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The Making of the Patient Population

On 5 April 1877, *The Times* reported an episode from the Dorset Quarter Sessions. Addressing the problem of overcrowding in the local asylum, a former magistrate was reported to have commented that ‘if the *sic* lunacy continued to increase as at present the insane would be in the majority, and, freeing themselves, would put the sane in asylums’.¹ He was expressing the underlying sense of alarm concerning the rise in lunacy that had become a national preoccupation. The situation did not improve. By 1909, while the country’s population had approximately doubled in 50 years, the number of people who were institutionalised for being of unsound mind had quadrupled over the same period.² Many feared that madness was becoming endemic within a society that was spinning out of control and, even worse, that they themselves might be detained in an asylum against their will.

In the 1890s, the Commissioners in Lunacy set out to discover whether or not a ‘true increase of that disease’ had occurred, or if the rise could be attributed to other causes. Drawing on the opinions of 62 superintendents of county and borough asylums in England and Wales, they published their findings in the *Special Report of the Commissioners in Lunacy to the Lord Chancellor on the Alleged Increase of Insanity*.³ In their final analysis, they concluded that the growth in the asylum population was not so much due to an actual increase in the incidence of insanity, but in the redistribution and accumulation of mentally disordered people. This, they argued, could be attributed to a number of causes. The first was ‘greater accuracy of registration’ brought about by admitting to asylums many of the insane poor who were previously treated in their own homes or in other institutions, such as workhouses.⁴ Also contributing to the increase were, the Commissioners believed, ‘extended views as to what constitutes insanity requiring confinement’,

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a factor Scull interpreted as ‘an expansion of the boundaries of the mad’ by the medical profession, which bred a growing social intolerance of deviant or eccentric behaviour. The Commissioners also referred to the social changes brought about by growing populations in large towns, where space was at a premium and family members were required to go out to work or to school, making it more difficult to look after relatives suffering from ‘less severe forms of insanity’ at home, resulting in the need for institutionalisation. Furthermore, asylums were admitting an increasing preponderance of ‘old, and broken down cases’ and people with ‘temporary attacks of alcoholic insanity’, while the numbers being discharged were diminishing. The opening of new asylums, providing new institutionalised spaces to which the insane could be ‘redistributed’ and in which they ‘accumulated’ was, therefore, a major factor in the growth of lunacy.

Broadly speaking, historians agree with these reasons. However, some more radical critics like Scull have contended that motives underpinned by social control and medical imperialism were paramount, whereas others such as Porter and Melling have suggested that a far more diverse and nuanced group of needs and interests were at play. In some respects, Scull was right when he claimed that doctors bore a significant share of the responsibility for the rise in lunacy by medicalising a growing number of human conditions and behaviours. But David Wright is one historian, among several, who has challenged Scull, pointing out that medical professionals were not allowed free rein to commit people to asylums as and when they saw fit. Committal procedures were instead monitored and controlled by a number of agencies especially Poor Law authorities, who were ever mindful of the cost of asylum care, as well as patients’ families, who would decide whether or not to send one of their own to an institution or, indeed, to apply for their discharge. ‘Ironically,’ Wright wrote, ‘over the course of the nineteenth century, power over certification devolved away from the so-called experts in the asylums to non-resident medical practitioners and the lay public’. His monograph on the Earlswood Asylum shows how the asylum was only one of several support options for ‘idiot’ children during the nineteenth century, with the family remaining the ‘primary locus of care’.

Although the growth of lunacy in proportion to the general population was not as out of control as had been feared, lunacy numbers did grow at an alarming rate due mainly to the certification of people who were believed to suffer from chronic and incurable conditions. Because asylums were highly stigmatised and invariably a place of last resort, many did not arrive until their disorder had reached an advanced