

Distribution Agreement

In presenting this thesis as a partial fulfillment of the requirements for a degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis. I retain all ownership rights to the copyright of the thesis. I also retain the right to use in future works (such as articles or books) all or part of this thesis.

Signature:

Samantha Grow

4/22/2010

Date

“Like Spiders’ Webs for Flies”: False Confinement in Nineteenth-Century English
Asylums

by

Samantha M. Grow

Adviser

Howard Kushner

Department of History

Howard Kushner
Adviser

Brian Vick

Benjamin Reiss

4/22/2010

Date

“Like Spiders’ Webs for Flies”: False Confinement in Nineteenth-Century English
Asylums

By

Samantha M. Grow

Adviser

Howard Kushner

An abstract of
A thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Arts with Honors

Department of History

2010

Abstract

“Like Spiders’ Webs for Flies”: False Confinement in Nineteenth-Century English
Asylums
By Samantha M. Grow

Books and newspapers in nineteenth-century England portrayed false confinement as an immense and widespread problem which caused a great deal of concern. Public panics led to preventative legislation, but still the protest groups spoke out. Was false confinement truly a problem, or was it blown out of proportion? If it was not a problem, what does this then say about the “anti-psychiatry” movement in history?

“Like Spiders’ Webs for Flies”: False Confinement in Nineteenth-Century English
Asylums

By

Samantha M. Grow

Adviser

Howard Kushner

A thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Arts with Honors

Department of History

2010

Table of Contents:

Preface: Terminology_____	1
Introduction_____	2
Chapter One: Madhouses, Mad-Doctors, and the Law_____	7
Chapter Two: False Confinement_____	14
Chapter Three: In Parliament_____	22
Chapter Four: “Like Spiders’ Webs for Flies”_____	29
Chapter Five: Psychiatry Today_____	43
Bibliography_____	46

Preface: Terminology

I will use contemporary labels, with a few exceptions.¹ There were, at the time of my case study, 1838, no “psychiatrists”. There were “persons who make this Branch of Medicine their particular Study”²; these persons tended to be medical practitioners who happened to deal with mad-people, otherwise called mad-doctors. “Alienists” were the same, but this term, along with “psychiatry”, was not in use until the latter half of the century. For the sake of brevity I shall use these terms as there was in fact little to no difference between a mad-doctor in 1790 and an alienist in 1870. Lunatics shall be referred to as such because by this period the term had become generalized to mean any mad person. Both sane and insane had also entered the vernacular and shall be applied appropriately.

¹ My source for this, aside from my own research, is the *Oxford English Dictionary* which usefully includes the first recorded use for all words.

² As Parliament referred to them in their hearings during the illness of George III. See Macalpine and Hunter, *George III and the Mad Business*. London: Penguin Press, 1969, xv.

Introduction

"Any relation, who chooses to suspect that a person who is connected with him is of unsound mind, may upon his own judgment sign an order to that effect which will be the foundation for his admission into a lunatic asylum and if he can succeed in having that order backed by the certificate of two medical men who perhaps before that period never saw the individual in question, certifying that they believe he is of unsound mind, without any further warrant, without any possibility of protection from the law, such person is exposed to the dreadful consequences of incarceration in a mad-house"³

In the eighteenth century, many people feared being taken by some unscrupulous person, be he family member, friend, or stranger, to a madhouse to be locked away forever to the detriment of their health, wealth, and sanity. It was the job of the Metropolitan Commissioners in Lunacy to ensure that all inmates of the madhouses within the city of London were "qualified" to be there. By the early nineteenth century, enough legislation had been passed and enough investigations were being carried out that this fear should perhaps not have been so pressing. For legislation to have been warranted, however, it seems it had to have been fairly common at one time for people to be locked away without cause.

Did these preventive measures change anything? No system is perfect, there will always be exceptions, but the prevalence of popular literature, pamphlets, and news inserts throughout the nineteenth century could suggest that the new system was not functioning as intended, or at least that it was not perceived to be. One highly publicized victim of this practice of false confinement is Richard Paternoster who will be my case study. When he was thirty six, he was confined in a private madhouse in 1838 by his father very much against his will and apparently quite unjustly. He later sued everyone

³ Paternoster vs. Finch and 8 Others, February 7, 1840, Common Pleas, 15.

responsible, published a scathing pamphlet, and helped found the Alleged Lunatic's Friend Society.

Paternoster was a disagreeable man by any period's standards, but his mind was sound. He was able to escape his confinement after six weeks by calling on a friend of his, a Member of Parliament, who raised the alarm and got him out with due speed. The experience was, though short, undoubtedly traumatic. The conditions of madhouses had improved by this time, if slightly, but were still based upon the premise that the mad, like beasts, had little sensitivity to their surroundings. Considering this mindset, it is easier to understand "treatment" at the time.

The primary concern of Parliament when they did pass legislation concerning the mad-trade had been to ensure that no sane persons were locked up with these beasts. In 1815, some effort was made to investigate the conditions of Bethlem Hospital. After this the Commissioners in Lunacy (CIL) were established, but in their reports the primary concern still seems to have been not the conditions or standards of treatment, but rather to investigate claims of false confinement. To be fair, the CIL probably received more complaints from the inmates that they would like to be released than from inmates saying they were happy to stay if only it were a bit more pleasant.

Given the facts, fear of confinement could have been justified. There was a significant percent increase in the number of people confined in madhouses and there was enough popular culture at the time devoted to expounding the horrors of both public and private madhouses and the terror of being abducted thereto. Daniel Hack Tuke, of the famous Quaker Tukes, attributed the increase in mental patients to an increase in

society's ability to recognize madness⁴. He was saying it was the development of the profession and the increase in their medical knowledge that allowed people to *identify* madmen more than it was a change in society *creating* madmen.

While Tuke's opinion was fairly common in the nineteenth century⁵, historians since then have developed some alternate theories. The anti-psychiatry movement begun in the 1960's was inspired by the work of Michel Foucault and had nearly consumed the field until quite recently. Foucault's argument which created all of this controversy was essentially that the "great confinement" of the nineteenth century was actually an attempt by "society" to suppress those who were different, rebellious, or unproductive.⁶ This idea fit well with the thinking of the time, but with the rise of biological psychiatry and its proven successes, the idea that all of psychiatry is socially constructed seems much less likely.

It can be argued that all aspects of our lives are socially constructed, but the manner by which we create definitions does not exclude biological factors.⁷ In the early modern period, melancholy was said to be caused by an imbalance of the four humours of the body. Today, depression is understood largely in neurological terms. While their psychiatric ideas and definitions were different, a product of their socio-cultural setting, essentially the same disorder existed. So although terminology and diagnosis are socially constructed, they are attempts to describe underlying biological factors. One must consider both when studying the history of psychology. Socially constructed definitions

⁴ J.C. Bucknill and D.H. Tuke, *A Manual of Psychological Medicine* (London: Churchill, 1858), 31.

⁵ See also Richard Powell, "Observations upon the comparative Prevalence of Insanity, at different Periods", *Medical Transactions* 4 (1810) and George Man Burrows, *An Inquiry into Certain Errors relative to Insanity* (1820).

⁶ Alan Sheridan trans., Michel Foucault, *Mental illness and Psychology* (New York: Harper & Row, 1976)

⁷ G.E. Berrios *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century*, (Cambridge: Cambridge University Press, 1997).

give us insight into the time and help us understand their ideas while remembering biological truths reminds us that they experienced many of the same things that we do, whatever their labeling system.

It is important that I point out all of this as the veracity of Foucault's claim matters to my argument. If there was an increase in confinement or if people were being confined as a form of social control then the fear that was prevalent enough to be noticeable centuries later was justified. If, however, as I think, there is no truth in the Great Confinement, then this fear is all the more puzzling. Was there then someone, like Foucault or Scull, warning the people that anything out of the ordinary would have them locked up (which is in a way social control)? Or was it as simple as a few cases blown out of proportion by the victims, newspapers, and popular literature?

Chapter One: Madhouses, Mad-doctors, and the Law

Since the social and cultural context of the period defines so much of what happened, it will be necessary to understand something of the conditions of madhouses, the state of psychiatry at the time, and the legal process by which people were confined and/or could object to their confinement.

Nineteenth-Century Psychiatry: “Not expressions of any conscious cruelty”⁸

Richard Paternoster’s most expressed evidence of his sanity was that he did not go mad in the madhouse. He was confined in 1838 after the government induced reforms had been nominally put into effect, but it seems some distressing conditions remained. The keepers in the private madhouse in which he was confined were “low ruffians” who were not charged with treatment and indeed seemed inclined to move patients backward.⁹ Urbane Metcalf, a patient at Bethlem Hospital in 1817 wrote “these regulations are departed from and the keepers do just as they please.”¹⁰ They pleased, apparently, to do everything from embezzlement to gross neglect. These abuses occurred after Bethlem had moved to the brand new location in Lambeth, and after they had been soundly disciplined by Parliament for conditions worse than these.

Public madhouses were not very numerous until somewhat into the nineteenth century. In the 1790’s, most of the lunatics in England were still in workhouses; it was not until about a decade later that a significant shift took place.¹¹ Some lunatics were already in private madhouses, and this business only increased until Parliament began to

⁸ MacAlpine and Hunter, *George III*, 280.

⁹ Richard Paternoster, *The Madhouse System* (London: 1841).

¹⁰ Urbane Metcalf “The Interior of Bethlehem Hospital” in *A Mad People’s History of Madness*, ed. Dale Peterson (Pennsylvania: University of Pittsburgh Press, 1982).

¹¹ MacAlpine and Hunter, *George III*, 322.

place strictures on licensing.¹² Private care was originally given to both wealthy and pauper patients, the latter at the expense of their parish. After county asylums took hold, these patients were moved and private asylums could charge more. For some pauper patients, living in an asylum and being looked after was almost a treat. A few elderly women upon release had a sudden “relapse” and got pulled back in, quite happily it seemed.¹³

It was generally the wealthy patients who complained about being confined. Those with something to lose were more at risk and therefore more apt to fear incarceration at the instigation of a family member. There was an increase in the number of patients confined. Such an increase was likely not due to unjustly confined family members, but rather was a result of the contemporary treatment rationale which required mental patients be locked away from society, safe with their doctors. This theory of psychiatry stemmed from Philippe Pinel, a French doctor at both the Bicêtre and Salpêtrière Hospitals in Paris. He became one of the most significant figures in early psychiatry and his theories were heavily quoted and relied upon in England for decades.¹⁴

Psychiatric theory at the time experienced the same sort of variations it does now in that some mad-doctors or alienists believed in and looked for a somatic cause for madness while other considered it a “moral” defect. Different manifestations of madness could have different causes. Moral insanity was caused by disordered emotions, but was considered to mostly leave the faculty of reasoning alone except “by supplying wrong materials”.¹⁵ Certain illnesses were thought to be caused by the body while others were

¹² In 1774 and 1828.

¹³ Ida MacAlpine and Richard Hunter, *Psychiatry for the Poor* (London: Dawsons of Pall Mall, 1974)

¹⁴ D. Mellett, *The Prerogative of Asylundom* (London: Garland Publishing, 1982), 18.

¹⁵ Bucknill and Tuke, *Manual*, 198.

thought to directly affect the body.¹⁶ Mad-doctors at the time were rather vague on which were which, and there was no generalized agreement.

Some alienists treated with emetics and bleeding, while others used different drugs and interventions. The Quaker York Retreat, established after the wrongful death of one of their own in the York Asylum, focused on encouraging good moral behavior through rewards and punishments.¹⁷ Many madhouse keepers fashionably followed. By 1856, John Conolly had purportedly abolished all use of restraints.¹⁸ Though most others claimed to have followed this example as well, patients still reported being chained or put in strait waistcoats. Richard Paternoster, for example, complained of this in his own published exposé of asylums.¹⁹ In the end, patients were generally treated with some mix of the above along with things like water therapy and the ever popular swinging chair.²⁰ No matter the treatment, the results seem to have been statistically the same: approximately one third recovered, one third got a bit better, and one third did not improve.²¹

Lunatics established precedents in medicine as well as in the justice system; these criminal lunatics forced psychiatry onto the rest of society. The insanity defense in England can be traced back at least to Anglo-Saxon times.²² By the mid-nineteenth century, the criminal justice system considered that a person was not responsible for the crime he or she committed if he or she were not able to distinguish right from wrong. The

¹⁶ George Nasse Hill, *Essay on the Cure* (London : J. & J. Haddock for Longman, Hurst, Rees, Orme & Brown, 1814)

¹⁷ Samuel Tuke, *Description of the Retreat* (London: 1813)

¹⁸ Conolly, "Treatment of the Insane without Mechanical Restraints" (London: Smith, Elder & Co, 1856)

¹⁹ Paternoster, *The Madhouse System*

²⁰ Water therapy generally consisted of bathing a patient in extreme temperatures. The swinging chair was a contraption which spun the patient around until he would become calm (nauseated and disoriented).

²¹ This eventually became known as "Black's Law"; see MacAlpine and Hunter, *George III*, 299.

²² Nigel Walker, *Crime and Insanity in England* (Scotland: Edinburgh University Press 1968)

courts were originally less sophisticated, considering a person not responsible only if he or she were completely raving and unable to reason at all, even if only temporarily. Theft and rape were not originally crimes excusable by reason of insanity since these were the result of natural urges all people share; one could only be declared *non compos mentis* (not of sound mind) in capital crimes. A person declared *non compos mentis* by the courts was released to his or her family.

This was the precedent until the nineteenth century. In 1800, James Hadfield tried to kill George III because he believed that his own resultant execution at the hands of the state would effect the second coming of Christ. Other than this delusion, Hadfield seemed perfectly sane. His lawyer had to argue that premeditated actions deriving from deluded reasoning were still the actions of a lunatic.²³ After this precedent was established, criminal lunatics were “to be kept in strict custody until his Majesty’s pleasure shall be known”.²⁴ In 1843, Daniel McNaughtan tried to kill the Prime Minister. His case established the McNaughtan Rule which was followed well into the twentieth century.²⁵ This rule required a jury determine a defendant claiming to be insane either did not understand what he was doing while committing the crime or did not know that his actions were wrong.

There was a difference in how insanity was legally defined and how it was defined by psychiatry. “In general, medicine viewed insanity as a disease which needed to be cured, normally by asylum treatment, while the law tended to see insanity as a

²³ Joel Peter Eigen, ‘Hadfield, James (1771/2–1841)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/41013>, accessed 16 Feb 2010]

²⁴ An Act for the Safe Custody of Insane Persons Charged with Offences, 28th July 1800

²⁵ Richard Moran, ‘McNaughtan, Daniel (1802/3–1865)’, *Oxford Dictionary of National Biography*, Oxford University Press, Sept 2004; online edn, Jan 2008 [<http://www.oxforddnb.com/view/article/39433>, accessed 16 Feb 2010]

status entailing loss of liberty and civil rights, a status so humiliating that anyone ‘accused’ of it should be given every chance to ‘prove’ his sanity.”²⁶ This was apparently due to the difference in their aims; doctors aimed to help and to cure the mad, lawyers to question its existence and influence on conduct.²⁷ So when the law sought to confine someone it was generally when their conduct was ill-fitting public life. However, when acting on the knowledge of mad-doctors, criteria for confinement became slightly broader in that it included people who were perhaps not always outwardly mad, but were still disturbed.

Parliament seems to have supported the public fear of unjust or unnecessary confinement because for several decades the only legislation concerning madhouses or madmen was set up to prevent the sane from being mixed up with the insane, even sane prisoners. This implies distrust in psychiatric knowledge as well as proving the fear was widespread enough or at least close enough to their hearts to reach Parliament. George III’s illness had very publicly proven that insanity could touch upper-class people, and increased attention to the field along with specific complaints is probably what drew their eyes.²⁸

Nineteenth-Century Confinement: “I have no doubt in the world of his being a lunatic: for I had filled up the necessary certificates ten days previous to this.”²⁹

The system in place when Richard Paternoster was confined was simple enough and made some sense. A certificate had to be signed by two alienists (neither of whom

²⁶ Peter McCandless, “Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement” *The Journal of British Studies*, Vol. 23, No. 1 (Autumn, 1983), 88.

²⁷ J.C. Bucknill quoted in McCandless, “Dangerous to Themselves and Others”, 88.

²⁸ MacAlpine and Hunter, *George III*.

²⁹ *Old Bailey Proceedings Online* (www.oldbaileyonline.org, 17 June 2009), April 1754, trial of Robert Natcot (t17900915-65)

could be party to the madhouse to which the alleged lunatic was sent).³⁰ Should the alleged lunatic still be unconvinced of his unsoundness of mind, he could call in the Commissioners in Lunacy who would hold what amounted to a trial of his sanity. Affidavits were taken from family, friends, neighbors, and physicians. Then a hearing was held in front of a jury. If the verdict was against, a large and impressive Certificate of Lunacy would be issued.³¹

The initial vehicle for confinement, the original certificate, was hardly foolproof, but there was a system for correction. The conditions of madhouses, or the simple fact of being confined with the insane would be likely to have made even a short confinement unbearable, and sadly for those who lost the battle, the “criteria of recovery were stricter when patients were legally certified insane”.³² This is likely because the management of property or finances was at stake.

The Chancery court was separately responsible for certifying people insane for the express purpose of getting the family money out of the hands of an idiot or madman. It was so named because idiots and lunatics were the Lord Chancellor’s responsibility; the Crown had custody of their lands. People were taken to Chancery, which was separate from the criminal courts, to have them declared insane. This was not originally a step towards confinement; it was only done to remove the alleged idiot or lunatic’s power of legal action. This system had gained a bad reputation by the nineteenth century. If someone were trying to gain control over lands or property from a relation, whether he was mad or not, this would be the obvious place to start. Of course, these Chancery lunatics had a chance to defend themselves and the process was more difficult and time

³⁰ Peter McCandless, “Liberty and Lunacy” *Journal of Social History*, Vol. 11, No. 3 (Spring, 1978), 371.

³¹ Inquiry into the Insanity of Reverend Thomas Gayfere February 5, 1845

³² Macalpine and Hunter, *Psychiatry for the Poor*, 16.

consuming than getting a certificate signed, and so the certification process drew more attention from the protesting community.

The system was flawed overall. Relying on the knowledge of an infant profession was perhaps a mistake, but it is one that we arguably continue to make today. This would not have been comforting to people fearing an attempt at confinement. One also has to consider that not all mad-doctors were altruistic. For the public's fears to be justified, false confinement had to occur. The continuing fear would require that some people were still falsely confined or at least that people were still talking about it.

Chapter Two: False Confinement

In the case of the previously mentioned Richard Paternoster, false confinement can be almost proven and so he will be used to introduce the topic and guide my analysis. While his case is an exception in many ways, I argue that this fact would not have mattered to the public who were apparently already susceptible to vague rumors and the accounts of alleged lunatics.³³

Richard Paternoster: “Such an outrage”³⁴

In the Court of Common Pleas on the seventh of February, 1840, Richard Paternoster brought “an action of trespass” against nine people including his father, brother-in-law, the keepers and owners of an asylum, his landlord, a surgeon, and a clergyman. The lawsuit was eventually settled by an annuity grant to Paternoster of 150 pounds. What led him to the Court of Common Pleas and why was he suing so many people? In part, that he felt wronged by the confinement his father forced him into; he may have wanted to no longer be “an object of distrust and suspicion”. His desire for money had also probably not subsided.

By 1840, Richard Paternoster was an angry, bitter man. He was born in 1802 to John and Elizabeth Paternoster, the former a surgeon and the latter a member of the prosperous Twinings family. According to the defense, he had been an angelic boy, writing loving letters to his mother and composing prayers for her.³⁵ He went into the Madras Civil Service in 1824. He was probably a writer, essentially in charge of keeping the records of trade. It would have been a sort of an apprenticeship to actual work in the

³³ My source for the details of Richard Paternoster’s case is the record of his Common Pleas action unless otherwise specified.

³⁴ Richard Paternoster, *Madhouse System* (London, 1841).

³⁵ Interestingly, the defense claimed that believing that everyone loved him was proof that he was paranoid.

administration. Paternoster returned in 1827 suffering what his lawyer called an “affliction of the heart”. As it was an uncle with connections who managed to get him home early, it seems likely this affliction was due more to the desire to leave India than an actual medical condition. He was unable to work and traveled to Paris for some time. He either began to grow low on funds or else decided that he needed more. When his family refused, he became rather belligerent (the defense said insane).

His father contrived to have him taken by two madhouse keepers to the Finch’s Asylum, Kensington. Paternoster went to the police, scared witless after this “attack”. He was examined by three doctors. The first, insulted when Paternoster called him a liar, signed the certificate allegedly saying, “Oh you must be mad”. The second was Dr. Monro who decided Paternoster was in fact sane. A surgeon, Dunn, who was a neighbor of the father, John Paternoster, asked Richard three questions and signed. After another escape attempt involving the clergyman, Paternoster was taken to the Finches’ establishment. A friend of his, MP Benjamin Hawes, visited and found him to be sane. After only a month, Paternoster was released on the fourth of October, 1838. Given that it was only his father - who had something to gain - and two mad-doctors who said that Paternoster was mad and given how quickly he was released, it is Hawes’ opinion which would seem to be more valid, and was taken as such at the time.

Paternoster published several editorials through his lawyer while suing his nine enemies. According to the newspapers, these were widely read and debated.³⁶ His case had to have threatened something. If nothing else it proved false confinement could occur despite legislation in place. Perhaps the risk was only to someone like Richard Paternoster, someone who could blackmail his family for more than a shilling, but with

³⁶ *Northern Liberator* (Newcastle upon Tyne, England), October 13, 1838.

the growing middle class, more people could afford to be embarrassed or ruined by an inconvenient relative. Confinement was one alternative.

What was it Paternoster did to spur his father into confining him? According to the defense, the sweet boy of yesterday was replaced by “a person of lunatic and unsound mind”. He wrote letters to get money from his family. These letters, while bitter and blackmailing, threatened no violence. They showed a man who was angered by his family’s insufficient generosity. He seemed disillusioned with the mother he had been so enamored with before. He expressed no violence except in degree of anger and though the defense alleged he was suicidal, there was little to nothing in the letters that were read by his father’s attorney during the trial to indicate this. Richard demanded his family give him his share of the inheritance and promised to leave them alone if they would. If they refused, however, he would expose some unspecified scandal.

At this point the case is strictly interpretation. The defense maintained Paternoster was paranoid and possibly violent toward himself or others. His father needed to put him safely away in a madhouse for his own good. On the other hand, it is possible Richard had uncovered some disillusioning secret about his mother or invented one to use as blackmail. This could have been something as damaging as adultery. His father had him certified a lunatic to discredit him and put him safely away in a madhouse for the family’s benefit. This seems to have been Paternoster’s train of thought or else there was not justification for suing his father (aside from his continuing desire for money). In the end, his suit was successful.

One hitch in Paternoster’s defense of his sanity was the aforelabeled “affliction of the heart”. This is what his lawyer termed it. His father’s attorney claimed it was also in

his mind. He had gone on a short leave when he fell ill, and when it came time to go back, it was “considered that he was incapable of managing any business of importance”. Eventually he sent a certificate to the East India Company saying he was “suffering under a considerable derangement of the functions, both of the heart and brain.”

By all accounts, his family allowed him to manage the annuity he received from the East India Company though it was formally paid through his father. The description of his mental state was “moody and melancholy”. He was depressed at being an invalid and too sensitive to climate extremes. He also lamented his financial state, that he had “only a few shillings to support” himself. He wrote this to his brother-in-law from Paris, whining that he had a “wretched existence”. Some of his words sounded somewhat drastic, that he might do himself an injury, but as he did not and by the time of his confinement was back in London and no longer depressed, suicidal thoughts seem to have left him and thus were not too relevant to the case at hand.

By no means did he seem happy with his family in 1838; he threatened them with scandal, often more destructive to a family of their standing than violence would have been. Their actions being justified from their point of view is not really a question; they were just defending themselves against their disgruntled and bitter son. Sending him to a madhouse was a bit drastic unless he was actually mad. The certificate that was sent to the East India Company seems irrelevant. It was ten years previous and addressed an illness that he seemed not to have anymore. If nothing else, they did not confine him all those years ago when he was already certified and as his letters indicated, quite inclined to self-injury. It was not until he threatened them that they decided confinement was

warranted. Thus, even if he was a bit strange, he was not worth locking up and therefore his incarceration was as unjust as he claimed.

All of his own witnesses offered that he was perfectly sane, admitting on cross-examination only that he was possibly somewhat “careless as to dress”. He had a fairly large number of witnesses with varying degrees of affection for him. That it seems only to have been his family and the keepers of the asylum that wanted him locked up is somewhat suspicious. They were after all the only ones who would gain from his incarceration.

It is interesting that the attempt to discredit him did not work very well. The editorials may have been an attempt to make it widely known he was not mad. His case was certainly in the news often enough and even made it out of London at least as far north as Leeds.³⁷ The *Northern Liberator* even went so far as to say it was “the expression of public opinion” which prevented his lingering out “a miserable life in a madhouse”.³⁸ His case apparently caused “a great stress” due to “the assumed illegality” of the manner of his incarceration.³⁹ While I am not through discussing him, I will say here his story ended rather successfully considering all that he went through. Though he never married, he became a barrister and continued writing letters to newspapers until he died in 1892 at the age of 89.

The Alleged Lunatics and their Friends: “Real or supposed madmen”⁴⁰

So whether or not Paternoster was justly confined, the public did not perceive it as such. By suing all of the “responsible” parties two years later, he ensured that it stayed in

³⁷ *Northern Star and Leeds General Advertiser* (Leeds, England) February 15, 1840.

³⁸ *Northern Liberator*, October 13, 1838.

³⁹ *Morning Chronicle* (London, England) September 7, 1838.

⁴⁰ William Belcher, *Address to Humanity* (London, 1796)

the public's mind. He was not alone in stirring up the public. Peter McCandless cites Thomas Mulock, John Perceval, and Richard Saumarez.⁴¹ Perceval was unique in that he admitted in a tract of his own authoring that he was in a "state of mental derangement" at the time of his confinement, yet he along with many others were outspoken critics of the lunacy laws.⁴²

From the early eighteenth-century on, alleged lunatics, former asylum inmates, and social activists began to publish tracts objecting to the methods of confinement, the lack of regulation thereof, and the state of madhouses. Men like Alexander Cruden, William Belcher, and Samuel Bruckshaw published widely circulated pieces on their personal experiences and the injustice of it all.⁴³ Daniel Defoe as early as 1706 wrote to expose the corrupt practices of private madhouses, such as the incarceration of sane persons and continued confinement of recovered lunatics.⁴⁴

In the nineteenth century there were still cases of false confinement that made an impact on the public. Despite preventive legislation, it seemed still possible for families to be able to lock up their family members as the cases of Richard Paternoster and some of these other figures show. Thomas Mulock and Louisa Lowe both claimed to have been wrongfully confined. Other opponents such as Richard Saumarez were concerned with the system because of their families. The admittedly disturbed John Perceval was angry about the state of private madhouses and their ability to hold a recovered lunatic such as

⁴¹ McCandless, "Liberty and Lunacy"

⁴² John Perceval, *A Narrative of Treatment experienced by a Gentleman, during a State of Mental Derangement*, in *A Mad People's History of Madness*, ed. Dale Peterson (Pennsylvania: University of Pittsburgh Press, 1982).

⁴³ See Alexander Cruden, *The London-Citizen Exceedingly Injured*, 1739; Belcher, *Address to Humanity*; Samuel Bruckshaw, *One More Proof of the Iniquitous Abuse of Private Madhouses*, 1774.

⁴⁴ Daniel Defoe, *A Review of the State of the English Nation* 3 (London 1706).

himself for even two years after he had been cured. Each of these people used newspapers, pamphlets, and lectures as a way of getting their message out to the public.

Several groups were used as a way of organizing resistance and promoting awareness such as the Alleged Lunatic's Friend Society (ALFS) and the Lunacy Law Reform Association (LLRA). The ALFS was founded in 1845 by several of the above mentioned opponents to false confinement. Many of their efforts were directed at raising public awareness, but both groups also made attempts to get laws changed by Parliament (the ALFS actually had fifteen MPs as members).⁴⁵ They wanted to be sure the public was kept abreast of any current cases of false confinement along with, as the name suggests, reforming the lunacy laws. Membership in one of these groups could also help give credibility to people who had lost it through confinement, though it was a difficult subject to get the public to acknowledge beyond their fear as is shown by how short lived these groups often were. The ALFS lasted only somewhat into the 1860's.

As was mentioned above, a madman automatically lost a great deal of social credit. In addition, being locked up in an asylum made the person less accessible. Even with the help of an MP, Paternoster had to wait six weeks before he could be liberated. Some families may have used false confinement as a way of teaching a lesson; it would at least have been a useful way to rid the family of someone undesirable. Someone like Paternoster was never going to learn from being thus treated, but another family may have had better luck with a more timid individual.

Choosing certification as a method of getting rid of an unwanted relation over a Chancery trial would have been a fairly simple decision. Chancery trials took time and could be expensive. They required sworn affidavits from two people besides the one

⁴⁵ Peter McCandless, "Dangerous to Themselves and Others", 86.

submitting the petition. A well-connected upper middle class man such as John Paternoster had no difficulty in securing two medical signatures in the space of a few hours. The convenience and speed made certifying insanity a much more attractive option than using the Chancery court. Taking advantage of the differing opinions about madness and lack of something like the DSM of today, one could make quick work of what the family considered a “most depraved human being” such as Richard Paternoster.

Chapter Three: In Parliament

Peter McCandless references two “lunacy panics” which he describes as “periodic outbursts of rage against the ‘mad-doctors’ and the commitment laws”.⁴⁶ These were in 1858-9 and 1876-7, both obviously much later than 1838, the year of the Paternoster case. These particular lunacy panics occurred about a century after Parliament had begun to regulate asylums.

Preventive Measures: “The object of the Bill is to protect people who are, but who ought not to be, in lunatic asylums”⁴⁷

By 1774, the protestations had reached the point that the government finally decided to try to do something. The Madhouse Act did not influence the management of asylums or the care of pauper lunatics except to the extent that it ignored them. This law established the two signature certificate system for all non-paupers. It also established the Commissioners in Lunacy.

This bill was made perpetual in 1786. Evidently, Parliament believed these regulations were still necessary. As people were still being confined despite this legislation, there were a few problems with the system. In 1808, the Act for the better Care and Maintenance of Lunatics, being Paupers or Criminals in England recommended asylums be built at county expense; if the proprietors of private madhouses were the problem, this would provide an alternative at least for those confined at parish expense. This was probably Parliament’s intention; fifteen were erected by 1844.

Three more bills were proposed but rejected between 1816 and 1819. One of the provisions was an increase in safeguards against false confinement. The existent system

⁴⁶ Ibid., 84.

⁴⁷ House of Commons, *Parliamentary Debates* (30 July 1889) vol 338, cc1739-54.

was considered insufficient by some, but apparently this was not universal. It was not until 1828 that any further legislation was passed concerning false confinement. The Treatment of Insane Persons Act repealed the 1774 law and made provisions to prevent false confinement of pauper lunatics as well. Dr. E. T. Monro felt the new regulations were so strict that he feared they might prevent gentlemen from running asylums because of all the new liabilities.⁴⁸

There was not a universal consensus in Parliament as to whether these ill-used, falsely confined people were more the victims of their doctors or of their families. In 1830, the Lord Chancellor said

“that there was a tendency to suppose, whether right or wrong, that all medical men who devoted themselves exclusively to cases of insanity, and who kept asylums, had a prejudice in favour of making people insane. What he meant was that they were apt to imagine and see insanity where other people saw none. The proper course to take would be, to constitute the commission of three persons, one to be of one sort, and two of the other, or vice versa [sic].”⁴⁹

So while the certificates were in place, they were signed only by medical men who might “imagine” madness where there was none either by accident or design.

Others were more concerned with the actions of family members. Lord Lyndhurst, himself Lord Chancellor three times, held that both actual and falsely accused lunatics “were often made the instruments of fraud in order to obtain possession of property, and for other unjustifiable abuses.”⁵⁰ Whichever group was more dangerous, and whether it was misguided altruism or greed which was responsible, both family and mad-doctors were needed to confine someone under certificate.

⁴⁸ E. T. Monro in William Parry-Jones, *The Trade in Lunacy*. (London: Routledge and Regan Paul, 1972) 18.

⁴⁹ HL, *Debates* (20 December 1830) vol 1, cc1340-5.

⁵⁰ HL, *Debates* (29 July 1845) vol 82, cc1186-93.

And many MPs and Lords were convinced that people were being confined falsely, as late as the end of the century. Sir Richard Cross “did not think there were sufficient safeguards with regard to the admission of lunatics. In the asylum with which he was connected, he was perfectly satisfied that many cases had been admitted which ought not to have been admitted at all”.⁵¹ The Lunacy Acts Amendment Bill of 1889 was “to provide additional safeguards against the improper confinement of persons in asylums”⁵² because “the history of litigation shows that people are wrongfully placed in private lunatic asylums, and that there are temptations for their detention in such places”.⁵³

In 1862, Parliament had thought to abolish the use of juries in Chancery cases, leaving it solely to the discretion of the Lord Chancellor. This was in part to try to speed up the process, the slow pace of the Chancery court being one of its most lamented faults, and also to try to prevent the resources of the contending parties from becoming exhausted in the process. This raised a number of objections. Many were worried that a lack of a jury would only aid the unscrupulous in their evil intentions. “No man,” in the opinion of MP Richard Malins,

“should be confined as a lunatic until the question of his sanity or insanity had been decided by a jury. The advantage of the right to demand a jury was shown forcibly in the Windham case; for if there had been no power to demand a jury, that gentleman would, no doubt, have been treated as a lunatic for the whole or a large portion of his life. There was a case, some years ago, in Wales, where a man's family combined to charge him with lunacy; but the jury were unanimously of opinion that he was of perfectly sound mind, and he had managed himself and his affairs ever since; though, but for having a jury, there might have been this monstrous injustice that the man would have been treated as of unsound mind.”⁵⁴

⁵¹ HC, *Debates* (25 May 1881) vol 261, cc1278-91.

⁵² HC, *Debates* (30 July 1889) vol 338, cc1739-54.

⁵³ *Ibid.*

⁵⁴ HC, *Debates* (20 May 1862) vol 166, cc1974-88.

There were not as many Chancery lunatics as those confined by certificate⁵⁵, but if the ill intentions existed, they existed in both kinds of confinement. Juries would be less likely to assume insanity than mad-doctors.

There was indeed some concern in Parliament that the testimony of medical men could not be trusted. The grounds for this lay on the idea that a medical man would base his opinion on the less solid foundation of their field of study instead of on experience with the person whose sanity is in question. Apparently, “the opinions of the medical men were contradictory, and tended rather to perplex than to elucidate the subject of inquiry.” Their opinions were deemed less valuable than the “knowledge of facts of which the jury could judge”.⁵⁶

If the opinions of medical men could not be trusted in determining insanity, why then were they the ones with the power to certify insanity? MP Henley thought it was absurd “that while lunacy was regarded as a disease, the medical man who had seen and examined the patient should not be allowed to express his opinion in reference to symptoms which a non-medical man would not have observed.”⁵⁷ He agreed though that “medical men who had not seen the lunatic, but only heard the evidence of witnesses concerning him”⁵⁸ should not be allowed to give their opinions to the jury.

It is interesting that “medical men in their certificates were required to state the facts which had led them to their conclusions”⁵⁹, but when Richard Paternoster was examined, albeit twenty years earlier, he had not met his doctors before, and neither of

⁵⁵ Only 650, Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

those who signed seemed to take any time at all with him. Even if he exaggerated their disinterest, they cannot have spent more than an hour each based on the timeline of that day. I have seen no indication that the legislation had altered the process significantly, so I can only assume that while they may have been obliged to share their ideas, these ideas were often based on quick judgement.

Some people can be labelled “obviously” mad, so the amount of time certifying physicians spent with alleged lunatics may not have created a problem. Still, based on the opinions in the House of Commons it would have been too easy to convince two alienists through exaggerated anecdotes that one’s relation was mad. Therefore the system in place did not prevent false confinement. Does this then mean that scores of people all over the country were being dragged to asylums against their will and without cause?

The Opposition: “An absolute absurdity.”⁶⁰

Several members of Parliament did not believe false confinement was still a problem by the latter half of the century. It seems almost that they were not passing legislation to prevent false confinement from occurring, but rather to prevent the public from panicking. As long as it seemed they were trying to stop it, the general population might remain calm, and the few incidences would perhaps be prevented as well.

MP Bernard Molloy disagreed when Parliament proposed even stricter regulations of private madhouses. He believed that “the control of private asylums by the Commissioners is in reality an absolute absurdity.” He worried however that “if private asylums are left uncontrolled another public scare will be the consequence.”⁶¹ Surely fear of public panic was not the sole reason for their attempts at regulation. Certainly, many

⁶⁰ HC, *Debates* (30 July 1889) vol 338, cc1739-54.

⁶¹ *Ibid.*

members of Parliament agreed with the public; they were perhaps swayed by the stories of people like Richard Paternoster, Thomas Mulock, Louisa Lowe, and other unfortunate people whose cases made it into the public eye.

On the other hand, some men, like Dr. Robert Farquharson, were not

“at all satisfied that a case has been made out against private asylums. There has been a great deal of vague talk and of melodramatic and hysterical writing outside this House which has created somewhat of a scare, but [he does] not think that anything has been proved which renders it necessary to interfere with the present condition of things.”⁶²

He then was not swayed by everything that had been generated by groups like the Alleged Lunatic’s Friends Society and its members. Perhaps he was more than confident that things had vastly improved and any further attention devoted to this subject was wasted time.

A kind of middle ground existed. Instead of forcing regulations on all madhouses and overworking the CIL, it was proposed that the option of appealing to the Commissioners themselves simply be more emphatically circulated in madhouses. They wanted to give “every alleged lunatic the power to write to certain official persons, and to have letters forwarded at once unopened”.⁶³ This would ensure the keepers could not alter the letters or prevent their sending.

The objections to this idea were related to the actual lunatics who were incarcerated with the possibly sane, showing at least how far Parliament’s investment in lunacy had come. They worried that the CIL would be flooded with deluded letters that had no relevance or foundation in fact and would end up simply chasing false leads. Also, as was brought up by several men, such as Sir Balthazar Foster who said,

⁶² Ibid.

⁶³ Ibid.

“I object to this clause mainly on medical grounds, because I think its effect would be to produce on the minds of the patients a continual irritation leading to repeated outbursts of excitement, which would hinder their cure. The clause originated at a time when there was a "scare" in the public mind, it being supposed that persons were wrongfully shut up in these asylums. That scare has been shown to be groundless, and it no longer exists.”⁶⁴

He was not worried he was taking away the chance of liberation from a falsely confined person. His confidence and that many other members of Parliament gives the impression that the “lunacy panics” had been in fact groundless. The CIL was charged with investigating the grounds of such things; they made a report to Parliament annually. Thus, if there had still been a problem, Parliament should have known.

Why then this discrepancy in their opinions? Did some believe the CIL and other “melodrama” in the public? The CIL appears to have been as thorough as they could in their investigations and though they were bureaucrats and therefore wont to exaggerate the work they did and simply fill out positive paperwork, their word seems to have been solid.

⁶⁴ Ibid.

Chapter Four: “Like Spiders’ Webs for Flies”

The title of this thesis is taken from an anonymous 1898 pamphlet titled “Lunatic Asylums”.⁶⁵ The quote refers to the deadly fascination which asylums held over people in the nineteenth century. They were “only too willing...to place away the human encumbrance of their family”.⁶⁶ I am employing this quote in a slightly different manner. The fascination with asylums also stemmed from the impression people had of them. This impression was not often a result of seeing the buildings or of visiting the people inside. Newspapers published advertisements for private madhouses alongside vicious attacks of the conditions within and accounts of false or overextended confinement. Literature too depicted the horrors of madhouses and stories of people unjustly imprisoned within them. These accounts, both in the news and in books, drew their readers in and trapped them in the panic-inducing idea that hundreds of sane people across the country were being tormented by mad-doctors and their minions.

Newspapers: “Justice is the Daughter of Publicity”⁶⁷

Popular fiction was probably the most effective in causing lunacy panics, but newspaper accounts of real cases were a close second. The literature could not have been as effective had it not been fed by these cases. I am not arguing that false confinement never occurred, but rather that the handful of cases being overblown in the newspapers and inspiring the exaggerated, fictionalized versions written by authors gave a false impression of false confinement.

Though he was not alone, the amount of attention which Richard Paternoster’s case generated seems almost enough to have caused this. His work, *The Madhouse*

⁶⁵ Anonymous, “Lunatic Asylums” (London, 1898)

⁶⁶ Andrew Wynter, “Non-Restraint in the Treatment of the Insane” *Edinburgh Review* 131, 1870, p 221

⁶⁷ Charles Reades, *Hard Cash* (London 1863), 210.

System, was itself a collection of letters to *The Satirist* about the conditions of madhouses. The letters were republished by other papers before they were bound and published separately. So for weeks these inflammatory and very personal accounts of his own treatment and the conditions of other asylums appeared and were read by a large portion of the population.

During his confinement, his friends and lawyers wrote to the papers. He stirred up the public and gained the sympathy of the newspapers, only one being cited as disagreeable in the Paternoster case.⁶⁸ This notice appeared in a similar form in several papers across the country:

“It is due to Mr. Richard Paternoster, whose seizure and confinement as an insane person have excited so much interest, that the public should be informed that, after a full investigation of the circumstances by the Metropolitan Commissioners in Lunacy (set on foot immediately upon their being made acquainted with the fact), and after a detention of six weeks in Mr. Finch’s lunatic asylum at Kensington, he has been released.”⁶⁹

While it does not explicitly state that he is sane, it is clear from his release after investigation that the Metropolitan Commissioners found him to be so.

As mentioned in Chapter Two, Paternoster’s case received so much public attention that it was observed that his “liberation” was actually a result of the public attention. If nearly all of London’s papers were on his side, publishing letters from concerned citizens, it is easy to imagine that it was the press which was putting pressure on the Metropolitan Commissioners to release him.

When he sued those responsible for his confinement, the details of the case were published each day in multiple papers. It was a sensation. The headline in *The Northern*

⁶⁸ *Morning Chronicle* (London, England) September 7, 1838.

⁶⁹ *Morning Chronicle* (London, England) October 6, 1838.

Star and Leeds General Advertiser for the case summary was “Extraordinary Case – The Abuses of Lunatic Asylums”.⁷⁰ The language was strong or suggestive throughout the piece. The questions put to Richard Paternoster by Dunn during the examination were “so trivial that they left an impression on the minds of all present that Mr. Paternoster was the most sane of the two”. He was “seized upon by half-a-dozen persons” and carried to the asylum. The entire affair was dubbed an “assault and imprisonment”.

This summary reminds its readers of “the attention of the public to the case” through the reports published in the papers and also attributes his release to the “great interest in the affair” and “public feeling on the subject”. Though there were relatively few, Paternoster was not the only case of false confinement. Others occurred, and when they did, the victim usually managed to cause a frenzy in the news either to aid in their liberation, get their revenge, help them enact reform, or some combination thereof.

The case of Louisa Lowe seemed almost designed to cause people to fear false confinement due to religious dissension. She was, it seems, confined only because her husband, a reverend, disagreed with her “grotesque” and “spiritualistic” views on religion.⁷¹ She actually attempted to bring criminal action against the Commissioners in Lunacy for detaining her though they knew she was sane. The rule on this was refused as her beliefs could be mistaken in good faith for insanity. So while her husband may have known she was sane (though we cannot be sure), it would seem the CIL were unaware.

She did not give up, however. She became secretary of the Lunacy Law Reform Association and continued with publicity campaigns and even interfering in Parliament. In a notice she sent to the *Birmingham Daily Post*, Lowe begged for “fresh evidence”

⁷⁰ *Northern Star and Leeds General Advertiser* (Leeds, England) February 15, 1840.

⁷¹ *Daily News* (London, England) November 23, 1872 and *Leeds Mercury* (Leeds, England) November 25, 1872.

against the system to bring to the Select Committee on Lunacy.⁷² That there was no change in the law that came from this committee is rather telling, namely there were not enough cases. While she may have excited interest, there was no “fresh” evidence to be gathered. False confinement did happen, but the cases were few, far between, and well known enough that when trying to incite reform Lowe could only rehash old cases.

Granted Parliament may not have been very receptive. Perhaps they were tired of hearing about an issue they did not consider a problem. Apparently the only reason they assented to the committee at all, according to MP Richard Cross, was “because there were certain apprehensions abroad, which it would be well to disprove”. Even if Lowe could not get Parliament to listen, the LLRA and other groups like it were still inciting enough energy toward the issue that Parliament was forced to deal with it.

She also went about giving lectures on the subject, using stories of the sadly probably true abuses of people in asylums, sane and insane, to incite pity and thus sympathy for her cause which was likely still primarily false confinement.⁷³ While several articles cite approximately three cases of false confinement, all of these people were set free by the CIL. That they were seized was lamentable, but particularly given the somewhat acknowledged lack of precision of contemporary mad-doctoring, there was little Parliament could do to fix the laws that would really help.

Lowe seems most often to bring up cases similar to her own, that of women confined due to religious peculiarities. Someone like Miss Wood who was a Shaker, a fairly populous religious group at the time, was probably confined unjustly, given that the

⁷² *Birmingham Daily Post* (Birmingham, England) November 17, 1877

⁷³ *Reynold's Newspaper* (London, England) August 10, 1873.

rest of her sect were not.⁷⁴ Still, it must be considered that religious beliefs share a thin border with delusion. Certainly, from the outside different beliefs often appear as delusion. However, if Lowe could acknowledge a woman “suffered from erroneous anatomical views”, she must accept that people’s views could be mistaken.⁷⁵ If their views on anatomy can be mistaken, cannot their views on God? Or were the proprietors to release everyone confined? Thus the share of the blame for false confinement allotted to mad-doctors and the Commissioners could more often than not be attributed to good faith mistakes. The cases she brought up in the paper were not likely a result of “abuses” and much of her lectures and writings just excited the public unnecessarily.

Literature: “Melodramatic and hysterical writing”⁷⁶

Literature at the time was also responsible for inciting public outcry. Works like *Hard Cash* (1863) by Charles Reade were perhaps even more effective in inciting irritation and exciting imagination as they were able to exaggerate without much fear of contradiction and were more accessible and enjoyable than newspapers.⁷⁷ I will focus on *Hard Cash* as it has been the book most often referred to by secondary sources, though I will try to include parts of other works as appropriate.

Charles Reade called *Hard Cash* “a matter-of-fact Romance”.⁷⁸ By this he meant that he structured the fictional story around true events gathered from “a multitude of volumes, pamphlets, journals, reports, blue-books, manuscript narratives, letters, and living people.”⁷⁹ McCandless said *Hard Cash* most strongly resembled the case of

⁷⁴ *Hampshire Telegraph and Sussex Chronicle* (Portsmouth, England) March 10, 1875.

⁷⁵ *Reynold’s Newspaper* (London, England) August 10, 1873.

⁷⁶ HC, *Debates* (30 July 1889) vol 338, cc1739-54.

⁷⁷ See also, for example, *Valentine Vox* (1840) by Henry Cockton, *The Woman in White* (1860) by Wilkie Collins, and *Bleak House* (1853) by Charles Dickens

⁷⁸ *Hard Cash*, Vol.1, iv.

⁷⁹ *Ibid.*

Richard Paternoster (making it all the more fitting for this paper). If it was based on Paternoster's case, it is all the more possible that the story was drawn from a "multitude" of sources about the same few cases.

The story is straight forward, but not simple. The two main families are the Dodds and the Hardies. The Dodd family consists of Captain Dodd, the often absent, but returning merchant; Mrs. Dodd, the perfect picture of a mother; Edward, the less intellectual, but better man for it, son; and Julia, the kind, charitable, and sensible daughter. The Hardies are made up of Richard, the somewhat corrupt and very cold father, a banker; Alfred, the very intellectual and somewhat temperamental son; and Jane, the daughter, the soul of Christian purity.

Alfred falls in love with Julia, Edward with Jane, and vice versa. Richard will not let Alfred marry Julia because she will apparently bring no money to the match and his bank is failing. Meanwhile, Captain Dodd is returning with fourteen thousand pounds, a sum which he literally defends almost to death from pirates, the sea, and highway robbery. He goes to Richard Hardie's bank to see it safe, but Richard in desperation ends up injuring him and stealing the money.

Alfred is the only other person who knows how and why this happened, and after Captain Dodd succumbs to madness as a result of the attack, Alfred is the only one who can tell. His father has him committed the night before his wedding, which was going to take place despite his father's wishes. Jane is attacked by a madman and killed. The Dodds are forced to move to smaller quarters in London because all of their meager resources go to the Captain's madhouse bill; they have no idea Alfred has been confined. Alfred eventually escapes, regains some honor, sues his father for the fourteen thousand

pounds stolen from the Dodds as well as his own confinement, marries Julia, and they all live mostly happily ever after.

Hard Cash does share certain similarities with Richard Paternoster's case; the young man in the novel is confined by his father as a result of money disputes when he is only a bit of a "melancholy youth". He had a great deal more trouble getting out of the asylum; indeed it took a fire to free him. He too sued his relations, though he had slightly more altruistic motives.

The section concerning Alfred's stay in the madhouse is what I will focus on. Reade used all of the preceding pages to establish Alfred's sanity and to get the readers attached to him. He uses Alfred's confinement to illustrate all of the popular conceptions of false confinement. As soon as he heard the "fatal word, 'asylum', Alfred uttered a cry of horror and despair, and his eyes roved wildly round the room in search of escape". He did in fact attempt escape quite dramatically. He landed in the water outside the asylum with only lunatics or his keepers to ask for help. "With such creatures as that he must be confined, or die miserably like a mouse in a basin of water. He hesitated between two horrors."⁸⁰ Reade appeals to his audience to imagine sane confinement.

"For my part I feel it in my heart of hearts; but am impotent to convey it to others; impotent, impotent.

Pray think of it for yourselves, men and women, if you have not *sworn* never to think over a novel. Think of it for your own sakes; Alfred's turn to-day, it may be yours to-morrow."⁸¹

This sentiment very dramatically conveys one of Reade's main points: that anyone at any time can be locked up. He uses Alfred's particular situation, that of being

⁸⁰ *Hard Cash*, Vol. 2, 283.

⁸¹ *Ibid.*, 290.

locked up for money to expound on how often real people were locked up for the same reason. Alfred tells one of the keepers he will pay him in exchange for help in his escape attempt. The man replies,

“Well, you *are* green. Do you think them as sent you here will let you spend your money? No, your money is theirs now.”⁸²

That man was carelessly used to seeing sane people locked up by greedy relations. He had little sympathy left for Alfred, and was quite sure that it is the money which is the reason Alfred’s liberty was stolen. He says,

“Sullenly: ‘in course there’s mostly money behind, when young gents like you come to be took care of.’”⁸³

Reade also includes some attacks on the certification system and the doctors who signed them. The best example is a conversation between Alfred and a female keeper, Mrs. Archbold:

“She will never desert me, never think the worse of me because I have been entrapped illegally into a madhouse.’

‘Illegally, Mr. Hardie! you deceive yourself; Mr. Baker told me the order was signed by a relation, and the certificates by first-rate lunacy doctors.’

‘What on earth has that to do with it, madam, when I am as sane as you are?’

‘It has everything to do with it. Mr. Baker could be punished for confining a madman in this house without an order and two certificates; but he couldn’t for confining a sane person under an order and two certificates.’

Alfred could not believe this, but she convinced him that it was so.”⁸⁴

⁸² Ibid., 291.

⁸³ Ibid., 292.

⁸⁴ Ibid., 298.

Mrs. Archbold makes one of the first mentions of the Commissioners in Lunacy.

It seems favorable and optimistic:

“She told him sane people were never kept in asylums now; they only used to be.

‘How can they?’ said she. ‘The London asylums are visited four times a year by the commissioners, and the country asylums six times, twice by the commissioners, and four times by the justices. *We* shall be inspected this week or next; and then you can speak to the justices: mind and be calm; say it is a mistake; offer testimony; and ask either to be discharged at once or to have a commission of lunacy sit on you; ten to one your friends will not face public proceedings: but you *must* begin at the foundation, by making the servants friendly---and by ---being calm.’⁸⁵

However, when the Commissioners arrive, Alfred hits several blocks; the first being the actions of the doctors and keepers. Reade labels these blocks as “formula”. As Alfred begs for a trial, the doctor employs the first:

“‘Then, if you cannot release me, at least don't be such scoundrels as to stop my letters, and so swindle me out of a fair trial, an open, public trial.’

The doctor parried with a formula. ‘Publicity would be the greatest misfortune could befall [sic] you. Pray be calm.’⁸⁶

As Alfred appeared to be making headway with the Commissioner,

“The doctor whispered in his ear, ‘Take care, sir. Dangerous!’

Now this is one of the most effective of the formulæ in a private asylum. How can an inexperienced stranger know for certain that such a statement is a falsehood? and even the just do not love justice---to others---quite so well as they love their own skins. So Squire Tollett very naturally declined a private interview with Alfred; and even drew back a step, and felt uneasy at being so near him.’⁸⁷

⁸⁵ Ibid., 298.

⁸⁶ Ibid., 307.

⁸⁷ Ibid., 311-312.

Alfred begs the Commissioner to listen to him and the doctor employs a third formula.

“Pray, pray use your own eyes, and ears, sir, and give yourself a chance of discovering the truth in this stronghold of lies.’

‘Don't excite yourself, Mr. Hardie,’ put in the doctor, parentally. (Formula.)”⁸⁸

Alfred again demands a public inquiry as he realizes the Commissioners cannot simply take him away and the doctor offers yet another formula.

“‘I demand a commission of lunacy, and a public inquiry.’

Dr. Bailey said, ‘That would be a most undesirable exposure, both to yourself and your friends.’ (Formula.)

‘It is only the guilty who fear the light, sir,’ was the swift reply.”⁸⁹

Reade has Commissioner Tollett take note of the application, but he then points out the Commissioners’ deficiencies in correcting the wrongs against the genuinely insane. He sets it up by depicting Alfred’s horrible first night in the asylum.

“Just as he was dropping off he felt something crawl over his face. Instinctively he made a violent motion to put his hands up. Both hands were confined, he could not move them. He bounded, he flung, he writhed. His little persecutors were quiet a moment, but the next they began again: in vain he rolled and writhed, and shuddered with loathing inexpressible. They crawled, they smelt, they bit.”⁹⁰

Then when the Commissioners visit, Reade explains how the madhouse manages to hide its faults and frighten its patients into silence, thereby explaining how there can be so much wrong with the madhouse system without the CIL or Parliament knowing.

“The inspection then continued; the inspector admired the clean sheets that covered the beds, all of them dirty, some filthy; and asked the more

⁸⁸ Ibid., 312.

⁸⁹ Ibid., 312-313.

⁹⁰ Ibid., 293-294.

reasonable patients to speak freely and say if they had any complaint to make. This question being with the usual sagacity of public inspectors put in the presence of Cooper and the doctor, who stuck to Tollett like wax, the mad people all declared they were very kindly treated: the reason they were so unanimous was this; they knew by experience that, if they told the truth, the justices could not at once remedy their discomforts, whereas the keepers, the very moment the justices left the house, would knock them down, beat them, shake them, strait-jacket them, and starve them: and the doctor, less merciful, would doctor them. So they shook in their shoes, and vowed they were very comfortable in Silvertown Grove.”⁹¹

Reade inserts a real life example here to drive the point home:

“Thus, in later days, certain Commissioners of Lunacy inspecting Accommod House, extracted nothing from Mrs. Turner, but that she was happy and comfortable under the benignant sway of Metcalf the mild---there present. It was only by a miracle the public learned the truth; and miracles are rare.”⁹²

It takes Alfred about a year to escape the madhouse system. He gets transferred several times, each conveniently occurring just as he has found a way out of that particular asylum. Reade manages to give several more examples of the CIL’s laxity such as:

“Mr. Tollett came, and the two justices commenced a genuine scrutiny; their first.”⁹³

Alfred visits a solicitor to see about getting his name cleared and the man asks for the order on which he was confined. Alfred says he does not have it, though

“I have begged and prayed for a sight of them, and never could get one. That is one of the galling iniquities of the system; I call it 'THE DOUBLE SHUFFLE.' ... The prisoner whose wits and liberty have been signed away behind his back is not allowed to see the order and certificate on which he is confined---until *after* his release: that release he is to obtain by combating the statements in the order and certificates. So to get out he

⁹¹ Ibid., 314.

⁹² Ibid., 315.

⁹³ Ibid., 323.

must first see and contradict the lies that put him in; but to see the lies that put him in, he must first get out.”⁹⁴

After he was moved to another asylum, he was able to get a letter out. He awaited a reply, but

“It did not come. He said to his heart, ‘Be still;’ and waited. Another day went by; and another: he gnawed his heart, and waited: he pined, and waited on. The Secret Tribunal, which was all a shallow legislature had left him, ‘took it easy.’ Secret Tribunals always do.”⁹⁵

As Reade points out, the Commissioners only visited unsolicited four to six times a year. In order that a patient may see them “off-season”, he must apply by letter. Reade gives many examples of how this aspect of the system is also dysfunctional, aside from the above. A female patient in the first asylum told him that he was not missing letters because no one was writing, but rather that the letters he sent were not being posted. She said, before being cut off by one of the keepers:

“‘It’s my belief the post in our hall isn’t a real post: but only a box; and I think it is contrived so as the letters fall down a pipe into that Baker’s hands, and so then when the postman comes---’”⁹⁶

Reade offers an explanation as to why their letters would be stopped, one Parliament never mentioned:

“That no honest man or woman might know where he was.”⁹⁷

Alfred complains to one of the keepers that his letters to the CIL were being intercepted.

‘I can’t believe that,’ said she. ‘It is against the law.’

⁹⁴ *Hard Cash*, Vol. 3, 170.

⁹⁵ *Hard Cash*, Vol. 2, 356.

⁹⁶ *Ibid.*, 302.

⁹⁷ *Ibid.*, 318.

So it was: but law and custom are two.”⁹⁸

Reade also shares some statistics with his readers:

“In public asylums about forty per cent are said to be cured. In private ones twenty-five per cent at least; most of them poorish. Of Chancery Lunatics not five per cent.

Finally, one-third of all the Chancery Lunatics do every six years exchange the living tombs they are fleeced and bullied in for dead tombs, where they rest; and go from the sham protection of the Lord Chancellor of England to the real protection of their Creator and their Judge.”⁹⁹

He concludes these figures with another ominous statement:

“These statistics have been long before the world, and are dead figures to the Skimmer of things, but tell a dark tale to the Reader of things: so dark, that I pray Heaven to protect me, and all other weak inoffensive persons, from the protection of my Lord Chancellor in this kind.”¹⁰⁰

Hard Cash says mostly the same things as the other books of its kind. In *The Woman in White*, Laura Fairlie is confined in an asylum under the name of an actually mad woman so that her husband may take possession of her fortune. *Bleak House* has little to do with madness, but offers strong criticism of the Chancery court system. *Valentine Vox* is more similar to *Hard Cash*. The title character becomes close to a family friend, Grimwood Goodman. Goodman’s heirs grow jealous of Valentine and confine their relation in an asylum to prevent him from changing his will.

These are very dramatic and persuasive accounts. Why then do I side with the CIL and the disillusioned half of Parliament? Reade’s statistics and the clamoring of the public do not hold up. There were people falsely confined, but not nearly enough to

⁹⁸ *Hard Cash*, Vol 3, 80.

⁹⁹ *Ibid.*, 74.

¹⁰⁰ *Ibid.*

justify Reade's melodramatic and frightening threats that "it may be your [turn] tomorrow". No doubt the system had problems, but what was really gained from scaring the general public?

Chapter Five: Psychiatry Today

False confinement was not a myth. The point of this paper was not to say that it was. There were real cases, but the newspapers and popular literature over-inflated the problem, creating panics. The reason they were able to get away with this was that the system in place, though not inherently bad, was flawed. The main flaw seems to have been that which the Lord Chancellor pointed out in 1862: the “experts” at the time were not truly experts. The outspoken opponents of false confinement were able to exploit these flaws in their propaganda. Had there been no plausible way and no existent cases, they could never have induced the amount of panic that they did.

Psychiatric treatment has changed a great deal in many respects. Patients have been released in droves from the asylums thanks to the “miracle” of psychopharmacology. A large part of this release was of course the cost of confinement, but people were still saying one hundred years later that those confined were often confined unjustly, that mad-doctoring has not changed at all.¹⁰¹ This I consider about as reliable as *Hard Cash*; perhaps based on one or two people, but blown vastly out of proportion.

There is also a lot of talk today about over-diagnosis. The same anonymous pamphlet from which the title of this thesis is taken said “the refined and ridiculous treatment of the present day is harmful to the whole community, and it swells the numbers of the so-called insane with persons who are not otherwise deranged than that they require, it may be, the advice of a judicious clergyman”. This may indeed be as true today as it was in 1898. It is, for example, true that many people fit the DSM criteria for

¹⁰¹ See, for example, Joan Busfield, 'Mental Illness', in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (2000), pp. 633-51.

depression. What many people require, however, are not psychopharmaceuticals, but time and counseling for some traumatic event they are experiencing difficulties recovering from.¹⁰²

In the nineteenth century, many people probably were confined though they may not have required such an extreme. Alfred Hardie's doctors in *Hard Cash* present a caricature of what Reade thought these doctors were. He described them as often well meaning, but usually carried away by their own cleverness. Alternatively, they were described as out for money; they took patients in and kept them longer to fill their own pockets.

Does this too fall under the heading of false confinement? If those people did not require an asylum stay to help them, were they just as unjustly incarcerated as Richard Paternoster? In the cases where greed or malice was responsible, yes these were cases of false confinement. When a misguided professional is trying to help a patient in the only way he knows how, which in the nineteenth century meant confinement and emetics, my answer would be no. It is not "false" because these people were confined justly as far as what medical knowledge they had could tell. This is essentially the same reason I disagree with the followers of Foucault. The "great confinement" may have existed in that people were being confined who would not have been before, but I disagree that this was due to some effort on the part of society to lock away "undesirables".

Richard Paternoster was an undesirable to his family; he was rather unpleasant to them and seemed to be trying to blackmail them. His father did take advantage of the asylum system to get rid of him. Louisa Lowe, if she was as sane as she claims, was more

¹⁰² Kramer, P. The valorization of sadness. *Alienation and the melancholic temperament*. *Hastings Cent Rep.* 2000 Mar-Apr; 30(2):13-8.

likely confined through an honest mistake and left there by the Commissioner for the same reason. Her doctors do not seem to have been trying to be rid of someone bizarre, but rather to have been trying to treat someone who, to be fair, does sound a bit delusional.

The argument offered by historians following in the tradition of Foucault, Andrew Scull being the most prominent, is that treatment in the eighteenth and nineteenth century was cruel and that people were incarcerated in asylums for no reason except that they were different. They also argue that psychiatry today is no different, that nothing has changed. If, however, as I have tried to show in this paper, people were not confined falsely and mad-doctors had good intentions, then the argument falls apart. If there has been no change in psychiatry, then it stands to reason that the field is *still* not maliciously incarcerating people (today primarily using pharmaceuticals) who are nothing more than a bit different. This is not a black and white situation; there can be many explanations for false confinement or the lack thereof. What I have done primarily is to contextualize false confinement in the nineteenth century. If this is done for the present, we might also discover something different.

Bibliography

G.E. Berrios *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century*, (Cambridge: Cambridge University Press, 1997).

J.C. Bucknill and D.H. Tuke, *A Manual of Psychological Medicine* (London: Churchill, 1858)

John Conolly “An Inquiry Concerning the Indications of Insanity with Suggestions for the Better Protection and Care of the Insane” 1830

Conolly, “Treatment of the Insane without Mechanical Restraints” (London: Smith, Elder & Co, 1856)

Dwerryhouse, John. “An Essay on Hypochondriasis”. 1812

Alan Sheridan trans., Michel Foucault, *Mental illness and Psychology* (New York: Harper & Row, 1976)

William Saunders Hallaran “An Inquiry into the Causes producing the extraordinary Addition to the Number of Insane, together with extended Observations on the Cure of Insanity; with Hints as to the better Management of Public Asylums for Insane Persons. To which are annexed, some necessary Observations, in Reply to Dr Andrew Halliday’s Remarks on the present State of the Lunatic Asylums in Ireland.” 1810

George Nesse Hill, *Essay on the Cure* (London : J. & J. Haddock for Longman, Hurst, Rees, Orme & Brown, 1814)

William Charles Hood's 'Statistics of insanity: a decennial report of Bethlem Hospital from 1846 to 1855' (London, 1856)

Kramer, P. The valorization of sadness. Alienation and the melancholic temperament. *Hastings Cent Rep.* 2000 Mar-Apr; 30(2):13-8.

Logan, Peter Melville. *Nerves and Narratives*. London: University of California Press, 1997.

Macalpine, Ida and Richard Hunter. *George III and the Mad-Business*. London: The Penguin Press, 1969.

Ida MacAlpine and Richard Hunter, *Psychiatry for the Poor* (London: Dawsons of Pall Mall, 1974)

MacDonald, Michael. *Mystical Bedlam*. Cambridge University Press (June 30, 1983)

MacKenzie, Charlotte. *Psychiatry for the Rich*. London: Routledge, 1992.

Mellett. *The Prerogative of Asylundom*. London: Garland Publishing, 1982.

Parry-Jones, William. *The Trade in Lunacy*. London: Routledge and Regan Paul, 1972.

Porter and Wright. *The Confinement of the Insane*. Cambridge University Press (2003)

Porter, Roy. *Madmen*. (Gloucestershire: Tempus Publishing, 2006).

A Mad People's History of Madness, ed. Dale Peterson (Pennsylvania: University of Pittsburgh Press, 1982).

Samuel Tuke (1784-1857) "Description of the Retreat An Institution near York for Insane Persons of the Society of Friends" London: 1813

Nigel Walker, *Crime and Insanity in England* (Scotland: Edinburgh University Press 1968)

John Webster's 'Statistics of Bethlem Hospital with remarks on insanity' *Medico-Chirurgical Transactions* vol 26 (1843)

Weve, MR. "The Influence of Degenerationist Categories in Nineteenth Century Psychiatry, with Special Reference to Great Britain." *History of Psychiatric Diagnoses*. 141-163.

Leff, Alex. "Clean 'Round the Bend – the Etymology of Jargon and Slang Terms for Madness".

McCandless, "Liberty and Lunacy". *Journal of Social History*, Vol. 11, No. 3 (Spring, 1978), pp. 366-386

Mc Candless, Peter. "Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement" *The Journal of British Studies*, Vol. 23, No. 1 (Autumn, 1983), pp. 84-104

Mellet, D. "Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845-1890."

Walker, Nigel. "The Insanity Defense before 1800". *Annals of the American Academy of Political and Social Science*. Vol 477, The Insanity Defense. Jan 1985, pg 25-30.

Inquiry into the Insanity of Reverend Thomas Gayfere February 5, 1845

Letter from Arabella Norford (fl. 1826), concerning the care of the mentally-ill William Robinson (fl. 1826)

Letter to Sir James Johnstone (d. 1772) discussing the care of a mentally-ill young man, probably George Johnstone (1720-1792), 3rd Marquess of Annandale, 1745

Paternoster vs. Finch and 8 Others, February 7, 1840, Court of Common Pleas.

Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor (London, 1844)

'Colby Court, Kensington House and Kensington Court', *Survey of London: volume 42: Kensington Square to Earl's Court* (1986), pp. 55-76. URL: [http://www.british-history.ac.uk/report.aspx?compid=50309&strquery="Richard Paternoster"](http://www.british-history.ac.uk/report.aspx?compid=50309&strquery=) Date accessed: 29 September 2009

From: 'Documentary evidence', *Survey of London: volume 28: Brooke House, Hackney* (1960), pp. 52-66. URL: <http://www.british-history.ac.uk/report.aspx?compid=100172&strquery=select committee report lunacy> Date accessed: 28 February 2010.

From: 'House of Commons Journal Volume 85: 2 March 1830', *Journal of the House of Commons: volume 85: 1830*, pp. 118-124. URL: <http://www.british-history.ac.uk/report.aspx?compid=16186&strquery=select committee report lunacy> Date accessed: 28 February 2010.

John D. Baird, 'Cowper, William (1731–1800)', *Oxford Dictionary of National Biography*, Oxford University Press, Sept 2004; online edn, May 2009 [<http://www.oxforddnb.com/view/article/6513>, accessed 16 Feb 2010]

Joel Peter Eigen, 'Hadfield, James (1771/2–1841)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/41013>, accessed 16 Feb 2010]

Richard Moran, 'McNaughtan, Daniel (1802/3–1865)', *Oxford Dictionary of National Biography*, Oxford University Press, Sept 2004; online edn, Jan 2008 [<http://www.oxforddnb.com/view/article/39433>, accessed 16 Feb 2010]

Anne Digby, 'Tuke, Samuel (1784–1857)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/27808>, accessed 16 Feb 2010]

The National Archives, "Lunacy and the State".

<http://www.nationalarchives.gov.uk/catalogue/RdLeaflet.asp?sLeafletID=164&j=1> (accessed July 5, 2009)