Adam was himself perhaps making a generational transition.

Despite his criticism of others, Ben Adam committed what he considered to be immoral acts. During his crisis he masturbated and left the house naked in an attempt to satisfy his sexual lust. Ben Adam considered the practice of self-abuse an act of mortal danger; semen was after all the:

“Life of the ages richly poured” that has flowed with undiminished power through the long; unthinkably long ages, from amoeba to man and from the beginnings of man until now.¹⁶⁸

¹⁶² K/17/2/25, 29 March 1936, letter to potential son-in-law.

¹⁶³ K/17/2/25, 19 April 1936, letter from potential son-in-law.

¹⁶⁴ K/17/2/25, 19 April 1936, letter from potential son-in-law.

¹⁶⁵ K/17/2/25, 19 April 1936, letter from potential son-in-law. For Ben Adam’s further reply see K/17/2/25, 22 April 1936, letter from Ben Adam.

¹⁶⁶ Lucas, *The Radical Twenties*, p. 2.

¹⁶⁷ Hall, *Hidden Anxieties*, p. 3; Porter and Hall, *The Facts of Life*, p. 247; Weeks, *Sex, Politics and Society*, p. 187; Michael Mason, *The Making of Victorian Sexuality* (Oxford, 1994), p. 54.

¹⁶⁸ K/17/2/25, *Pioneering*.

It was the elixir of life and essence of kinship with God. Such views were clearly influenced by religious and biblical warnings against ‘wasting seed upon the earth’ and the practice of ‘unclean habits’.¹⁶⁹ Medical opinion also condemned masturbation and celebrated the beneficial properties of seminal fluid. Marie Stopes, for instance, cautioned:

It is therefore the greatest mistake to imagine that the semen is something to be got rid of *frequently* – all the vital energy and nerve-force involved in its ejaculation and the precious chemical substances which go to its composition can be better utilised by being transformed into other creative work on most days of the month.¹⁷⁰

Such accounts resonate with what Michael Mason describes as the ‘haematic’ theory that was current during the nineteenth century, whereby semen was believed to be a valuable component of blood, and therefore one which ought not to be excessively ejaculated and wasted.¹⁷¹ Ben Adam agreed, commenting:

I have found that in my work that during creative periods, initiating new work and so forth, sex instinct was at its height ... I could almost see that mighty surge of life rising from my sex organs to the Brain.¹⁷²

Ben Adam may also have internalised the contemporary linking of self-abuse to insanity. The Victorians had written endless books, tracts and sermons against the horrors of self-abuse and the legacy continued into the twentieth century. Marie Stopes’s correspondence with numerous clients and colleagues showed that many people still believed masturbation to be dangerous and immoral.¹⁷³

* * *

If Ben Adam’s writing can be interpreted as ‘mad writing’ it can also be seen as spiritual, psychological, scientific and moral writing. Ben Adam used, transgressed and interweaved ideas about religion and spirituality, psychology, biology, sex and morality to make sense of what happened to him during his mental and spiritual crisis. For example, Ben Adam’s psychological diagram

¹⁶⁹ Genesis 38: 1-10 and Ephesians 4:19.

¹⁷⁰ Marie Stopes, *Married Love: a New Contribution to the Solution of Sex Difficulties* (12th edn, London, 1932), p. 55.

¹⁷¹ Mason, *The Making of Victorian Sexuality*, pp. 208-209.

¹⁷² K/17/2/25, 4 Feb 1930, letter to Professor Thomson.

¹⁷³ Robert Baden Powell, *Rovering to Success: a Book of Life-Sport for Young Men* (London, 1922), pp. 105-106. See also Hall, *Hidden Anxieties*, pp. 3, 131; Janet Oppenheim, “*Shattered Nerves*” *Doctors, Patients, and Depression in Victorian England* (Oxford, 1991), pp. 159-162; Porter (ed), *The Faber Book of Madness*, pp. 462-489; Thomas Laqueur, *Making Sex: Body and Gender From the Greeks to Freud* (London, 1990), pp. 227-232; Porter and Hall, *The Facts of Life*, p. 189; Weeks, *Sex, Politics and Society*, pp. 48-51, 211-212.

shows an interest in biological nerve cells and the brain; understandings of psychological factors like repression and early instinctive reactions; immoral causes such as 'lying', 'lust', 'hate', and 'malice'; beliefs in a society that was leading to war and the extinction of the race, and beliefs of religious battles between righteousness and iniquity. Such understandings can be placed in the context of his culture and society. Hayward writes of Edwardian spiritual practitioners:

Scientific models did not simply drive out religious beliefs; rather a much more textured process took place in which spiritual practitioners actively incorporated contemporary psychiatric, neurological, and epidemiological knowledge as part of a general attempt to make sense of their supernatural experiences.¹⁷⁴

Ben Adam, like such practitioners, had some controversial but tolerated beliefs. At times these were taken seriously but were sometimes used against him as evidence of his insanity, thus illustrating the fine line between madness and sanity. The next chapter perhaps crosses this line.

¹⁷⁴ Rhodri Hayward, 'Demonology, Neurology, and Medicine in Edwardian Britain', *Bulletin of the History of Medicine*, 78 (2000), p. 39.

Chapter 6

Charles W.: Autobiography and Fantasy

To tell one's story: what could better establish one's own veracity, or provide more conclusive symptoms of utter Self-delusion?¹

Ben Adam was by no means the only prolific patient writer in the Retreat. In this chapter I move back to an earlier generation of residents and consider the writings of Charles W. Charles was in the Retreat between 1884 and 1890; 72 of his letters, written between September 1885 and July 1886, remain in the archives. In contrast to Ben Adam's coherent and self-reflective writing, Charles W's letters are an almost archetypal example of 'mad writing', often incoherent in language and style, and largely delusional in content. In considering these letters I confront the nature of 'mad writing' head on, and explore ways in which it is possible to interpret such texts historically. I offer two modes of analysis. The first interprets Charles W's letters as symptomatic of mental illness, and in relation to the experience of madness and his life circumstances. Secondly, I examine his writing in terms of its literariness and narrative story telling, exploring how the contents of such narrative draws upon cultural and societal events, beliefs and values. I will show how delusional writing offers the historian much more than just madness.

However, I also want to tell Charles W's story. Before I interpret and indeed challenge his words, I feel it is important to hear him. After all, many of the letters that he wrote were still sealed and therefore have literally never been read before. I also want to see how far it is possible and how useful it is for the historian to (re)construct the (auto)biography of a Retreat resident. The next section (re)tells Charles W's own account, but first it is important to outline how and why I have constructed it in this way.

In an attempt to escape from the distant 'observer form' of history, the oral historian Alessandro Portelli proposed:

Let our history be as factual, logical, reliable, and documented as a history book needs to be. But also let it contain the dialogic history of its making, and the experience of its maker. Let it show how historians themselves grow, change, and stumble through the research and the encounter with other subjects. Speaking about the 'other' as a subject is

¹ Roy Porter, *A Social History of Madness: Stories of the Insane* (London, 1987), p. 29.

far from enough, until we see ourselves as subjects among others and we place time in ourselves and ourselves in time.²

This was a rallying call for historians to become interested in, and aware of, their own relationship with their subjects. Over the last 15 years this has increasingly taken place. For example, Catherine Hall and Jonathan Ned Katz have made part of their work an account of how they respectively became drawn to feminist history and the study of the history of heterosexuality.³ Natalie Zemon Davis has composed an imaginary conversation between herself and the three seventeenth-century women with whom her research was concerned.⁴ Carolyn Steedman has suggested that the archive is a place where 'History, can become Memory's potential space, one of the few realms of the modern imagination', a sort of third dimension, a space to communicate, create and play with another world.⁵ In 2002 the *Journal of American History* devoted a 50 page round table discussion section on 'The Self and the Subject', addressing issues such as the value of and the problems associated with foregrounding the subjective historical narrator, highlighting the personal motivations behind choosing historical topics, and the tensions associated with knowing, or wanting to know and identify with the historical subject.⁶ In this section, I focus upon some of these issues, and reflect upon how I went about creating and interpreting Charles W's story.

Like many historians, I was confronted in the archive with an unorganised collection of documents that I sought to structure into a chronological sequence and from which I sought to draw meaning. I read Charles W's correspondence in an unfiltered way, picking them out of a collection of letters because I recognised his handwriting on the envelopes. While reading these letters, I tried to create a coherent narrative of the things that had happened to Charles W. In many ways this was easy, as Charles W's letters were rather autobiographical in tone and content. The letters continually seemed

² Alessandro Portelli, *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (Albany, New York, 1991), p. 76.

³ Catherine Hall, 'Feminism and History', in Catherine Hall, *White Male and Middle Class: Explorations in Feminism and History* (Cambridge, 1992), pp. 1-40; Jonathan Ned Katz, *The Invention of Heterosexuality* (New York, 1995), pp. 1-18.

⁴ Natalie Zemon Davis, *Women on the Margins: Three Seventeenth Century Lives* (Cambridge, Mass., 1995), pp. 1-5.

⁵ Carolyn Steedman, *Dust* (Manchester, 2001), p. 83. Steedman here engages with the ideas of the psycho-analyst D.W. Winnicott on play.

⁶ 'The Self and the Subject', *Journal of American History*, 89 (2002), 1-40.

to produce pieces of 'life writing' – extracts that were full of reminiscences. Charles W. wanted 'to continue my narrative' to 'tell thee another thing about myself'.⁷ However, Charles W. also jumbled up times, places, fact and fiction. This recoding of experiences constructed what Liz Stanley would term an anti-realist autobiographical account.⁸ Ironically, in my reconstruction of his story, I was unable, or rather unwilling, to escape the linear narrative worthy of any great nineteenth-century gentleman's autobiography.⁹

To write his story, I synthesised the contents of Charles W's letters. The correspondence in total comprised 30,000 words, and I thought that the easiest way to present as much of these as possible would be to draw together elements from the often-repetitive letters. In order to discover his life, I decided to put these letters into the literary form of (auto)biographical life writing. Paul de Man has suggested that 'autobiography ... is not a genre or a mode, but a figure of reading or of understanding that occurs, to some degree, in all texts'.¹⁰ As I was reading Charles W's letters as autobiographical in nature, it seemed the best way to understand and represent his writings. I felt that the alternative of writing a biography would have taken away Charles W's voice even more, as I would have been less likely to acknowledge and incorporate his unusual style of writing. Moreover, biographies are more connected with establishing facts and I saw Charles W's account more as a story. Autobiography has been more easily associated with fantasy and fiction. For example, Peter Brooks has proposed that 'our lives are ceaselessly intertwined with narrative, with the stories that we tell and hear told, those we dream or imagine or would like to tell'.¹¹

My construction of his story has tried to remain loyal to Charles W., and, in an attempt to maintain as much of his mental world as possible, I have included lengthy quotes, tried to adopt his style of writing (even when not

⁷ K/17/2/27, Patients' Letters and Papers c. 19-20; narrative, March 1886, letter to brother Henry; telling, 12 May 1886, letter to sister Mary. Brooks has argued that, when telling a story, narrative becomes closed off and distinctly framed within the tradition of 'once upon a time'; Peter Brooks, *Reading for the Plot: Design and Intention in Narrative* (London, 1992), p. 4.

⁸ Liz Stanley, *The Auto/biographical I: the Theory and Practice of Feminist Auto/Biography* (1992; repr. Manchester, 1995), p. 155.

⁹ Regenia Gagnier, *Subjectivities: a History of Self-Representation in Britain, 1832-1920* (Oxford, 1991), p. 6; Stanley, *The Auto/biographical I*, p. 4.

¹⁰ De Man, *The Rhetoric of Romanticism*, p. 70.

¹¹ Brooks, *Reading for the Plot*, p. 3. On fiction see Paul John Eakin, *Fictions in Autobiography: Studies in the Art of Self-invention* (Surrey, 1985); Paul de Man, *The Rhetoric of Romanticism* (Guildford, 1984), p.70.

quoting, often adopting his poor sentence structure and grammatical errors) and have not glossed over the contradictions.¹² I have also tried to include all of the details that the letters contain, which unfortunately makes the narrative slightly more fragmented than Charles W's own letters. Here is the story.

Charles W's Story

I, Charles Cave W., was born in Hay, Brecknockshire, Wales in May 1838.¹³ I am the son of a religious man who once worked for Hopkins, Bakers and Confectioners in Solihull. My dear father is now dead.¹⁴ My uncle is chief warden at the Tower of London. I sometimes visit him; once we both went to Epsom to see my horse Bessy race.¹⁵ My 'dear darling mother' is living in Park View, Coventry. I particularly dislike my mother. I resent her not writing to me, and believe that she wishes to see me dead.¹⁶

I am not an only child; my father gave my mother four sons and four daughters.¹⁷ First there was William, the eldest; he died of dropsy at an early age (I still write letters to him).¹⁸ Edward, Rachel and Annie also died; they were in their infancy, and 'Edward was my image'.¹⁹ My sister Ellen is a 'jolly lass' and lives with my mother at Park View.²⁰ Mary, my other sister, is married to Lord Aylesford and lives at New Hall, Sutton Coldfield. More often, I address her as Miss W. and write to her at Golden Hillock Road, Birmingham. I make great travel plans for her,

¹² Arguments in favour of retaining original forms of writing, David Gerber, 'The Immigrant Between Positivism and Populism: American Historians' Uses of Personal Correspondence', in Rebecca Earle (ed), *Epistolary Selves: Letters and Letter-Writers, 1600-1945* (Aldershot, 1999), p. 49.

¹³ K/17/2/27, Dec 1885, letter to brother Henry.

¹⁴ K/17/2/27, his occupation, 10 Feb 1886, letter to brother Henry; dead, July 1886, letter to brother Henry and sister Mary; contradictory letter asking after Mr W's health, n.d., letter to brother Henry.

¹⁵ K/17/2/27, 12 Sept 1885, letter to Mr Hughs, Chief Warden Tower of London; horseracing, 1 April 1886, letter to brother Henry.

¹⁶ K/17/2/27, Park view, Oct 1885, 'dear darling mother', 21 April 1886, letter to sister Mary; disliking mother, 5 Feb 1886, letter to wife and Matt; not writing, 14 Oct 1885, letter to brother Henry; wishing dead, 10 Feb 1886, letter to brother Henry.

¹⁷ K/17/2/27, 5 Feb 1886, letter to wife and Matt.

¹⁸ K/17/2/27, died of dropsy, 25 Sept 1885, letter to mother and sister Ellen; written letter to William, 26 Feb 1886, letter to brother William.

¹⁹ K/17/2/27, 5 Feb 1886, letter to wife and Matt.

²⁰ K/17/2/27, 'jolly lass', 5 Feb 1886, letter to wife and Matt; Park View, 25 Sept 1885, letter to mother and sister Ellen.

Henry and myself. However, she has '16 children by a man nameless' (though at times I believe she has no children at all) and I detest her 'vileness in taking Bert S. to Croydon and other places with stolen money'. Alongside Henry, I also blame Mary for putting me in the Retreat.²¹ I hold my brother Henry, or Harry, as I like to call him, responsible for my confinement, and I want him to come and get me out of here. He was born a year before me and also lives in Golden Hillock Road. He works at Lloyds Bank, owns a box making company and an American strawberry plantation. At one time I thought that he was married to Sophia Deronda. I am very close to him but I sometimes think that he does not believe me.²² Finally I also have Charlie; he works with Henry at Lloyds Bank. He took me home after my conversion experience, I sometimes call him brother but also friend.²³

I married my wife at the Friends meeting house in Peckham and I remain 'a loving and affectionate husband'. I am not my 69-year-old wife's first husband, as I found out after our wedding that she has a husband still alive. My wife may now be living in the Isle of Wight or with her husband, Mr William S., somewhere on the Walworth Road, London. My wife was also married to Dr Whittaker from the Retreat and she also sleeps with Dr Baker. 'I have never been able to have sons or daughters by her. I believe now that she has about 15 children by other men'. 'Thank God I hardly ever touch my wife': both she and Mattie, 'wanted other men to touch them and I came as a lamb to the slaughter'.²⁴

²¹ K/17/2/27, married to Lord Aylesford, 25 Sept 1885, letter to mother and sister Ellen; Miss W., Nov 1885, letter to sisters Mary and Ellen; Sister having no children and stealing money, Oct 1885, letter to mother; 'children by man nameless', 26 April 1886, letter to brother Henry; Henry placing Charles W. in the Retreat, 27 Jan 1886, letter to brother Henry.

²² K/17/2/27, asking brother Henry for assistance in release, 27 Jan 1886, letter to brother Henry; Henry's address, n.d., letter to brother Henry; date of birth, Nov 1885, letter to sisters Mary and Ellen; works at Lloyds Bank, 7 Sept 1885, letter to brothers Henry and Charlie; owns a Box manufacturing company, Dec 1885, letter to brother Henry; Owns a plantation, Dec 1885, letter to brother Henry; married to Sophia Deronda, 27 Sept 1885 letter to sister Mary as Lady Aylesford and Lord Aylesford; unmarried, 9 Oct 1885, letter to brothers Harry and Charlie; doesn't believe Charles, 18 Oct 1885, letter to brothers Harry and Charlie.

²³ K/17/2/27, speaking to God, 11 Jan 1886, letter to sister Ellen and all family; Lloyds Bank and conversion experience, 21 Sept 1885, letter to Miss Baker and others at the Friend's Retreat; friend, 11 Jan 1886, letter to sister Ellen and all family; 17 March 1886, letter to sister Mary.

²⁴ K/17/2/27, marrying wife, 14 Oct 1885, letter to brother Henry; affectionate, 2 Oct 1885, letter to wife; living in Isle of Wight, 7 Sept 1885, letter to brothers Harry and Charlie; wife's other husband living on Walworth Rd., examples of house no. 161, 5 Feb 1886, letter to wife and Matt; house no. 162, Nov 1885, letter to Mr Cadbury; married to Dr Whittaker and sleeping with Dr

'I came here to get rid of a bad wife and a worse Mattie'. Mattie S. is my wife's first cousin, though I have heard her call my wife 'mother'. I used to pay her £60 a year as housekeeper but she is now at Ackworth School. In the future I would like her to come and live with me again, as 'I remember the old days of love together, how we used to sit on the lawn after dinner on first days and the many drives we had together'. She, however, sleeps with men at the Three Tons in York, and became pregnant by General Grant in America: she was then living under the alias of Edith Wells. I have had to operate on her at 'Cambridge Trinity College with my 21 inch muck rake, 21 inch pincers and her private parts were almost rotten'. I cleared everything from her, and I knelt down by her side and prayed that she might find Christ.²⁵

I am a member of the Society of Friends. I know several Quaker families such as the Frys, the Cadburys, and the Peases of Darlington. I was converted in a most marvellous manner, 'I left my house that I build in the Golden Hillock Rd Small Heath B'ham [Birmingham] at 9 o'clock in the morning some years ago now, I was transported suddenly 17 miles from B'ham and 10 miles from Worcester. I was carried by the spirit of God. I left my house at 9 I got to this large field in a second of time I had then a gold watch. I field [sic] I went to what was to me Heaven. I saw perfectly hollow subjects boys and girls perfectly hollow they were in hedges and other places in the field, a light as from struck across my soul "Whoever loveth [sic] God shall be saved" Oh how I wept and I preached Christ every Sabbath day in Bull St. at B'ham. I also addressed the children of the Wesleyan Chapel Coventry Road. It was on the Sabbath evening and I went up into the pulpit and preached to the people and children for over an hour'. I ended one of my sermons in Bull St. with "Angel deep in Lupton's Blood"; he became head of the Quaker House of

Baker, 26 Feb 1886, letter to brother William; 15 children, n.d., letter to Dr Hind; 'lamb to slaughter', 25 April 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford.

²⁵ K/17/2/27, wife's first cousin, n.d., letter to Dr Hind; calling mother, 11 Jan 1886, letter to sister Ellen and all family; housekeeper, 14 Oct 1885, letter to brother Henry; at Ackworth School, 7 Sept 1885, letter to Matt; affectionate reminiscences, 8 Nov 1885, letter to Matt; sleeping with men at the Three Tons York, 25 Dec 1885, letter to brother Henry; getting pregnant by General Grant, 9 Oct 1885, letter to brothers Harry and Charlie; being operated on, 1 Nov 1885, letter to wife.

Barclay. I have also spoken in meetings at Devonshire House and Wisconsin. 'I ask God more than once about smoking he answered the leaf was made for the service of man'.²⁶

In my youth I attended the Quaker Ackworth School near Pontefract, where I used to enjoy swimming in the tank.²⁷ I was an apprentice to J. Payne, Jamaica Row, Birmingham, where my brother William accidentally cut my fingers. 'You know I believe I have been to Cambridge College (Trinity)', 'Cambridge Trinity College, or as it is called Now Trinity Hall'. 'I shall go again and they create me a Fellow'. I got all the prizes for medicine. Dr Blake who was also the chemist on Bennett Hill tutored me and I performed many operations on ladies. I always have to take a patient before a magistrate, and as I am a Friend, when in court I affirm. You may have read about the Armstrong case, I operated on Mrs Armstrong and got six men's privates from her womb. The case was watched over by the barrister Bottomly Firth. Firth also gave the magic lantern slides for a Retreat lecture we had on volcanoes in France. A lecture that was all bunkum, as there are no volcanoes in France.²⁸

'Now to resume my work at Cambridge Trinity Hall', I became a painter of eminence and also a sculptor of renown. Examples of my sculptures include one of the 'Queen as she ascended the throne in 1837 with chairs of malakite [sic]', one of G. Dawson, 'two of Christ, one with the Crown of Thorns on his brow' and another as a gentleman. I sculptured two of old Dr Johnson with the chair of solid oak; four of Lord Shaftesbury who is on his death bed at Folkestone or just outside; four of the Marquis of Salisbury whose place is at Daventry and Dieppe, and four of Gladstone. I also sculpted naked my young lady housekeeper at

²⁶ K/17/2/27, writing to Fry, Nov 1885, letter to Mr Fry; Cadbury, Nov 1885, letter to Mr Cadbury; mentioning Peases, 14 Oct 1885, letter to Dr Baker; conversion, 21 Sept 1885, letter to Miss Baker and Friends at the Retreat; Angel sermon and speaking in meeting, 22 Feb 1886, letter to brother Henry and all family; smoking, 11 Jan 1886, letter to sister Ellen and all family.

²⁷ K/17/2/27, apprentice, 21 April 1886, letter to sister Mary; school, 4 Sept 1885, letter to Dr Baker.

²⁸ K/17/2/27, at Cambridge, n.d., letter to brother Henry; at Trinity, 28 April 1886, letter to sister Mary; Trinity College and Trinity Hall, 28 April 1886, letter to sister Mary; fellow of, 10 May 1886, letter to brother Henry; Dr Blake a chemist, n.d., letter to sister Mary; a tutor, n.d. letter to brother Henry; Bottomly Firth and Mrs Armstrong case, 17 Oct 1885, letter to Dr Baker; 5 Nov 1885, letter to Mr Chamberlain; volcanoes, 27 Sept 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford.

Cambridge. When Ladies came into my studio I covered her with a white sheet but they often asked to see her so I took the sheet off down to her 'waste' [sic]. The ladies would exclaim "Mr W. what a lovely figure she was' 'Of course she was a myth'. Sculpturing such as mine has never been seen in the world before, and will never be exceeded by any man.²⁹

I am an Associate of the Royal Academy and my paintings have been displayed at the Academy in Trafalgar Square for about three successive years. I have painted ten for Dr Baker, ten for Dr Hind and ten for the Friends' Retreat. I have painted the Queen from a sketch by a Strasbourg artist and was commissioned by Lord Randolph Churchill to paint for the House of Commons and the House of Lords. There are lots of my paintings all over the world; for instance, the King of Spain has some, others are held in France and I have had to buy one of my paintings back from the Emperor of Germany. I 'repainted Charles I at Whitehall, the ancient one was painted by Raphael. When Charles I was on the block to be executed by the Cromwellians. He said "I am not guilty of my peoples' blood." Raphael omitted that but I remembered it'. I decided to cover Charles' head with a velvet cap and feathers. 'I also saw a portrait of the Duke of Wellington I painted him, he is now dead. You know he fought against Boni [Bonaparte] at Waterloo and Blucher the Belgiums King' and it was 'Wellington who commanded the English forces and said "Up guards and at them" '. He died at Walmer castle near Dover. I also had a studio on Fleet Street next to the Daily News office in London.³⁰

When I was living in Onley Street just behind Walworth road I saw the great Tooley Street Fire. One day 'I got into a Bus at the Elephant and Castle and we all saw a conflagration at London Bridge. We had to cross the bridge. The fire it was opposite the other side of the Thames,

²⁹ K/17/2/27, Queen, Nov 1885, letter to Mr Cadbury; statesmen, Nov 1885, letter to brother Harry; naked lady, Nov 1885, letter to Mr and Mrs Tangye; 'a myth', July 1886, letter to brother Henry and sister Mary; great sculptor, 1 Feb 1886, letter to brother Henry.

³⁰ K/17/2/27, ARA, 4 Dec 1885, letter to Mr Houston; Academy, Nov 1885, letter to sisters Mary and Ellen; Retreat paintings, Queen and Lords, 26 April 1886, letter to brother Henry; Paintings in France, 12 Sept 1885, letter to Mr Hughs, Chief Warden Tower of London; Germany, Nov 1885, letter to Mr Barrow Tea Dealer; Charles Ist, n.d., letter to brother Henry; Wellington and Charles Ist with feathers, July 1886, letter to Mr Lloyd; studio, 17 March 1886, letter to sister Mary.

and I saw them squirting water over the Tower walls, the scene was awful. Braidwood the Head of the Fire Begree [sic] a most brave man. I forget whether any of the firemen were killed, several people were buried in the debris. The Fire Brigade with Braidwood marched behind the funeral cortege down Shoredich [sic] to Kensall Green Semetry [sic]. The playing "the dead march in Saul." It was a grand sight'.³¹

I was also in London when I was MP for York. In 1864 W. Sessions wrote for me to come to York to contest against Sir F. Milner. I came in about 2000 votes ahead, and Gladstone's Government was returned by 130. 'I stopped at the Charing Cross Hotel all the session from Feb to Sept 1st. It was I considered very cheaply it me about 570£'. In the House of Commons I visited the tea and smoking rooms and met nobbs [sic] such as Mr Gladstone and Dennison. One day Gladstone gave me the preamble to the Shipping Bill. This was on a Friday, I just looked over Hansard and on the following Tuesday evening I made my speech. I rose at half past six and left off without a single note for about 9 hours. Miss Ada Marsh and the night man from the Charing Cross were in parliament to hear my speech, alongside the Duke of Argyle. After I had finished the cheers were over and over again, and there never was such a speech delivered in parliament. I got back to my hotel by about 3.30, had some cigars with the likes of Gladstone, Bright and the night man and then went to bed. 'I hope by God's Grace never to be a member for any town even B'ham'. I also 'believe I am wanted as a member for B'ham which I should gladly accept'.³²

I am also a man of literary talents. My publishers are Hudsons of Edmond Street. Birmingham. I have written hymn books, but the 'most marvellous book ever written, was a book of St Pauls Cathedral, 800 pages of manuscript'. I have also written books about my travels, one on

³¹ K/17/2/27, 18 Oct 1885, letter to brothers Harry and Charlie.

³² K/17/2/27, main account of speech, 1 Feb 1886, letter to brother Henry. see also 26 Feb 1886, letter to brother William; 25 Dec 1885, letter to brother Henry; not for politics, 26 April 1886, letter to brother Henry; politics, 30 Oct 1884, letter to Mr Lloyd.

Monona, one on Palermo and 'I mean to Publish by Hudsons *Rambles in and around Florence*'.³³

I have travelled in Britain and Ireland. On my visit to Belfast, for instance, I met Sam Warsham and Mary Davis.³⁴ On another occasion I went on the *Mary Hough* from Liverpool (it is now being rebuilt either in the docks of Liverpool or perhaps Glasgow) 'down the Bristol Channel stopping first at Falmouth. I went over Burtons stores of Curiosities'. I have also been to Aberdeen, Perth and Edinburgh, and I climbed Arthur's seat. It was summer and wife and Matt sat at the bottom, tatting [sic] they kissed and said they enjoyed themselves. The next day we visited 'Holy rood [sic] Palace' where it was that Queen Mary was in her bed with Rizzio.³⁵

I once had a break from the Retreat for ten weeks. I went to London and spoke for Christ in Devonshire House. I then went to Paris and took the train to Copenhagen. Next I went through Finland to St Petersburg. I had a boat on the Neva and after a day or two I started towards Moscow. I went from Paris to Madrid in a coach and four horses just like Charles, Prince of Wales and Buckingham on their journey to win the Princess of Spain. In Paris 'I slept all night at an English Hotel on the Boulevard, and who and slept with me, but the Prince of Bulgaria who was coming to England to court the Princess Beatrice' ('Matt she's been Princess Beatrice for years ... and her brother Harry took the title Prince of Bulgaria'). 'He spoke not, I did not see him make water at all, he had really nothing. I had under my pillow in my pocket book 1, 200£ in notes and gold'. It took five days to journey from Paris to Madrid and on the way we stopped at Andalusia where I met Sophia Deronda. She asked me to her shanty. Madrid is a splendid city. 'The ladies of Spain are the most beautiful of origin in the world'. 'I had conversations with the Emperor who was a splendid looking young man. He was not married'. I was also introduced to the Prime minister and the English ambassador. I

³³ K/17/2/27, Hudsons and book on Florence, 30 Oct 1884, letter to Mr Lloyd; hymn books, Nov 1885, letter to sisters Mary and Ellen; St Pauls, 26 April 1886, letter to brother Henry; travel books, July 1886, letter to Mr Lloyd.

³⁴ K/17/2/27, March 1886, letter to brother Henry.

³⁵ K/17/2/27, 22 Sept 1885, letter to Mr Kirton; 11 Jan 1886, letter to sister Ellen and all family; 30 Oct 1884, letter to Mr Lloyd.

stayed about a fortnight in Madrid at the Bel del Boulange Hotel, then I and two other Gentlemen took a carriage and pair, and went to 'Armarda' [sic] (you remember Mary in Elizabeth's days how the Spanish Armada came in ships to Conquer England. Then went back to Spain humbled and sad). To continue my narrative. We went to 'Armarda' [sic] and over the Cloisters, and I saw the graves of the Kings of Spain, the Pocias the Sequines and Alfonsos. 'I am sorry to say that the inquisition still exists in Spain and its capital town. They burn heretics at the Stakes. I don't think they have Bull fights I did not see any notice of them in any of the papers'.³⁶

I have also been to Palermo, Athens, where I saw a statue of the maid of Athens, and Florence. 'My visit to Florence was I think the happiest holiday we ever had'. I stayed three weeks and made good friends. I met Mr and Mrs Richards. Miss Richards was not a native of Florence, she called herself Romola and was married to Tito Titanio. There was also her aged father and Diana and the children. 'I used to go to tea there I was asked by Mr Richards to read the 23 psalm I did he then read the 42nd Psalm. I knelt down and prayed for all and the old father did to'. I met Hypathia [sic] in Palermo but also at the Florence Catheradralt [sic]. She was 'a lady of lovely countenance a pure woman was had up for a pritence [sic] of being a Phillosofer [sic]. There was a good deal of speech making. I spoke last. I spoke nearly an hour I finished up Liberate Liborate Liberatum. She was liberated. I knew her thank you Mr W. for your good speech I knew her you see my books'.³⁷

I have travelled to Moscow. I stayed at the Petit Clo Hotel, meaning in Russian, little House, it has 400 beds and the vilest cigars. I spoke with some English gentlemen about Madrid, and the quality of their Havanas. I remember sleeping and not being at all frightened by the

³⁶ K/17/2/27, 28 April 1886, letter to sister Mary; 12 Sept 1885, letter to Mr Hughes, Chief Warden Tower of London; Inquisition, 21 Sept 1885, letter to Miss Baker and Friends at the Retreat; 27 Sept 1885 letter to sister Mary as Lady Aylesford and Lord Aylesford; Matt as Beatrice, 1 Nov 1885, letter to wife; not visiting shanty, March 1886, letter to brother Henry; visiting shanty, July 1886, letter to Mr Lloyd.

³⁷ K/17/2/27, Oct 1885, letter to mother; Nov 1885, letter to Mr and Mrs Tangye; 17 March 1886, letter to sister Mary.

howling wolves.³⁸ I also went to India and with Dr Blake to China; there we met Alice Deronda. We were allowed in the presence of the Emperor; we couldn't speak to him but had to bow down. I believe he is deaf and dumb, 'he has a harem of 50 girls. Prostitution is unknown in Pekin'.³⁹

I took my dear friends the two Miss Marshes to America. My wife said I should take them, and I took them by the White Star Liner, first cabin. We arrived in New York in about eight days. I took them to Philadelphia and I bought them furs, and then we went to see Henry's Strawberry plantation. I also took them to Washington, I was asked to speak there and I did of course. We also went to Wisconsin and I spoke at the meeting there. We called upon an aunt of Matties in Rhodes Island and I also took the Miss Marshes to Montreal and Quebec. I of course paid all expenses, as you know I am a rich man.⁴⁰

I am, I believe the richest man in the world. For example, I have money in Burdett Coutts, Gilbut Dew and Dew Bradford and The Bank of England. I have insured my life in National Provident Temperance and Friends Provident, Leeds. I gave the Queen a million and 'each her sons 250 Thou [sic]'. She was, however, impudent and vulgar when I met her, despite my expensive court dress of gold laced patent leather boots and black stockings. I am also so rich as to be able to buy Packington Hall.⁴¹ I have bought it along with the Stone Bridge Hotel, the cottages to the George in the Tree and I am even looking into buying Tangye's place at Gilberstone.⁴²

After such an adventurous life I came here to the Retreat on 30 July 1871 and my 'sojourn of these last 14 years has been idle and dull'.

³⁸ K/17/2/27, n.d., envelope addressed to brother Henry, letter to sister Mary; Nov 1885, letter to sisters Mary and Ellen; 25 Dec 1885, letter to brother Henry.

³⁹ K/17/2/27, 26 April 1886, letter to brother Henry; 30 Oct 1884, letter to Mr Lloyd; 12 Sept 1885, letter to Mr Hughs, Chief Warden Tower of London; July 1886, letter to Mr Lloyd.

⁴⁰ K/17/2/27, 21 Sept 1885, letter to Miss Baker and Friends at the Retreat; 27 Sept 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford; Nov 1885, letter to sisters Mary and Ellen; Dec 1885, letter to brother Henry; 25 Dec 1885, letter to brother Henry.

⁴¹ K/17/2/27, richest man in world, 3 June 1886, letter to brother Henry and sister Mary; Burdett Coutts, Oct 1885, letter to Dr Baker; other institutions, Nov 1885, letter to sisters Mary and Ellen; donating to Queen, Nov 1885, letter to Mr Fry; meeting her, 26 Feb 1886, letter to brother William; buying Packington Hall, 17 Oct 1885, letter to Dr Baker.

⁴² K/17/2/27, want to buy it, July 1886, letter to brother Henry and sister Mary; R. Tangye has bought it, 4 Sept 1885, letter to brothers Harry and Charlie; have bought it, Nov 1885, letter to Mr Fry; want Gilberstone, 19 Sept 1885, letter to Dr Baker.

I fail to get any straightforward answer from the medical officers and understand that no one else in the history of this institution has ever been here half the time that I have. I resent it that Mr J. who has only been here 2 years has been up to see Dr Baker and that even Mr J. has more liberty than me. I at least want to be allowed to go to the Friends meetings. What I really want is for my brother Henry to take me from here or for someone from the Retreat to take me to York station.⁴³ I want to live at Golden Hillock Road, but also I should uncommonly like to have Matt come to Packington Hall and live with me, my paintings, piano and park full of deer and stags. There I shall write sermons, also a history of my travels, calling it Everid (the Welsh coat of arms). I am also looking forward to a joyful meeting with my wife 'in B'ham where we might go together to meeting and have a walk after and perhaps to Hay Mill. I am rather afraid that time will never come all the same I shall remember my darling at the Throne of Grace night by night, and I hope thou wilt remember me their to'. Charles Cave W.⁴⁴

Interpretation

Before I analyse Charles W's writings, I wish to consider the way I have read and interpreted them. Initially, I did not wish to question the content of Charles W's letters. I made a conscious decision first to reconstruct Charles W's story, using his letters as I would do with any other historical character. Only then would I read the case notes and conduct other historical research. My aim, again, was to give the opportunity for Charles W's voice to be heard as much as possible. However, while reading his letters, it soon became clear that Charles W's account was not truthful. This was not obvious at first, and at times I was drawn in and trusted him. Charles W. seemed to be consistent and specific about where he had been and what he had done. He authoritatively described travelling to places and seemed to be so knowledgeable about paintings, music and

⁴³ K/17/2/27, dull and idle, 12 Sept 1885, letter to Mr Hughs, Chief Warden Tower of London; no straightforward answers and taken to station, 10 Sept 1885, letter to Dr Baker; other patients more liberty, Oct 1885, letter to Dr Baker; go to meetings, 25 April 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford; Henry will take me home, 17 Oct 1885, letter to Dr Baker.

⁴⁴ K/17/2/27, Golden Hillock rd and Packington Hall with paintings, piano and deer, 28 April 1886, letter to sister Mary; Packington Hall with Matt, Dec 1885, letter to brother Henry; writing, 17 March 1886, letter to sister Mary; reunited with wife, 2 Oct 1885, letter to wife.

historical moments. But it soon became clear that there were some errors in his account. Lord Aylesford existed, but definitely did not marry Charles W's sister; Gladstone was not prime minister in 1864.⁴⁵ Moreover, many of his claims were improbable. Charles W. seemed to have done too much and to have known too many significant people. And while many nineteenth-century autobiographers were usually happy to present themselves as exemplary persons, Charles W. was perhaps too arrogant and heroic.⁴⁶ It was unlikely that he was the richest man in the world, that he was so well travelled and so eminent in so many fields, and that I had not heard of him until now.

I decided that the contents of his letters required a more suspicious reading. I needed to go and check his statements to see where he was getting details wrong. I therefore checked some of Charles W's claims against standard historical reference material.⁴⁷ I also looked at his case records. In the Retreat archives there are Charles W's admission forms, his case notes and over 55 pieces of correspondence from his friends and family to the superintendent Dr Baker. Most of these letters were from his stepson, while a few were written by his natural son and by his sister. Just one came from his wife. They concerned things such as payments, visits and enquiries into Charles W's health.⁴⁸ Charles W's case notes revealed more about him:

Case 1528 Admitted 19 IX. 1884

Member of the Society of Friends by Birthright: aged 46: married:
Commercial traveller: previous place of abode Small Heath Birmingham,
birthplace Hay.

⁴⁵ G. E. C., *The Complete Peerage of England, Scotland Ireland and Great Britain and the United Kingdom, Extant, Extinct and Dormant*, Vicary Gibbs (ed) (13 vols, 2nd edn, Gloucester, 1987), vol 1. *AB/Adam to Basing*, p. 366; F. W. S. Craig (ed), *British Parliamentary Election Results 1832-1885* (2nd edn, Aldershot, 1989), p. 346.

⁴⁶ Timothy Peltason, 'Life Writing', in Herbert F. Tucker (ed), *A Companion to Victorian Literature and Culture* (Oxford, 1999), p. 357.

⁴⁷ For example, G. E. C., *The Complete Peerage*; *Oxford Dictionary of National Biography* (Oxford, 2004); J. A. Venn, *Alumni Cantabrigienses: a Biographical List of all Known Students, Graduates and Holders of Office at the University of Cambridge, from the Earliest Times to 1900's, part two, 1752-1900* (1922; repr. 10 vols, Cambridge, 1954). vol 6, *Square to Zuptitza*.

⁴⁸ K/1/8, Register of Certifications and Admission Forms 4 Oct 1879-17 April 1886; K/2/14 Case Notes 2 Feb 1884-1 Feb 1888, pp. 65-69; K/2/16, Case Notes Male 29 Dec 1885-23 March 1892, pp. 80-81, case 1528. For correspondence regarding Charles W. see C/1/77, Incoming Correspondence 1884; C/1/78, Incoming Correspondence 1885; C/1/79, Incoming Correspondence 1886; C/1/80, Incoming Correspondence 1887; C/1/81, Incoming Correspondence 1889; C/1/82, Incoming Correspondence 1889; C/1/83, Incoming Correspondence 1890.

History: Nothing special occurred in infancy or childhood. Was educated at Ackworth School, of average intelligence, fond of reading but not studious. Left school at the age of 15 when he became apprentice to a grocer: after serving his time as such he became a commercial traveller and has ever since pursued this occupation. Has been in the employ of one firm for the past 16 years. Of industrious and temperate habits. Married at the age of 24 and has issue one son of 21.

Two years ago Patient suffered from an attack of melancholia which lasted 4 weeks: was cured by change of scene and remained well as to attend his business as before. For the past month or 6 weeks he has neglected business and last week abandoned it entirely. For probably six month speech has been observed to be altered, gait has gradually become unsteady, for 3 or 4 months Patient has suffered from giddiness, [illegible] of slight unconsciousness with flushing of the face have been observed on several occasions. Memory has been failing. There has been some difficulty in swallowing: Patient has become irritable, disorderly in dress and untruthful recently. Has been lately very reserved and unsociable. A few days ago Patient went to Bromsgrove on business and was not heard off until three days later. He had fallen into the hands of the Police for attempting suicide ... Clean in habits. No special grandiose ideas though these appear to exist to some extent.⁴⁹

Dr Blake, one of the doctors who certified him, diagnosed ‘a forceful manner and a treacherous life ... make me suspect general paralysis of the insane – manner altered’.⁵⁰ The rest of Charles W’s case notes read like a textbook case of general paralysis. He gradually declined in health, his gait and speech became unsteady and slurred, and he became more demented and suffered from gangrenous sores and epileptic seizures. He died on the third of April 1890.⁵¹

There is thus a large disparity between what the family, friends and doctors said and the contents of Charles W’s letters. As I stated in the introduction to this thesis, I did not want to check these facts in order to undermine what Charles W. said. Rather, following the ideas of Alessandro Portelli, I saw my research as ‘a step toward the reconstruction of the subjective

⁴⁹ K/2/14, p. 65, entry 19 Sept 1884, case 1528.

⁵⁰ K/1/8, case 1528. General paralysis of the insane was linked to syphilis. Confirmation of the link did not occur until 1913 but debates were raging in the late nineteenth century. See Claude Quétel, *History of Syphilis*, trans. Judith Braddock and Brian Pike (Oxford, 1990), pp. 160-165.

⁵¹ K/2/14, pp. 65-69; K/2/16, pp. 80-81, case 1528. His case reveals that there was not an exactly linear decline in health as there were several periods of intermittent recovery. The casebook account fits in with the description of general paralysis in the *Dictionnaire Enclyopedique des Sciences Medicales* (1884), in Quétel, *History of Syphilis*, p. 162.

In a similar way, Charles W's letters can be linked to his diagnosis of general paralysis. He certainly had an elevated sense of what he had done, and German Berrios notes that grandiosity characterised paralytic delusions.⁵⁷ Beveridge also suggests that general paralysis leads to a 'syntactical and semantical disintegration' of writing.⁵⁸ This was increasingly evident with Charles W's letters. As his illness progressed his letters became longer and more disjointed. This accords with the case note accounts of Charles W's decline in mental health, which by February 1886 stated 'writes letters to Sen Asst. always containing the same information full of nonsense and lies and more or less disconnected and leaves out a good many words'.⁵⁹ The sample letter (Figure 9) also shows how his writing style can be linked to his madness.⁶⁰ This letter moves jarringly from one topic to another, the sentences are often difficult to read, they are sometimes incomplete and there are several misspellings, crossings out and insertions. All of this could indicate insanity.

However, there is much more that can be discovered from Charles W's letters. As Porter argues, 'even if we diagnose their condition as madness, yet there is method in it'.⁶¹ Firstly, Charles W. showed indications of self-awareness commenting, 'I draw this disconnected letter to a close', and acknowledging 'this is rather hurriedly written and rather badly'.⁶² He also showed an understanding that he was creating fictions. For instance, he wrote of Romola and Tito (characters from George Elliot's 1876 novel *Romola*) but he was aware that he was doing this, remarking that 'I spent an evening of rest and peace with a family of the name of Richards, but in my tale of Florence I style Romola Diana Tito

⁵⁷ German E. Berrios, 'Dementia', in German E. Berrios and Roy Porter (eds), *A History of Clinical Psychiatry: the Origin and History of Psychiatric Disorder* (1995; repr. London, 1999), p. 39. See also Beveridge, 'Voices of the Mad', pp. 903-904. The case notes also support this view with comments such as 'he retains his delusions about being an MP', K/2/14, p. 68, entry 8 Feb 1887, case 1528.

⁵⁸ Beveridge, 'Voices of the Mad', p. 901.

⁵⁹ See K/2/14, p. 68, entry 23 Feb 1886, case 1528.

⁶⁰ K/17/2/27, n.d., letter to brother Henry.

⁶¹ Porter, *A Social History of Madness*, p. 2.

⁶² K/17/2/27, 22 Sept 1885, letter to Mr Kirton; Nov 1885, letter to Mr and Mrs Hudson. Daybell notes that women writers often adopted such apologetic excuses, arguing that 'this manner of self-criticism, which was governed less by gender than by social status or position, acted as a way for subordinates to demonstrate deference to superiors'. See James Daybell 'Female Literary and Social Conventions of Women's Letter Writing in England, 1540-1603', in James Daybell (ed), *Early Modern Women's Letter Writing, 1450-1700* (Basingstoke, 2001), p. 62.

L. We get to Willeston before you
can turn 50 times, and a train to
Broad St. ^{then} and in a Brougham
straight past the mint to the
Tower. They open the gates to
the Tower. You would ^{tell us} to see about
^{more than}
Lady & Jan Grey's bedroom hall
and then over the Jewell House.
We shall to pay ~~about~~ ^{to}
~~not~~ ~~but~~ to over the
Jewell House. When I should
take straight to Paris and
stop at the Hotel Devill.
Baye at the Cannon so
Hotel to get some food
to feed. I should sleep
at the Cannon so Hotel
by myself. Sleep so much
better. ~~for~~ perhaps another

at 3 you may allow to sleep with
your wife (that is in passing)
Well after a night at the
Cannon St Hotel we get to
Dover and engage beds. We cross
at 7 the small bridge between
Dover & the coast we then soon
get Calais, and engage beds at
Hotel Des Villes at the Port.
Boulevard. The bright down the Kyber
Pass, and the M^cLine Tunnel
10 mile long. Now the train
in that district, and stop at
Vienna - the Vienna the capital
(bye the bye) Ashm. We stop at
at the St Peter Co. & Mac court since
and then to St Petersburg.
After a 14 year in St-Petersburg.

Figure 9 Letter from Charles W.

Titanio, and the old father'.⁶³ Similarly, he stated how he pretended that people he knew were other characters:

Matt is now at Ackworth shes been Princess Beatrice for years and her brother Harry sleep with me in Paris and I had 1200£ under my pillow. He took the title Prince of Bulgaria, he is now in Paris again.⁶⁴

Charles W. may have been consciously playing around with characters and even the style in which he was writing.

Writing from a position of madness may even have been a liberating experience for him. In Chapter 3 on letter writing I touched upon the idea that 'mad writing' is a form of insightful and liberated language. Roger Chartier has argued that letter writing,

Represents the appropriation and use of a form of competence (the ability to write) outside of those places that regulate its acquisition (an elementary school, a master writer's stall, a charity school), establishing a set of institutional practices that restrict its exercise (in front of the priest, notary, judge or administrator). Writing 'without qualities' or without authority therefore seems foreign to the drive to accumulate, totalize and dominate which, in the view of Michel de Certeau, characterizes the 'scriptural economy'.⁶⁵

Charles W. was potentially outside the 'scriptural economy'. Because he was defined as mad he may have rejected the 'scriptural education' he received, hence his largely ungrammatical, incoherent prose style. Charles W. also escaped established decorum: 'Now to another theme, bye when Lewis was you, you said here Mary cunt, and look here you said to Blake fuck me'.⁶⁶ This is not a line one anticipates discovering in a middle-class Victorian family letter. Such techniques created an effective energy to Charles W's letters. His ideas seem barely contained within the text, and yet meaning was still powerfully produced.

There also seems to have been a certain logic to the contents of his writing. As we shall see, many of Charles W's ideas are connected to the social and cultural preoccupations of his society. Many can also be seen as a way of dealing with the experience of illness and life in the institution. Like Ben Adam, Charles W. may have written so many letters as a way to record his own version

⁶³ K/17/2/27, Nov 1885, letter to Mr Barrow, Tea Dealer.

⁶⁴ K/17/2/27, 1 Nov 1885, letter to wife.

⁶⁵ Roger Chartier, 'Introduction: an Ordinary kind of Writing', in Roger Chartier, Alain Boureau and Cecile Dauphin (eds), *Correspondence: Models of Letter-Writing from the Middle Ages to the Nineteenth Century*, trans. Christopher Woodall (Cambridge, 1997), p. 2.

⁶⁶ K/17/2/27, 26 April 1886, letter to brother Henry.

of events, to counteract those of the medical profession and his family, and to reinforce the validity of his ideas. Porter, for instance, has observed that,

It should be no surprise that those who have felt profoundly threatened by devils or by mad-doctors should have wanted to leave their own testament in order to achieve justice temporal or eternal, or simply as the only way to answer back.⁶⁷

Charles W's fantastical accounts may also have been a compensation for what he was unable to do in the Retreat. He could have claimed to have been a great painter because he could not paint: the case notes observed how 'on two or three occasions drawing materials have been supplied to him, but he could not make any use of them'. Similarly, he may have wished to be a great traveller because he was confined to the Retreat, or imagined himself as a great writer because at times he was unable to write clearly and coherently.

Occasionally Charles W. directly referred to his life in the Retreat. On one occasion he mentioned the lectures he attended, and he seemed to be rather unimpressed by most of them:

You are not perhaps aware that all the lectures we have had here, perhaps the best was one on Prince Charlie, of course a mythical character but an intensely interesting character. The other was one on Madagaster[sic] ... this was a most humbugging affair ... The last lecture was on volcanoes in France. It was a well spoken lecture but the most awful rot ever known.⁶⁸

He mentioned two other Retreat patients, and complained about them having more privileges than him. However, he may also have been on friendly terms with them, as he wanted one, Mr J., to accompany him on a visit to New Hall.⁶⁹ Charles W. wrote about staff such as Mr Addison, who was probably an attendant, and Dr Hind the assistant medical officer.⁷⁰ However, he mainly wrote about Dr Baker, and of the 72 letters, ten were addressed to Dr Baker. Charles W. asked him for advice, inquiring, for instance, about whether he should write to his wife. Yet, he expressed dislike for the superintendent,

⁶⁷ Porter, *A Social History of Madness*, p. 30.

⁶⁸ K/17/2/27, 8 Sept 1885, letter to brothers Harry and Charlie.

⁶⁹ K/17/2/27, complaining, Oct 1885, letter to Dr Baker; Mr J. to New Hall, 27 Sept 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford.

⁷⁰ K/17/2/27, Dr Hind, n.d., letter to Dr Hind; Addison, Oct 1885, letter to Dr Baker.

accusing him of a variety of things, ranging from withholding his mail to sleeping with his wife and fathering her illegitimate children.⁷¹

These contradictory representations were perhaps a comprehensible, even logical, response to Charles W's position in relation to Dr Baker. As has been shown in previous chapters, the superintendents had much control over patients' lives, mediating between patients and the outside world. Such control would have understandably led to respect and awe, but also to animosity. Moreover, Charles W's claims, suspicions and accusations were not that inaccurate. Dr Baker was indeed censoring and withholding mail. Although he was (presumably) not sleeping with Charles W's wife, he was intervening heavily in their relationship, as this letter she wrote to the superintendent reveals:

My Dear Sir

My great anxiety to hear some tidings of my husband's condition must be my excuse for troubling you with this note.

I should esteem it great favor if you will by letter give me your opinion as to the disease my husband is suffering and as frequently be posted up as to how he progresses either for worse or better.

It is an added trial for me to bear that you think I should not come to see him – it is so hard this real death in life and to feel that I am powerless to comfort or help him in any way –

Yours very truly

M. E. W.⁷²

Many of Charles W's letters contained coded reworkings of his everyday concerns and preoccupations, such as the circumstances in which he was admitted to the Retreat. According to the case notes:

A few days ago Patient went to Bromsgrove on business and was not heard of until three days later. He had fallen into the hands of the Police for attempting suicide. It would appear that he had deliberately walked into a river up to his neck, had come out again and was about to plunge headlong into the water again when discovered: Lost his watch. a considerable amount of money in fact all valuables he had, but how is not known.

Questioned as to the attempt at drowning himself mentioned in the history he entirely repudiates such saying that falling into the water was quite an accident, he was leaning on the bough of a tree which overhung the river, it broke and he fell in.⁷³

⁷¹ K/2/17/27, advice, 17 Oct 1885, letter to Dr Baker; withholding mail, n.d., letter to Dr Baker; sleeping with wife, 26 Feb 1886, letter to brother William.

⁷² C/1/78, Box 3, 9 Dec 1884, letter from wife to Dr Baker.

⁷³ K/2/14, pp. 65-66, entries 19, 22 Sept 1884, case 1528.

His letters, on the other hand, gave a more spectacular account:

I was converted in a most marvellous manner. I left my house that I builld in the Golden Hillock Rd Small Heath B'ham at 9 o'clock in the morning some years ago now, I was transported suddenly 17 miles from B'ham and 10 miles form Worcester. I was carried by the spirit of God. I left my house at 9 I got to this large field in a second of time I had then a gold watch. I field [sic] I went to what was to me Heaven. I saw perfectly hollow subjects boys and girls perfectly hollow they were in hedges and other places in the field, a light as from struck across my soul "Whoever loveth God shall be saved."

I was the means of the conversion of the man who took me to Worcester Goal. I was only in goal for about half an hour Charlie came and brought me some clothes.

You also and Mary gave my gold watch and keys the present of the Peases to a man who slept with Matt at the 3 Tons York.⁷⁴

Carolyn Steedman has written how:

We rework what has already happened to give current events meaning. It is about the stories we make for ourselves, and the social specificity of our understanding of those stories ... the past is re-used through the agency of interpretation, and that interpretation of it can only be made with what people know of a social world and their place within it.⁷⁵

Charles W. reworked his suicide attempt and detention at Worcester, transforming it into a conversion experience. The Quaker founding father, George Fox, had also been detained at Worcester in 1673, where he dictated much of his journal.⁷⁶ Perhaps Charles was telling the truth and did not actually attempt suicide. Like Ben Adam, he may have believed he was having a spiritual conversion at that time; even the doctor's account supports the idea of a spiritual experience such as an attempted baptism. Sheila Wright has commented that Quaker conversions were 'usually expressed in terms of sinfulness, depression, morbid introspective self examination and a heightened awareness of death'.⁷⁷ These feelings are more linked to suicidal emotions than Charles W's account, which was rather more positive. Perhaps Charles W. refused to acknowledge it

⁷⁴ K/17/2/27, 21 Sept 1885, letter to Miss Baker and Friends at the Retreat; Nov 1885, letter to Mr and Mrs Hudson; 25 Dec 1885, letter to brother Henry.

⁷⁵ Carolyn Steedman, *Landscape for a Good Woman: a Story of Two Lives* (London, 1986), p. 5.

⁷⁶ 'History: Swarthmoor Hall', <<http://www.swarthmoorhall.co.uk/history.html>> (13 March 2005). H. Larry Ingle, 'Fox, George (1624-1691)', *Oxford Dictionary of National Biography* (Oxford, 2004), <<http://www.oxforddnb.com/view/article/10031>> (3 July 2005).

⁷⁷ Sheila Wright, *Friends in York: the Dynamics of Quaker Revival, 1789-1860* (Keele, 1995), p. 40.

was a suicide attempt because he was afraid of the criminal repercussions or the implication that this act meant that he was mentally ill.⁷⁸ A conversion explanation would surely fit far more comfortably with his identity as a middle-class Quaker male in a society where suicide was taboo.

In what ways did Charles W's delusions and writings relate to his life before the onset of his illness? The last example, for instance, reveals how significant religious conversion was. Charles W's letters show how, like Ben Adam and Elizabeth C., he was very much part of the Society of Friends. He wrote that he was a prominent speaker at the Society of Friends meetings and he claimed to be familiar with Quaker notables, such as the Peases and Cadburys.⁷⁹ Charles W., however, also showed a reluctance to comply with some religious beliefs. For example, when invited to visit Sophia Deronda's shanty, he justified his acceptance with the comment '(she ask me to her shanty I did go. I had then given up all for Christ)'. This statement is bizarrely followed by 'Mr Lloyd is it not wicked to enjoy you and go to races and to smoke cigars and have a pipe. I have never been circumcised so I shall never marry'.⁸⁰ This suggests an ambivalence concerning Quaker attitudes to smoking, racing and sexual codes of conduct. Charles W. even resolved ideas about smoking by asking God who 'answered me distinctly the weed was sent for the use of men'.⁸¹

Family and home life were another common theme in his letters. Graph 20 shows many of his letters were addressed to his relatives. The largest number, over 27 per cent, were sent to his brother Henry. Henry did visit Charles W. but no letters from him survive. Rather Charles W's stepson, Harry S-W, sent over half of the letters that were written to Dr Baker.⁸² The rest were mostly sent from his natural son, whose name begins with H.; the records from Ackworth school suggest that he may have been called Herbert.⁸³

⁷⁸ Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford, 1987), pp. 283, 386.

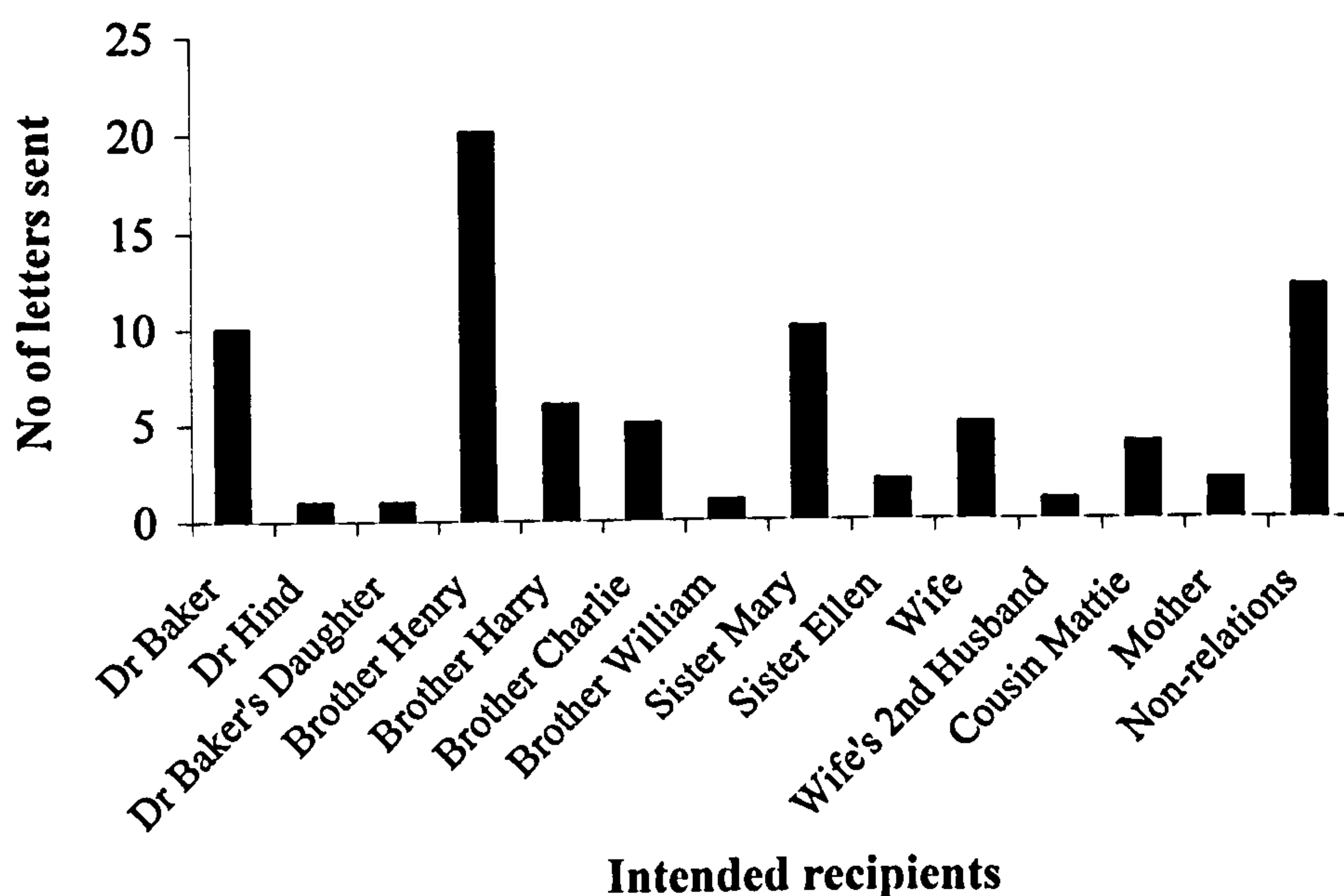
⁷⁹ See James Walvin, *The Quakers: Money and Morals* (London, 1997), Cadburys and Frys 155-177, Peases 65-68.

⁸⁰ K/17/2/27, July 1886, letter to Mr Lloyd.

⁸¹ K/17/2/27, 11 Jan 1886, letter to sister Ellen and all family.

⁸² There may have been even more letters sent to Henry as Charles W. occasionally used the names Henry and Harry interchangeably (for example writing Dear Henry but then using Harry in the main text of the letter). Evidence of Charles W's brother visiting, K/2/14, page 68, entry 8 Feb 1887, case 1528.

⁸³ Charles W. went to Ackworth school and it is likely that his family did. *List of Ackworth Scholars 1779-1879: List of Boys and Girls Admitted into Ackworth School During the 100 Years from the 18th of 10th Month 1779, to the Centenary Celebration on the 27th of 6th Month 1879*



Graph 20 Charles W's Letters⁸⁴

These letters reveal that Charles W's relatives found it difficult to communicate with him. His sister, Mary, commented:

I know he receives other visitors with pleasure, but as he seems to remember the members of his early home so much the best, and as he was disturbed both when my brother and I visited him; we have felt great reluctance to doing so again. –Unless it is a positive pleasure, it is only a painful and useless ordeal to us.⁸⁵

There seems to be a lot of truth in her observations. Charles W. often remembered his early years affectionately:

I remember the old days of love together how we used to sit on the lawn after dinner on first days and the many drives we had together and you remember how we used to cross our too legs till we used to get tired. How we used to get tired. How we enjoyed a cigar with Harry and Charlie and lawn tennis also what a first rate player Charlie was.⁸⁶

(London, 1879), Charles W., p. 156. The records also identify his cousin Edward W. from Ross; his sister Ellen W. around the same time. They also mention Herbert W. and Harry W-S., presumably his sons, Ellen, p. 147; Herbert, p. 210; Harry, p. 196 and Edward, p. 131. No record was found of a Mattie S, but the records ended in 1879.

⁸⁴ There are 80 letters in total in this table as, occasionally, letters were sent to more than one person. Miss Baker was Dr Baker's daughter

⁸⁵ K/17/2/27, C/1/79, Box 1, 26 May 1886, letter from sister Mary.

⁸⁶ K/17/2/27, 8 Nov 1885, letter to Matt.

Such recollections are a further example of the creation of an idealised ‘symbolic family’, as explored in Chapter 3.⁸⁷ The actual involvement and visits of his relatives may have upset this fantasy.

Charles W. also showed much distress regarding his family. In this letter he wrote:

My darling wife

Some months ago a man who was here said Mr W. what are these flowers, I replied violets, “he said where are the forgetmenots” it pierced my soul and I burst out crying. I remembered my wife and all other things. I remember when I was converted to Christ and Charlie came and took me home then to 31. Oh wife where is thy Husband W S.? He lives with one of his situations. What about Seymour Broad – Jim Kent Jim Kent Jew – what about Matthews?

I am your injured and enraged husband

Charles Cave W.⁸⁸

This letter seems to lament the passing of good times with his wife, but Charles W. also accuses his wife of bigamy. Such accusations may have been manifestations of insecurities, as, while it is unlikely that she had two husbands alive, she did have a son, Charles W’s stepson, with a double-barrelled surname of S-W. suggesting that Mr S. was a previous husband. Perhaps Charles W. was uncomfortable with her having been married before, and this became expressed in a heightened form as charges of bigamy and immorality.

Charles W. was perhaps equally insecure when it came to money. He frequently mentioned the prices of the houses he bought, the expense of his visits to hotels, the cost of his paintings and the details of his investments. He also referred to his ability to acquire bargains – evidence of a petit bourgeois propensity for thriftiness. It is likely that such detailing of finances compensated for the fact that money was not plentiful in his household. Certainly his family struggled to meet the cost of his maintenance in the Retreat. For example, on one occasion his son wrote to Dr Baker asking for a short delay in payment:

As it is really beyond my power at once to forward the amount on to you. My father being in a situation unfortunately his salary has stopped and my own circumstances having the family to provide for will not allow me to pay the amount required. Through the kindness of Mr William White

⁸⁷ Elizabeth Beuttner, ‘Parent-Child Separations and Colonial Careers: the Talbot Family Correspondence in the 1880s and 1890s’, in Anthony Fletcher (ed), *Childhood In Question: Children, Parents and the State* (Manchester, 1999), p. 118. See also John R. Gillis, *A World of Their Own Making: Myth, Ritual and the Quest for Family Values* (Oxford, 1997), p. xv.

⁸⁸ K/17/2/27, 4 Sept 1885, letter to wife.

of B'ham [Birmingham] who is writing by this post to Mr J S Rowntree of York, I hope shortly to satisfactorily settle this matter.

His family requested to be subsidised by the Retreat; they applied to the Commercial Travellers Benevolent Institution for support and his stepson seemed desperate to get his hands on Charles W's £24 life policy.⁸⁹

Because of his work as a commercial traveller, Charles W. may actually have visited some of the places he mentioned. Fry's company records indicate that a Mr W. was a commercial traveller for the North.⁹⁰ Charles W. was near Bromsgrove on the day that he was arrested by the police and this was one of the places he went to listed in the travellers' returns.⁹¹ In his letters he often mentioned Malvern; perhaps he went to this popular spa resort in order to recover from a previous period of melancholia referred to in the case notes.⁹² It is also not unlikely that he was in London around the time of the Tooley Street fire of 1861. If so, he may have been among the crowds, as *The Times* reported that half the inhabitants of the metropolis flocked to see the fire.⁹³ Many of his other journeys, however, were probably fantasy, and as we shall see in the next section, resembled common themes of travel literature

Narratives, Fantasies, Stories

This section seeks to take the 'madness' out of Charles W's letters and to interpret them as narratives, fantasies and stories. I employ a similar analysis to the case studies of the last few chapters. I am interested in what literary tropes and genres, social and cultural events and understandings influenced Charles W's writing. As Sidonie Smith and Julia Watson have argued:

In telling their stories, narrators take up models of identity that are culturally available. And by adopting ready-made narrative templates to

⁸⁹ Extract, C/1/177, Box 2, 31 Oct 1884, letter from stepson Harry to Dr Baker; subsidy from Retreat, C/1/79, Box 2, 11 Oct 1886, letter from stepson Harry to Dr Baker; Benevolent appeal, C/1/78, Box 3, 7 May 1885, letter from stepson Harry to Dr Baker; Life Policy C/1/77, Box 2, 28 Sept 1884, letter from stepson Harry to Dr Baker.

⁹⁰ Stefanie Diaper, 'J. S. Fry and Sons: Growth and Decline in the Chocolate Industry, 1753-1918', in Charles E. Harvey and Jon Press (eds), *Studies in Business History of Bristol* (Bristol, 1988), p. 40; Bristol Record Office, Bristol, Fry's Collection, 38538/7/6, Travellers' Sales Figures 1878-1882; 3858/7/4a, Journey Statistics, Listing Towns Visited, Number of Accounts Sales etc, 1865-69.

⁹¹ 3858/7/4a, Journey Statistics, Listing Towns Visited, Number of Accounts Sales etc, 1865-69.

⁹² K/17/2/27, n.d., letter to Dr Baker; 2 Nov 1885, letter to wife; London, Nov 1885, letter to Mr and Mrs Hudson' n.d. letter to Dr Baker; 4 Sept 1885, letter to Dr Baker.

⁹³ *The Times*, 24 June 1861, p.12.

structure experiential history, they take up culturally designated subjectivities.⁹⁴

Even Charles W's disconnected and ungrammatical writing may not have been as atypical as first thought. Thomas Sokoll notes similar discrepancies in the letters of early nineteenth-century paupers: the confusing of b's and d's, apparently arbitrary capitalisation, phonetic spelling and peculiar stylistic combinations of offensive and defensive gestures in the same letter.⁹⁵ However, unlike these paupers, Charles W. had an educational grounding in standard grammar and orthography.⁹⁶ He was educated at Ackworth, a Quaker boarding school, until the age of 15.⁹⁷

More closer parallels can be drawn with middle-class writing. In his nineteenth-century biography of William Conner Magee, Archbishop of York, which included many of his letters, John Macdonnell asked the reader to bear in mind that,

these letters were of the most confidential character and were never written with the idea that they would be seen by anyone except myself ... these letters were written with the greatest rapidity ... in many ways they may truly describe, as he himself says, as 'blowing off of steam'.⁹⁸

Charles W's writing could also be excused along such terms.

The style and form of Charles W's letters also bear many similarities to nineteenth-century middle-class autobiographical accounts. Such life stories began with details of birth, family and home, and then moved on to list achievements such as religious, artistic and travel successes.⁹⁹ Their style meant that, like Charles W's accounts, they were also full of disconnected details and

⁹⁴ Sidonie Smith and Julia Watson, 'Introduction', in Sidonie Smith and Julia Watson (eds), *Getting a Life: Everyday Uses of Autobiography* (Minneapolis, 1996), p. 9.

⁹⁵ Thomas Sokoll (ed), *Essex Pauper Letters, 1731-1837* (Oxford, 2001), pp 50-70.

⁹⁶ Lynda Mugglestone, *'Talking Proper': the Rise of Accent as Social Symbol* (Oxford 1995), pp. 12, 25-26.

⁹⁷ *List of Ackworth Scholars 1779-1879*, Charles W. p. 156.

⁹⁸ John Cotter Macdonnell, *The Life and Correspondence of William Conner Magee, Archbishop of York and Peterborough* (2 vols, London, 1896), vol 1, p. 1.

⁹⁹ For examples of religious see Ven. Sir George Prevost (ed), *The Autobiography of Isaac Williams B.D. Fellow and Tutor of Trinity College Cambridge* (London, 1892); W. B. Ullathorne, *The Autobiography of Archbishop Ullathorne with Selections from his Letters* (3rd edn, London, 1893); for artistic see C. E. Halle and Marie Halle (eds), *The Life and Letters of Sir Charles Halle: Being an Autobiography, 1818-1860, with Correspondence and Diaries* (London, 1896); Joseph Jefferson, *"Rip Van Winkle": the Autobiography of Joseph Jefferson* (London, 1949); for travel see Jefferson, *"Rip Van Winkle"*; Ullathorne, *The Autobiography of Archbishop Ullathorne*.

anecdotes. Take the following example from Archbishop Ullathorne's autobiography:

Nothing particular occurred during the rest of the voyage, except that the young man who was teaching me German had a quarrel with the big carpenter, a Shetlander, whom he throttled and nearly strangled; when I had to interfere and restore peace. I contrived to make a sort of retreat, as I always did on long voyages. I also wrote some chapters on the convict system, which afterwards proved of use.¹⁰⁰

Charles W's writings also shared many features with travel literature.

Charles was writing at a time when Thomas Cook began marketing the package tour to the middle classes, and when Baedeker's guidebooks detailed all essential information for the independent traveller.¹⁰¹ Charles W's book *Rambles in and Around Florence* was surely destined for a place on the middle-class bookshelf next to Wilkinson's *Holiday Rambles* and Reid's *Art Rambles in the Highlands and Islands of Scotland*.¹⁰²

Charles W's letters mirrored and reworked popular ideas about the rest of the world drawn from such literature. Corbin has argued that literary images, such as those of the 'highlander from the Waverley novels and of Indians from Chateaubriand, gave rise to a crude ethnology, composed largely of fantasies'.¹⁰³ Charles W's letters detail that the Prince Imperial of France was killed in an Indian sati, the Emperor of China kept a Harem, and the 'ladies of Spain are the most beautiful of origin in the world'.¹⁰⁴ The future Archbishop of York, William Magee, also wrote in 1848 how:

The Spanish ladies and women of the middle classes are nearly all handsome and many very lovely ... nothing can exceed the graceful dress and air of a Spanish Lady.¹⁰⁵

¹⁰⁰ Ullathorne, *The Autobiography of Archbishop Ullathorne*, pp. 120-121.

¹⁰¹ Edmund Swinglehurst, *The Romantic Journey: the Story of Thomas Cook and Victorian Travel* (London, 1974).

¹⁰² John T. Reid, *Art Rambles in the Highlands and Islands of Scotland: with 156 Sketches Taken from Nature and Drawn on Wood by the Author, Engraved by Dalziel Brothers* (London, 1878); Thomas Reid Willkinson, *Holiday Rambles* (London 1881).

¹⁰³ Alain Corbin, 'Backstage', in Michelle Perrot (ed), *A History of Private Life*, trans. Arthur Goldhammer (5 vols, London, 1990), vol 4, *from the Fires of Revolution to the Great War*, p. 508.

¹⁰⁴ K/17/2/27, sati, 12 Sept 1885, letter to Mr Hughs, Chief Warden Tower of London; harem, March 1886, letter to brother Henry; Spanish Ladies, 27 Sept 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford.

¹⁰⁵ Letter from William Conner Magee, 25 March 1847, cited in Macdonnell, *The Life and Correspondence of William Conner Magee*, p. 20.

Charles W's delusions can also be seen to imitate prevalent understandings. Historians have acknowledged how delusional ideas tie in with contemporary factors. Beveridge, for instance, notes how:

Patients tried to understand and explain their experiences in terms of contemporary cultural and scientific developments. Thus, gas, electricity, railway tunnels, telegrams and the telephone all appeared in patients' delusions.¹⁰⁶

Beveridge and Williams have interpreted delusions by placing them in a historical context. For instance, they have investigated the delusional preoccupation with syphilitic infection of one Morningside asylum patient, John Gilmour, in terms of the common late nineteenth and early twentieth-century concerns with the threat of syphilis to the well-being of the family.¹⁰⁷ Porter has interpreted the Bethlem patient James Tilly Matthew's delusions of persecution partly in terms of his experience of being imprisoned in France during the Terror, while also acknowledging that 'official political ideology itself ... endorsed a paranoia which bears comparison with Matthews'.¹⁰⁸

However, such analysis has almost always been brief and peripheral to other arguments. Porter, for instance, has argued that,

There is no more splendid cache of psychopathological material than the delusions recorded over the centuries by the insane. Psychiatrists and historians alike, however, have shown but desultory interest in them, and have paid little attention to the problems of testing their meaning.¹⁰⁹

I want to take up Porter's challenge and investigate the meanings of Charles W's delusions. I have already shown how they were strongly coloured by Charles W's personal experiences, but now I want to place them in their broader cultural context.

Firstly, many of Charles W's delusions were related to not untypical lower middle-class aspirations. Charles wished to be a successful professional and a well travelled gentleman. He wanted to appreciate the finer things in life, to sit in parliamentary smoking rooms revelling in the connoisseurship of cigars, telling tales of his enthusiasm for racehorses, and impressing his audience with

¹⁰⁶ Beveridge, 'Voices of the Mad', p. 901.

¹⁰⁷ Allan Beveridge and Morag Williams, 'Inside "The Lunatic Manufacturing Company": the Persecuted World of John Gilmour', *History of Psychiatry*, 13 (2002), p. 26.

¹⁰⁸ Roy Porter (ed), *Illustrations of Madness* (London, 1998), p. xxxvi.

¹⁰⁹ Roy Porter (ed), *The Faber Book of Madness* (London, 1991), p. 131.

knowledge of politics, art and history.¹¹⁰ Historians have noted that nineteenth-century white-collar workers often sought to distinguish themselves from the working classes by imitating bourgeois culture.¹¹¹ Alain Corbin has observed that,

One thing is certain: disappointment was a common and profound experience. In 1864 students of the classics dreamed of becoming generals, captains of industry, great lawyers; many found themselves employed as school-teachers, accountants, and law clerks.¹¹²

Charles W. exemplified such ambitions and, through the creation of his fantasy world, either prevented, or compensated for, his disappointment at not achieving such goals.

As with Ben Adam, it is possible that many of Charles W's ideas and aspirations were inspired by the books and newspapers that he read. His use of characters in George Elliot's *Romola* has already been mentioned.¹¹³ Charles W. attended the Quaker Ackworth School from 1849 to 1853. *The Ackworth Reading Book*, a textbook for the School's senior boys, had among its selection of prose and poetry, extracts from Defoe's *Robinson Crusoe*, Marsden's *Cromwell* and the Manchester Examiner's *Christian Politician*.¹¹⁴

Charles W's interests may also have been encouraged by the literature that was available in the Retreat. The library provided books such as Cunningham's 1829 *The Lives of the Most Eminent British Sculptors, Painters and Architects*; Sturge's *A Visit to the United States of America in 1841*; Macauley's 1863 *History of England* and copies of the *Illustrated London News*.¹¹⁵ He could have kept up to date with current affairs by reading *The Times* and the *Leeds Mercury*, and interestingly, his account of the Tooley Street Fire –

¹¹⁰ For an investigation into the cultural esteem of cigar smoking with a brief reference to horse racing see Matthew Hilton, *Smoking in British Popular Culture* (Manchester, 2000), p. 20.

¹¹¹ Alan Kidd and David Nicholls (eds), *The Making of the British Middle Class? Studies of Regional and Cultural Diversity Since the Eighteenth Century* (Stroud, 1998), p. 73; Geoffrey Crossick and Heinz-Gerhard Haupt (eds), *The Petite Bourgeoisie in Europe, 1780-1914* (London, 1995), p. 19.

¹¹² Corbin, 'Backstage', p. 507.

¹¹³ See p. 254.

¹¹⁴ William Pollard (ed), *The Ackworth Reading Book: Being Selections from the Best English Authors in Prose and Poetry, Designed as a Reading for Senior Classes* (2nd edn, London, 1866); societies, Elfrida Vipont, *Ackworth School from its Foundation in 1779 to the Introduction of Co-education in 1946* (London, 1959), p. 90.

¹¹⁵ E/3/3/1, Bills, receipts and vouchers c. 1880-1930; Stationers Vouchers, no. 609, 31 Dec 1888; G/1/2, Retreat Library Catalogue late Nineteenth Century; Alan Cunningham, *The Lives of the Most Eminent British Sculptors, Painters and Architects* (London, 1829); Joseph Sturge, *A*

‘we all saw a conflagration at London Bridge ... Braidwood the Head of the Fire Begree [sic] a most brave man’, echoes the *Times*, headline ‘Dreadful Conflagration, Death of Mr Braidwood’.¹¹⁶

Newspaper coverage of local and national politics may also have inspired Charles W’s electoral ambitions. Charles claimed to have been an MP, writing about an eventful parliamentary career during which he made a popular speech on a shipping bill. He wrote that he had defeated York’s MP, Sir Frederick Milner. Milner did not stand in 1864 when Charles W. claimed to have won his election, but was elected in 1883. He lost his York seat in the 1885 election, which is the time when Charles W. was writing from the Retreat.¹¹⁷ Charles W. probably read newspapers to acquire knowledge about local elections. He even placed politicians in the context of the satirical journal *Punch*, noting ‘now I saw Punch in the carriages this, I saw Chamberlain – Parnell and Lord Randolph [sic] Churchill’. He also admired the statesmen and parliamentary life of the past, making observations such as ‘in all the speeches of Parliament Pitt, Fox of other days no one spoke with more and not a bit of gesticulation’.¹¹⁸

Charles W. seems to have had a general interest in history. For instance, he often referred to historical events and characters of the Tudor and Stuart periods. Such enthusiasm may date back to his school reading, for example, Marsden’s *Cromwell*. The mid-nineteenth century also saw the spread of the historical novel, the growth of antiquarian and archaeological research and celebrations of historical characters and events by the Victorian art world.¹¹⁹ During the late nineteenth century there was a fondness for the iconography of the innocent Lady Jane Grey, the doomed Mary Queen of Scots and the sad faced Charles I.¹²⁰ Charles W. focused upon these three historical figures and

Visit to the United States of America in 1841 (London, 1842); Thomas Babington Macauley, *A History of England* (London, 1863).

¹¹⁶ K/17/2/27, 18 Oct 1885, letter to brothers Harry and Charlie; *The Times*, 24 June 1861, p.12.

¹¹⁷ Sir Frederick George Bart Milner was MP for York from 1883 to 1885; he unsuccessfully contested the 1885 general election for York in 1885; Michael Stenton and Stephen Lees, *Who’s Who of British Members of Parliament* (4 vols, Hassocks, 1978), vol 2, 1886-1918, pp. 249-50.

¹¹⁸ K/17/2/27, *Punch*, 12 May 1886, letter to sister Mary; Pitt and Fox, 26 Feb 1886, letter to brother William.

¹¹⁹ David Vincent, *Literacy and Popular Culture: England, 1750-1914* (Cambridge, 1989), p. 186; Christina Crosby, ‘Reading their Gothic Revival, “History” and Household Taste’, in Linda M. Shires (ed), *Rewriting the Victorians: Theory, History and the Politics of Gender* (London, 1992), p. 101.

¹²⁰ Roy Strong, *And When Did You Last See Your Father? The Victorian Painter and British History* (London, 1978), pp. 11, 40, 45.

moments, through his representation of the ladies' chambers at the Tower of London, his visit to Holyrood and the portrait and Spanish match journey of Charles I.¹²¹ According to David Vincent and Roy Strong, history seemed to have had two main attractions for the Victorians: the appeal of its sheer 'otherness' and the understandings it was thought to offer on the evolution of the British people and their culture.¹²² Charles W's role as a tourist visiting Holyrood Palace and the Tower of London, or as a traveller retracing the journey of the Spanish match, shows that he engaged with the past as someone who believed that it was important for a sense of cultural competency and national identity. Charles W. also drew parallels between the past and present, for example, between the Spanish match and the courtship of the Prince of Bulgaria and Princess Beatrice:

Charles Prince of Wales son of Jimai [sic] of England and Buckingham went from Paris on a coach of 4 to Madrid. I did the same, I also started from Paris. I slept all night at an English Hotel on the Boulevard, and who and slept with me, but the Prince of Bulgaria who was coming to England to court the Princess Beatrice.¹²³

Charles W. dramatised historical events. Take the example of his comment:

Next day we visited Holy rood [sic] Palace. With Queen Mary in bed and Ritzio [sic] and her female attendant. They make out that some stabbed him and killed him, so they drop blood every down by the side of her bed.¹²⁴

He sensationalised the event by mentioning the possible presence of a female attendant in bed with Rizzio and Mary Queen of Scots. However, he was quite correct about the blood: Andrew Brookes comments that the bedchamber was the central focus for visiting tourists and was decorated with a false bloodstain where Rizzio had been left to die.¹²⁵ Victorian artistic depictions also chose to situate

¹²¹ K/17/2/27, Lady Grey's room at the Tower of London, n.d., letter to brother Henry; Queen Mary's bedroom, 11 Jan 1886, letter to sister Ellen and all family; Charles Ist painting, July 1886, letter to brother Henry and sister Mary; Spanish match, 27 Sept 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford.

¹²² Vincent, *Literacy and Popular Culture*, pp. 186, 187; Strong, *And When Did You Last See Your Father?*, p. 32.

¹²³ K/17/2/27, 27 Sept 1885, letter to sister Mary as Lady Aylesford and Lord Aylesford.

¹²⁴ K/17/2/27, 11 Jan 1886, letter to sister Ellen and all family.

¹²⁵ Andrew Brookes, 'Scotland's Rose: a Study of the Cultural Representations of Mary Queen of Scots' (MA thesis, University of York, 2004), pp. 30-31

the event in the Queen's bedchamber as opposed to historical accounts that detailed that Rizzio was dragged outside.¹²⁶

Charles W. also emphasised the imaginative and exotic nature of history by participating and escaping into it. He placed himself within the historical novel *Romola*, set in fifteenth-century Florence, and believed he had defended the fourth-century philosopher Hypatia. Hypatia was a young pagan philosopher who was torn to pieces by Christians in Alexandria in 415 AD. She was later popularised in the writings of Voltaire and Charles Kingsley.¹²⁷ Charles W. was active within these stories, inserting himself at the beginning of Eliot's novel when Romola's father was still alive and when her marriage to Tito was happy. Hypatia, on account of Charles W's defence, even escaped the martyrdom that history made her famous for.

Charles W. also claimed to have been not only an eminent sculptor and painter but also an associate of the Royal Academy, a position held by 30 esteemed artists.¹²⁸ These associates become known across the nation, as the Academy exhibitions attracted many distant visitors from the lower middle classes. For instance, the Academy on a bank holiday in 1881 attracted over 8000 people.¹²⁹ The art Charles W. claimed to have produced was in line with the popular taste for historical pictures, portraiture and classical paintings.¹³⁰ For example, Charles W's claim 'I painted 20 for each house 6 feet high', relates to a competition in the 1840s to adorn the interior of the Houses of Parliament with frescoes of British historical subjects.¹³¹

Charles W's creation of his art also reflected contemporary controversies surrounding the erotic associations between artists, models and their work:¹³²

I sculpted my young lady Naked, she got me my meals and cigars.
Ladies came into my studio. I covered her with a white sheet but they

¹²⁶ Strong, *And When Did You Last See Your Father?*, p. 128.

¹²⁷ Maria Dzielska, *Hypatia of Alexandria*, trans. F. Lyra (Cambridge, Mass., 1995).

¹²⁸ Mary Anne Stevens, 'The Royal Academy in the Age of Queen Victoria', in Helen Valentine (ed), *Art in The Age of Queen Victoria: Treasures from the Royal Academy of Arts Permanent Collection* (London, 1999), p. 26.

¹²⁹ Stevens, 'The Royal Academy in the Age of Queen Victoria', p. 37.

¹³⁰ Julian Treuherz, 'A Brief Summary of Victorian Painting', in Helen Valentine (ed), *Art in The Age of Queen Victoria: Treasures from the Royal Academy Permanent Collection* (London 1999), pp. 26-39.

¹³¹ K/17/2/27, 1 Feb 1886, letter to brother Henry; Treuherz, 'A Brief Summary of Victorian Painting', p. 16.

¹³² James Eli Adams, 'Victorian Sexualities', in Herbert F. Tucker (ed), *A Companion to Victorian Literature and Culture* (Oxford, 1999), p. 131.

would see her. So I took the sheet off her down to her waste [sic] Oh Mr W. what a lovely figure she was. I have not space to say more.¹³³

This passage tried to establish that it was acceptable for a young serving girl to be used by her employer for artistic exploitation. Charles W. attempted to overcome his doubts about the morality of this by claiming that, after consideration, he revealed the sculpture to the ladies who visited him. The reference to the sculpture's classical nature also relates to celebrations of ancient Greece, an accepted or at least tolerated arena of erotic focus.¹³⁴ The retention of the cloth over her waist for the duration of the ladies' visit, however, suggests that his sculpture transgressed contemporary decorum, and that, as a gentleman, he had more right to access and gaze at the female body than his female counterparts.

These claims of cultural authority, to knowledge, power, class and gender were also evident in his role as a doctor. In this medical role, Charles W. concentrated on performing gynaecological operations on women. He operated on the same women who visited his studio, as (like the serving girl) they were also subject to his gaze and invasion.¹³⁵ His operations were of a particularly intimate nature:

I made operations on Ladies Mattie Mrs Armstrong Miss Mourvie a French lady, and one whose whoom had collapsed. I took out 4 dead babies 2 boys and two girls. I applied (I gave her chloroform I did all and stacked the [illegible] cells I her whom, and I said to her husband never touch her again. I took her to Mr Armstrong [illegible] JP at Cambridge and told them what I had done that I had given her chloroform and I told then I touched the arterial vein in her forehead and she woke up. I said did you feel any pain she at once said will you kindly tell the magistrate she did. I came to Mr W. as we heard he was a specialist in those cases. My wife is at 162 Walworth road London, has 2 mens privates in her whoom (she) cant live long, because decomposition has set in.

I operated at Cambridge Trinity College with my 21 inch muck rake, 21 inch pincers and her private parts were almost rotten. I cleared every thing from her, and I knelt down by her side prayed that she might find Christ and that my precious darling Matt, would cleave to Christ. Of course I never touched her she is now at Ackworth were I believe Dr Wood has operated on her again. I clasp her in my arms and kissed her lips.¹³⁶

¹³³ K/17/2/27, Nov 1885, letter to Mr and Mrs Tangye.

¹³⁴ Adams, 'Victorian Sexualities', p. 31.

¹³⁵ K/17/2/27, Nov 1885, letter to Mr and Mrs Hudson.

¹³⁶ K/17/2/27, Dec 1885, letter to brother Henry; 1 Nov 1885, letter to wife.

These descriptions illuminate Charles W's contradictory understandings of women, and the tensions between masculine power and vulnerability.¹³⁷ Charles W. called them ladies, yet they were disgusting creatures not to be touched. They were also predators, consuming male genitalia.¹³⁸ By controlling them on the operating table, making them unconscious they became desirable creatures: 'I clasp her in my arms and kissed her lips'. That Charles W. wrote of a Mrs Armstrong was also significant. She was the mother of Eliza, the young girl who was procured for W. T. Stead, and made the centre of his sensational account, *The Maiden Tribute of Modern Babylon* (1885), which claimed to uncover the scandal of the selling of underage girls for sex. Mrs Armstrong accused Stead of abducting her daughter and he was eventually imprisoned. Walkowitz records that Mrs Armstrong was ambivalently portrayed in the press as a 'saucy cockney matriarch' and as a 'poor but respectable woman', an ambivalence reflected in Charles W's portrayal.¹³⁹

In the above passages Charles W. was also foregrounding debates surrounding the medicalised female body. For example, he touched upon controversies surrounding the use of chloroform, whereby women were perceived to be vulnerable to sexual assault by medical men, or to become sexually loose and predatory under the influence of the drug. He addressed and indeed enthused about the use of medical implements during a time when controversies surrounding the use of the speculum were raging.¹⁴⁰ In his transgressive straight-talking he named his implement a 'muck rake', denoting that its purpose was to clear out rotten private parts. He wrote this at a time when doctors were sedating, restraining and exhibiting women patients and were

¹³⁷ Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries* (Madison, Wisconsin, 1989), p. 62.

¹³⁸ Shuttleworth, for instance, refers to mid-century beliefs in 'ovarian perversion of the appetite', Sally Shuttleworth, 'Demonic Mothers: Ideologies of Bourgeois Motherhood in the Mid-Victorian Era', in Linda M. Shires (ed), *Rewriting the Victorians: Theory History and the Politics of Gender* (London, 1992), p. 33.

¹³⁹ Judith Rosenberg Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London, 1992), pp. 106-109.

¹⁴⁰ Trevor Fisher, *Prostitution and the Victorians* (Stroud, 1997), pp. 93-111; Paul McHugh, *Prostitution and Victorian Social Reform* (London, 1980), pp. 16-17, 26, 56 62-65; Coral Lansbury, *The Old Brown Dog: Women, Workers and Vivisection in Edwardian England* (Madison, Wisconsin, 1985), p. 86; Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1880-1929* (Cambridge, 1990), pp. 111, 125, 126; Judith Rosenberg Walkowitz, *Prostitution in Victorian Society: Women, Class and the State* (Cambridge, 1980), p. 57.

performing speculum examinations and numerous ovariectomies on the female body. When pornography was similarly revelling in the use of straps, drugs, mechanical penetration, disgust and desire, Charles W., in his madness, wisdom and cruel honesty reflected what was happening in his society.¹⁴¹

To conclude, Porter has commented that the voices of the mad:

challenge the discourse of the normal, challenge its right to be the objective mouthpiece of the times. The assumption that there exist definitive and unitary standards of true and falsehood, reality and delusion, is put to the test.¹⁴²

Charles W's writings may be 'mad writings' but they are also writings that inform us about the society and times that he lived in. It is possible to interpret his writings not just as symptomatic of insanity, but in terms of the mental and physical experiences of his illness, and his immediate circumstances in the Retreat. His writings offer clues to things that were happening to him before he was certified. They can also be taken on more general terms. They illustrate the influence of certain political and historical events and the popularity of certain literary works. They also tell us about middle-class fears and fantasies. His writings, although they have a distinctive style, also appropriate and employ different contemporary styles and genres, such as travel and autobiographical writing. Charles W., along with others, such as Eleanor W., Elizabeth C., Alec A. and Ben Adam, who wrote letters from the Retreat, have all shown that their stories, their experiences and their writings are different, but that they can be interpreted in similar ways, not as 'mad people's writings' but as literature that writes about insanity, confinement and their contemporary culture and society

¹⁴¹ Lansbury, *The Old Brown Dog*, p. 89. See also Jordanova, *Sexual Visions*, p. 62; Jeffrey Moussaieff Masson, *A Dark Science: Women, Sexuality and Psychiatry in the Nineteenth Century*, trans. Jeffrey Moussaieff Mason and Marianne Loring (New York, 1986), pp. xi-xii.

¹⁴² Porter, *A Social History of Madness*, p. 3.

Conclusion

This thesis began by exploring the Retreat and concluded by looking at madness. The two were perhaps never far apart, for insanity was also at the centre of writing in the Retreat. The written form has been a main focus of this study. I have examined the material properties, circulation, audiences and purposes of documents to investigate the ways in which such writings played a fundamentally important part in the running of the institution, the development of relationships between doctors, relatives and patients, and the construction of individual identities – giving authors legitimacy and visibility.

Most of these documents have been about the Retreat. While much of this thesis's analysis is relevant and applicable to many other mental hospitals, psychiatric professionals and those whose have in some way been labelled as insane, much is also centred on the one institution and those who lived and worked in it. I have focused upon the distinctiveness of the Retreat and its representation of itself. I have shown how staff, doctors and patients used its history to create and invoke an institutional ethos. It would be worthwhile developing such explorations to examine how far the construction of an institutional identity is part of a wider phenomenon within both private and public mental asylums and hospitals.¹

One of the ways in which the Retreat represented itself was by emphasising its connections to the Society of Friends. However, Anne Digby has argued that the Retreat increasingly became less influenced by and associated with the Friends.² In many ways the thesis supports this, showing how superintendents in their reports increasingly presented less religious and more secular and medical understandings of the institution. Moreover, I have argued that much of the favourable Society of Friends' rhetoric was about compensating for and trying to remedy a lack of Friends' involvement. Yet, the Retreat residents generally told a different story. From Elizabeth C. in 1876 to Ben Adam who was in the Retreat up until 1949, religion remained a very significant

¹ For another example of investigations into the images and myths of institutions see Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker and Keir Waddington, *A History of Bethlem* (London, 1997), pp. 1-5, 130-141

² Anne Digby, *Madness, Morality and Medicine: a Study of the York Retreat, 1796-1914* (Cambridge, 1985),

part of their lives and played a role in their experiences, understandings of their 'madness' and the time they spent in the Retreat. More work needs to be done on the role of religion in relation to insanity, in the later nineteenth and earlier twentieth centuries, especially in light of research by Rhodri Hayward on the continuing popularity of religious beliefs and their integration with scientific and medical understandings.³

This thesis has also examined the changing role of doctors and the psychiatric profession. I have suggested that the Retreat superintendents increasingly chose to represent the Retreat as a professionalised institution and themselves as part of a psychiatric profession. This change links in with the increased standardisation of medical training and practice. I have also argued the Retreat doctors represented themselves in two different ways, as institutionally loyal professionals or as private practitioners. This thesis has also examined Retreat medical practice. I have revealed that bureaucratic administration was an essential part of the doctors' roles in managing the Retreat and that it played an important part in constructing medical authority and identities. I think that much research needs to be done on the daily medical practice of psychiatric doctors, and that more investigation into twentieth-century mental hospital doctors, both superintendents and assistant medical officers, and their influence and relation to the psychiatric profession would be useful.

One large part of bureaucratic medical practice was letter writing. I have examined how letter-writing culture played an important part in the running of the Retreat and the forming of relationships between doctors, families and patients. However, there is still much that can be done by using letters as a source for nineteenth and twentieth century history of medicine and psychiatry. This thesis has only really touched the surface of the amount of letter writing required to run the institution, and more studies are needed. Investigations into the letters of others involved in the institution such as stewards and secretaries

³ Rhodri Hayward, 'From the Millennial Future to the Unconscious Past: the Transformation of Prophecy in Early Twentieth-Century Britain', in Bertrand Taithe and Tim Thornton (eds), *Prophecy: the Power of Inspired Language in History 1300-2000* (Stroud, 1997), pp. 161-180; 'Policing Dreams: History and the Moral Uses of the Unconscious', *History Workshop Journal*, 49 (2000), 142-60; 'Demonology, Neurology, and Medicine in Edwardian Britain', *Bulletin of the History of Medicine*, 78 (2000), 37-58; Rhodri Hayward, 'The Tortoise and the Love-Machine: Grey Walter and the Politics of Electroencephalography', *Science in Context*, 14 (2001), 615-641.

would be useful. Letters from family and friends also offer some valuable source material for historians of the family. The practice of families maintaining relationships with asylum staff and patients through letter writing also needs much more discussion.

This thesis has prioritised the patients' perspective. I have looked at a variety of Retreat residents between 1875 and 1940, both men and women, and people of varying ages and with different degrees of mental illness. I have examined how patients engaged with their everyday life in the Retreat, how they interacted with the medical staff and their friends and family, how they understood and interpreted the events that led to their admission and how they communicated their ideas through many different forms of writing.

In particular I have addressed the issue of 'mad writing'. I have asked questions such as, is it appropriate to categorise and examine all of the Retreat patients writing as 'mad writing'? Is it useful to compare 'mad writings' from different institutions or different time periods? What can we do with writings that are factually incorrect and often delusional? While I have used 'mad-writing', not least as it offers a clear short title, and a way of engaging with other historians who have written on this topic, I believe that the phrase should be rejected or clearly defined in terms one of the following categorisations. Firstly, the writings of those who write about the experience of having been a patient in a mental asylum or hospital and secondly writings from people who are confined to an asylum or mental hospital. The more the writing is about similar institutions and the closer it is chronologically the more successful and worthwhile the comparison. Thirdly 'mad writing' can mean the writings of those suffering from a state of cognitive confusion mental distress.

However, it is important to interpret patients' writings as much more than just 'mad writing'. For example, I have shown how patients' writings reflected the ideas, concerns and ambitions of their society. Patients wrote not just about institutionalisation and madness, but concerning popular culture, science, religion and politics. Moreover, the style of patients' writing should not be confined to a genre of 'mad writing'; patients wrote in ways that can be compared to contemporary genres and literary tropes such as social reform and nonsense literature, religious and travel writing. What I have done is taken madness out of the equation, not by refusing to consider that patients sometimes

wrote about madness, or to deny that it may have been the position from which they were writing, but in the sense that this was not all that they wrote about, and that this should not dominate our interpretation and stop us listening to what they had to say. As Porter comments, ‘they have much to say’ and I think that it is worth hearing.⁴

⁴ Roy Porter, ‘Forward’, in Allan Ingram (ed), *Voices of Madness: Four Pamphlets, 1683-1796* (Stroud, 1997), p. viii.

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