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## Getting rid of ‘inconvenient people’?

J.K. Walton, ‘Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840–70’, in W.F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness. Essays in the History of Psychiatry*, vol. II, Institutions and Society (London, Tavistock Press, 1985), pp. 137–41 [pp. 135–46].

John Walton has published widely on British social history, including local studies in Lancashire. The ‘casting out’ of the article title

refers to the process of isolating the mad from society into the asylum; 'bringing back' describes the process of return to the community. As Walton points out there was very little of the latter, demonstrating a disastrous failure of the promises held out for moral treatment. This article reconsiders Scull's argument concerning the institutionalisation of 'inconvenient' people by working-class families. Walton sets out to discover the route by which people became defined as insane and whether the family or outsiders were the instigators of the process, using local records from the Lancaster Asylum.

Who stuck the label 'pauper lunatic' on an individual? To what extent did the initiative come from those in authority, from workhouse masters, police, justices of the peace, medical practitioners, employers? To what extent did it come from the lunatics' own families, in response to behaviour that was so intolerable that it overrode the usual antipathy to the Poor Law system in general and the workhouse, through which most lunatics passed, in particular.

The short answer is that we do not know. We can identify a range of influences and possibilities, but we cannot yet quantify a pattern. The basic administrative procedure is clear enough. A deposition<sup>13</sup> had to be sworn before two JPs<sup>14</sup> to the effect that the individual in question was 'a Lunatic or Insane person'. Usually, no doubt, this was initiated by the overseers of the parish or township,<sup>15</sup> who then had to bring the candidate along for examination by the JPs, after which, if satisfied that he or she was mad and chargeable to the parish in question, the JPs caused a 'medical person' to conduct a further examination. If all were agreed, a certificate of lunacy was duly signed, and the new patient was supposed to be conveyed to the asylum. But we cannot reconstruct the circumstances leading up to the involvement of the officials in any regular or systematic way. We do not usually know what social processes lay behind the initiation of the administrative procedures. Sometimes the route to the asylum is traceable back to the workhouse, the prison or the magistrates' court. . . . We can take matters a little further by looking at some evidence from Lancaster Asylum.

Some asylum admissions clearly did originate with people in authority, anxious to dispose of the difficult and dissolute. Workhouses, especially, sent their quota of the hard-to-manage, many of whom

<sup>13</sup> *deposition*: sworn evidence.

<sup>14</sup> *JPs*: justices of the peace.

<sup>15</sup> *Overseers of the parish and township*: administrators responsible for distributing relief to paupers under the Poor Law.

might not have been regarded as insane on initial admission . . . The courts also brought the attention of JPs to bear on habitual drunkards and petty offenders . . . Vagrants, too, were often passed on to asylums through the courts, and of course there was the numerically small but controversial and difficult category of criminal lunatics as such, ‘homicidal maniacs’ and the like. But it is difficult to show, despite the vagrants and the occasional prostitute, and a disproportionate representation of unskilled labourers and domestic servants among asylum admissions, that the asylum population was dominated by a subculture of the disorderly poor, chosen for the threat they posed to property, decorum, and the social order . . .

Any such repression did not extend to the systematic persecution of political or religious deviants, although political or religious delusions, and delusions about property, are frequently noted by asylum officials. We cannot recreate the context or nature of these utterances, however, and it is highly likely that they were usually, if not always, the garbled and distorted products of more generally disordered minds. Admissions deemed to be politically related form a very thin trickle from the early 1820s through to the 1870s. In 1821 Henry Whittaker ‘appears to have been deranged by the constant, petty vexations together with great violence attempted, and partly effected on his person by several radicals who were his fellow workmen in a manufactory’, so here our causal mechanisms are inverted; but in the early 1840s we find odd cases ascribed to ‘*politics*’ and to excitement occasioned by attending a meeting of the Anti-Corn Law League.<sup>16</sup>

[. . .]

[It] should be stressed that even Lancaster Asylum, large and close to centres of unrest as it was, generated no more than a handful of suspicious-looking cases in the sample years I have studied . . . After all, why bother to use the complicated and controversial machinery of certification for insanity when, as the events of 1839–42 made abundantly clear, straightforward physical and legal coercion could do the job of repression admirably without compromising the appearance of ruling-class legitimacy? In any case, the roots of most asylum committals clearly lay in domestic troubles, as families at the end of their tether sought succour even though it meant the Poor Law and the asylum. The typical case . . . was nearer to the experience of Eliza Hartley’s family, who told the relieving officer that she was ‘constantly rambling about

<sup>16</sup> *Anti-Corn Law League*: major society formed to protest against the tariffs on the import of corn.

the house and removing furniture, and bringing it downstairs as if the family were going to remove. Constantly blowing kisses to everyone she meets.' A more severe level of stress is epitomized by a case from Staffordshire in which 'the Lunatic was constantly attacking his mother, as well as his brothers and sisters'. The mother, too, was eventually certified insane. The invocation of the asylum brought relief from impossible circumstances to many families, and at this stage and under these conditions its availability and use became an unalloyed benefit, not least to those patients who were rescued from squalid confinement in locked rooms and filthy workhouse wards.<sup>17</sup> . . . Scull is probably right about the growing acceptability of the asylum for desperate working-class families, but the evidence is more problematic than he allows, and the causal mechanisms he suggests are sometimes simplistic and out of line with empirical evidence and recent historiography.

The analysis of case-registers may provide some clues as to the kinds of behaviour families found intolerable and those in authority frowned upon: categories which remain analytically impossible to separate in studying the vast majority of asylum admissions . . . [A] sample of 400 admissions, evenly divided between the sexes and between the years 1842 and 1843, produced the results shown in [the] Table.

. . . Drink and violence (especially intra-familial violence, usually of husbands towards wives, or involving a wife's rejection of her husband), bulk largest in the table, along with the threat of suicide, which was at once crime, sin, and evidence of derangement in contemporary eyes. Drink and sexual misdemeanour . . . are more in evidence among

Table Aspects of behaviour of patients admitted to Lancaster Asylum, 1842–43,  
as recorded in the medical registers

<i>characteristics of admissions</i>	<i>men</i> %	<i>women</i> %	<i>all</i> %
1 violence or threat of violence	22.5	17.0	19.75
2 suicidal	12.5	14.5	13.5
3 'intemperance', 'irregularity', 'dissipation', etc.	24.0	12.0	18.0
4 religious delusions	6.0	5.0	5.5
5 problems involving family and sexual relationships	2.5	11.5	7.0
6 physical feebleness	2.5	5.5	4.0

<sup>17</sup> A large proportion of the insane continued to be confined in homes and in workhouses without special care.

men than women, perhaps surprisingly in the light of contemporary attitudes; and among women the patriarchal family and the behavioural expectations which surrounded it were probably more important than the figures suggest. Physical debility was noted in only a small minority of cases, even in the economically depressed year of 1842, although the stresses of unemployment and the poverty cycle are regularly mentioned in the registers as contributory factors, and must have reduced families' ability to cope with, and to survive without, psychologically ailing members. Many female patients were discharged from Lancaster Asylum 'not improved', at the request of husbands who were presumably desperate for whatever help and comfort they could get; and this is itself an eloquent commentary on the problems faced by the families of pauper lunatics.

The most misleading aspect of [the] Table, and of the source on which it is based, is probably the lack of weight given to passive depression and withdrawal, which tends to attract a diagnosis of 'melancholia' in the register, and little other comment. When this neglected form of quiescent desperation is added to the violence, delusions, and bizarre behaviour that lie behind the categories analysed in the Table, it becomes apparent that the asylum was not resorted to lightly by families and Poor Law authorities. It was the final resource when all else had failed, in the vast majority of cases; and most of those who were admitted and remained within its walls were not so much 'inconvenient people', in Scull's terminology, as impossible people in the eyes of families, neighbours, and authorities. Attitudes may have changed in late Victorian times, but in the middle decades of the nineteenth century the county asylum provided relief for desperate families rather than an easy option for the uncaring or irresponsible.

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