

# Shining a light on 'what asylums were'

Jonathon Rutherford on the atrocity of mental health care  
in the early 19th century



In May 1837, Dr William Alexander Francis Browne presented five lectures to the managers of the Montrose Royal Lunatic Asylum in Angus. The third, entitled 'what Asylums were', gives us an understanding of why philanthropists saw the need for change. Their 'glass half-full' mindset on psychiatric reform is still useful today.

A psychiatric reformer, Dr William Alexander Francis Browne was a superb asylum superintendent, later to become the Commissioner for Lunacy in Scotland (1857) and president for what today is named the Royal College of Psychiatrists (1866). The early- to mid-19th century was an epoch for psychiatry in Britain, as superintendents like Browne introduced pioneering art and occupational therapy programmes to once barren asylum life.

At the Crichton Royal Hospital in Dumfries, Browne was a radical alienist who provided language classes, dances, public readings and a literary magazine contributed to by his patients. An early adopter, Browne introduced gaslights to the asylum building during the dark winter evenings; this was uncommon as most people during the early 19th century were distrusting of gas lighting because of its potential to explode.

Ultimately Browne's attempts to change the treatment of his patients did not result in an efficacious cure for the mentally ill, but his visionary mindset and inspiring optimism did pave the way to a gentler form of treatment. But what were the conditions of asylums that inspired Browne to seek change for his clients?

## Outcasts and Tom o' Bedlams

Before the 'insane' and 'imbecilic' were confined to asylums, 'madmen' on the continent of Europe were expelled from society as outcasts. They were seen as unworthy of care or compassion, until a catholic priest, St. Vincent de Paul (1581-1660), sought to return the sympathies of our nature towards the poor and outcast, unofficially obtaining the title 'father of the poor'. His philanthropic exertion ultimately spread the practise of lunatics confiding in the church. Parishioners took responsibility for the care of imbeciles and insane persons. However, a larger proportion of the insane were taken care of by their immediate family, or left to roam local towns and the surrounding areas.



Prior to 1828, only 12 of England's 52 counties possessed public establishments for the insane and until 1808 there was only one asylum in Ireland. To relieve the few institutions that did exist, patients were customarily discharged. London's Bethlem Hospital discharged patients long known as Tom o' Bedlams to survive as glorified paupers, 'living no one cared how, and dying no one cared where'. Those deemed 'docile' or 'inoffensive' were confined to workhouses, gaols or vagrancy. The noisy or frenzied madmen were condemned to the darkest dungeon the gaol or workhouse could afford.

Many of these people became enclosed in wooden boxes or cages placed into cellars. In the French city of Lille, patients were confined to subterranean holes. At Saumur they lived in cells with no windows. In 1834, on visiting a gaol in England, Solicitor general

A.E. Menteith found one 'maniac' to have lived in a subterranean dungeon for half a lifetime. A select committee for the Lunatic Poor in Ireland (1817) describes, 'For the accommodation of the insane... in the Limerick Asylum, appears to be such, as we should not appropriate for our dogs-kennels'.

### **Muffling and forcing**

Sedative medication introduced in the mid 20th century, such as lithium in 1948, stabilised mood; the antipsychotic chlorpromazine, introduced in 1952, was a revolutionary treatment for schizophrenia. However, before tranquilising medication, the infallible remedy for soothing the 'witless maniac' was intimidation. To obtain tranquility keepers resorted to 'muffling' through binding a cloth tightly around the mouth

and nostrils. Less creative methods included lashings and beatings. A surgeon stated in evidence before a committee for the House of Commons, that on visiting an asylum he witnessed a keeper 'beating in the most brutal manner a captain in the navy... confined by a means of chains on his legs and hand-cuffs, so that he could neither escape nor defend himself... he died shortly afterwards'. Corporal punishment was a method of controlling the 'insane person' or was sadistic enjoyment for deranged keepers. In either case it was not uncommon to subject the mentally ill to physical cruelty.

Often patients refused to eat. They suspected food was poisoned, or imagined it to be human flesh. They resisted because of 'obstinacy' or their 'perversity of character'. 'Forcing' became the treatment for these difficulties as patients were bedbound. Food was pushed or poured down the throat. At times teeth were broken or the handle of the spoon used as the instrument for the operation was forced through the palate. The head was bent backwards to facilitate the food's descent and this meant sudden or powerful movement could lead to dislocation of the neck's vertebrae. Should the patient die, no coroner's inquest took place to reveal the story.

Many patients, particularly the furious or unstable, were clasped in iron. For example, establishments in Rome fixed two iron rings to the wall of a cell; one of these served as a collar for the neck, the other closed around the ankle. This method forced the patient to stand tied upright, and should they give in to exhaustion, the patient would hang suspended. This practise was reserved for the poor, and the reasoning was not curative, but economical. 'It was stated, when the keepers were asked the reason for putting them in irons, that it would require a larger expense than they could afford to keep servants to take care of them if they were not ironed.'

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### Exhibiting the insane

George Wombwell in 1810 founded 'Wombwell's traveling menagerie'. Touring across Britain, Wombwell exhibited rare animals, often from the warmer climate of Africa. His shows included elephants, tigers, ocelots and bears, drawing great curiosity from the general public. In Bedlam, the insane were displayed to the same public for one shilling. Their guardians spared 'neither menaces nor sarcasms in order to rouse the passions of the patients for the amusement of the visitors'. 'Imbeciles' were deprived of food in order to astonish spectators by the patient's voracity when it was finally given to them. One 'miserable creature' who habitually ate his own excrement was fed weeds, grass, dirt and filth for the curiosity of spectators. Exhibiting the insane to the public was a practise well established throughout Britain and France. How debauched humanity can be to the most vulnerable.

Governors and keepers used the 'excitement of terror' as remedy, frightening the patient 'into his senses'. This treatment was thought to redirect the patient's attention away from delusions and fantasy, grounding the patient back in the 'real world'. For example, at the Senavretta in Milan, keepers constructed an apartment where patients could be placed in light or plunged into darkness; rain could descend from the roof and thunder frightened confined patients. Neglect was ubiquitous in asylums... 'idiots and imbeciles' are described to have lost limbs to gangrene caused by cold. In Bedlam Sir A. Halliday describes how 'he saw... a rat devouring the extremities of a maniac, who was lying naked on some straw, in the agonies of death'.

In France during the rule of the revolutionary government, food allowances to lunatics in asylums were reduced to the smallest amount necessary to sustain life. This caused patients in remission to relapse and 'become frantic with hunger'; mortality increased greatly. In the Salpêtrière, 56 patients died in one month. In some asylums patients were 'confined in out-houses which were formally pigsties, sleeping in cribs so small, as to cause permanent contraction of the limbs'. Another example details 'three miserable, emaciated beings, huddled together in a bed intended for one person, without any straw or covering'; and still 'a number of weak and diseased men should be compelled to sleep in a damp cellar containing a well'.

### The removed

These atrocities depict the nature of care for the insane prior to 1837. No curative attempt was made; patients were considered wild beasts to be tamed and so received no 'gentle' form of support.

### Key sources

- Browne, W.A.F. (1837). *What asylums were, are, and ought to be, being the substance of five lectures delivered before the managers of the Montrose Royal Lunatic Asylum*. Edinburgh: Black.
- Donnelly, M. (1983). *Managing the mind: A study of medical psychology in early nineteenth-century Britain*. London: Tavistock Publications.
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In many cases cruelty and neglect was so extreme it resulted in patient deaths. The cause could be varied: starvation due to deficient rationing, infection and disease including syphilis, typhoid, and gangrene. Insufficient heating, clothing and furnishings meant insane persons died from pneumonia. Keepers who lost their temper could beat patients to death with no repercussions. In a report presented to the public by superintendents of the York institution, it appeared in one instance that 221 patients had died in their facility. When investigated this was proven to be 365 deaths – 144 unaccounted for. The institution was accused of being directly involved in a cover-up. One person stated: 'A patient disappears, and is nevermore heard of; he is said to be removed. A patient is killed, the body is hurried away, to prevent the coroner's inquest.' A York county magistrate made the argument that patients were killed by the fury of the keepers, and then were reported to have died. In response superintendents attempted to 'bury these and other malpractices into oblivion' by burning the registers. The building was then set on fire and was almost completely consumed in flames. The fire put all patients in danger with at least four deaths



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taking place. This shows the callous indifference superintendents had for the wellbeing of their patients.

For Browne and other alienists of his generation, the care for insane persons was spurred by their philosophy, the moral treatment, summed up in two words, 'kindness and occupation'. Browne idealised a vision of purified water, sufficient food, separating the catatonic and melancholic from the furious, and

an ample supply of hot baths. Those deemed suitable can freely egress to the open air; allotments and gardens are to be enjoyed by the patient. Clothing is to be regularly washed and attended, patients play on bowling greens, and they even take language classes; all this in an attempt to create an atmosphere where tranquillity reigns. The asylum should conjure images of serenity in the mind akin to happiness. All these therapeutic measures are idealised in the 'perfect asylum'.

Today, asylums have been deinstitutionalised for care in the community. Asylum history remains profound; it allows us to appreciate humanistic development and guides us away from the mistakes of the past.



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