

John Perceval's account of his psychosis, 1830–1832

MEMORY LANE

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SUMMARY

John Thomas Perceval (1803–1876) was confined first to Dr Fox's private madhouse (asylum) in 1830 and transferred to Mr Newington's madhouse at Ticehurst, Sussex, in 1832 until his release in 1834. His account of his incarceration and treatment was published in two versions, the first in 1838 and the second in 1840. In this article I describe Perceval's psychosis, his treatment and management at Dr Fox's madhouse and his reforming and advocating contributions to psychiatry in the period following his release.

KEYWORDS

History of psychiatry; psychosis; human rights; phenomenology; psychotic disorders/schizophrenia.

that the establishment that he was admitted to was a madhouse and not an asylum.

Bateson (1962) edited the original versions and published them under the title *Perceval's Narrative: A Patient's Account of his Psychosis, 1830–1832*. Hunter & Macalpine (1962) in their review of Bateson's edited version commented that Bateson had reprinted Perceval's first volume of 1838 completely but only two-thirds of the 1840 version and they lamented this approach, making the point that an unadulterated and complete version is preferable and they remarked that Bateson's version is sketchy if not cavalier. Notwithstanding that this assessment is true, it is to Bateson's edition that I turn as it, at least, affords us the opportunity to be introduced to this important and remarkable text. The full and unedited 1840 version is now available online (Perceval 1840).

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First received 9 Feb 2024

Final revision 11 Apr 2024

Accepted 15 Apr 2024

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John Thomas Perceval (1803–1876) was the fifth of 12 children of Spencer Perceval, Prime Minister of the UK. His memoirs of his admission and treatment for mental illness, first published in 1838 and in a revised version in 1840, gave an accurate and compelling account of his psychopathology as well as of the often abusive and restrictive practices in two private madhouses of the period: that of Dr Fox, where Perceval was confined between 1830 and 1832, and of Mr Newington, where he was held between 1832 and 1834. His aim, expressed in the 1838 version, was 'to stir up an intelligent and active sympathy, in behalf of the most wretched, the most oppressed, the only helpless of mankind, by proving with how much needless tyranny they are treated' (Bateson 1962: p. 3). The original title of Perceval's account was *A narrative of the treatment experienced by a gentleman, during a state of mental derangement; designed to explain the causes and nature of insanity, and to expose the injudicious conduct pursued towards many unfortunate sufferers under that calamity*. Perceval's account must be understood in the historical context of the tradition of published accounts of patients' voices (Barham 2022). The language he uses must also be understood in the context of the language used at the time. In this paper, I have largely followed his usage, particularly because he says, pointedly,

Perceval's psychosis

The onset of Perceval's illness was marked by religious experiences. He saw visions, felt a sense of peace and confidence of mind which he described as 'a new and wonderful sensation [...] from my head downwards through my whole frame', saying 'I felt a spirit or a humour shedding its benign influence, the effect of which was that of the most *cheerful, mild and grateful peace and quiet*' (italics in the original) (Bateson 1962: p. 17). There are descriptions of the power of God coming upon him and opening his mouth and compelling him to sing in 'beautiful tones words of purity, kindness, and consolation' (p. 19). Perceval commented that these actions were not his own doing and that the words 'were wholly unthought of by me' (p. 19). There were also embarrassing behaviours such as speaking or singing out of turn during church services. For example, 'At morning service in Mr. Campbell's church, one Sunday, I was led to open my mouth, and sing a part of a psalm, at a time when the rest of the congregation were at peace, and whilst Mr Campbell was preparing to preach' (p. 20). These behaviours were recognised by other members of the congregation as egregious and probably indicating mental illness and Perceval himself acknowledged that his insight fluctuated, sometimes he was

aware that his behaviour transgressed the ordinances of the church but at other times he was not able to resist the 'singular inspiration' that moved him. Perceval reached a crisis point when he responded to command hallucinations and took up postures that seem catatonic in nature. He describes how he was guided to lie on his back and commanded to take on postures and movements that were exhausting and potentially dangerous. He complied with these commands because his postures demonstrated that the work of God was perfected. Many more of these behaviours that Perceval was compelled to undertake potentially posed grave risk to his life. He was tempted to throw himself on the top of his head backwards and to then rest on his head and on his feet alone, turning on his head from side to side until he had broken his neck.

The range and extent of the symptoms and signs of psychosis, including visual and auditory verbal hallucinations, delusional beliefs, and transgressive behaviours and utterances, were such that it was apparent to all concerned that he was unwell. Perceval was staying in Ireland, with an army officer who was a family acquaintance, at this time. His host Captain H. took him to Dublin, where he was seen by two doctors, one of whom was 'a lunatic doctor'. He was subsequently confined at the home of Captain H. in Dublin, until his brother arrived from England. The confinement involved being 'tied hand and foot in a straight waistcoat, in a small and close room' (p. 38).

Perceval's incarceration at Dr Fox's private madhouse

Perceval was admitted to Dr Fox's madhouse in 1830. In this section, I will concentrate on the living arrangements, the management of Perceval's illness and his description of his treatment by the attendants.

Perceval describes his first room as:

'[A] small, narrow, disconsolate looking room with stuccoed floor, over part of which was a carpet, bare white walls, a fire-place and fire in the corner, on the right-hand side by the window: the window opposite the door, the sill about the height of a man's waist, white window blinds, a table, a wash-hand-stand and a few chairs: on the left-hand side, two beds, occupying more than one third the breadth of the room, the one nearest the window with white bed hangings on a slight iron frame, the one nearer the door, made on the floor or very low: on this my attendant slept' (Bateson 1962: pp. 59–60).

This description allows us to have a sense of what the amenities were like in a private madhouse at the time, and this was evidently a much better prospect compared with the crowded and materially impoverished environment of the county asylums and

workhouses. Nonetheless, Perceval was still kept in bed with his arms fastened in heavy leathern cases and when these were taken off and replaced by a straight waistcoat, he felt a sense of great relief. Initially, after breakfast he was dressed and taken down to 'a small square parlour, with two windows opposite the entrance, looking over some leads into a court, then over a garden to a flat country terminated by hills' (p. 61). This was Brislington, on the edge of Bristol. Perceval writes that 'my dinner in this room was served on a tray, with a napkin, silver forks, decanters, &c. &c., and in these respects, such as was fitting for a gentleman' (p. 63).

This honeymoon period was, however, short-lived. Perceval described the following period as 'my second ruin', characterised as it was by cruelty and suffering as he experienced psychotic episodes and 'became again lunatic' (p. 63). On his eventual recovery, in a sound state of mind he remained confined at Dr Fox's madhouse for almost 2 years, owing, he says, to a dispute with his family.

The social environment of the madhouse was bleak and grim. Perceval's descriptions will be recognisable to people who provide care to old people's homes and old age wards:

'it might be a trial for a very wise man to act discreetly on being ushered by violence or guile, into a room full of gentlemen who spoke nothing, did nothing, or muttered a few half sentences to him without being informed of the nature of his company and of his position amongst them. I had no introduction, no explanation, no reason assigned me for my position; lunatic, imbecile, childish, deluded, I was left to divine everything' (p. 74).

Perceval describes violence meted out to him by the attendants: severe blows to his face, head, ears and arms, rough handling and blows to the abdomen, and he recognised these events sometimes as punishments and at other times as unprovoked and inexplicable, amounting to sadism. On one occasion he was sent to solitary confinement, in 'a kind of out-house' at the back of Dr Fox's garden. These were cells with bare walls, lit by a skylight and equipped with a bed furnished with straps and chains. In Perceval's case he was put in the innermost cell, which contained a straw mattress and pillow that stank of cow dung, on which he was strapped down with a broad strap over his chest and his right arm was manacled to a chain in the wall. No explanation was given to him for this punishment, which he saw as torture. Paradoxically, Perceval says that he was happy in this situation because there was comparative peace in the seclusion, and a much-needed freedom from intrusion. He spent a fortnight in this solitary confinement.

How are we to regard these punitive regimes? For Perceval, he saw them as designed to insult and degrade the patient under the pretext of managing his illness and behaviour. But he also saw and interpreted the strict and neglectful treatment as a reflection of the economy of running a madhouse. There was a way in which the maltreatment was rooted in the unfounded belief that 'lunacy cannot be subdued, except by harsh treatment' (p. 100). But, in reality, ill treatment did exactly the opposite. It inspired hatred against the attendants, it fortified the spirit of the residents to resist and endure. There is a lesson to be learned here. Perceval makes the point that the justification to treat him contrary to reason seemed to emanate from the idea that he was, himself, incapable of reason and deranged in his understanding. Next, that since in his illness he was liable to physically attack others, somehow this seemed to justify the licence to mistreat him; and finally that the requirement to deprive him of his liberty and privileges meant that there were no scruples in infringing virtually all his rights. This last idea speaks to the question whether deprivation of liberty ought to be restricted to discrete areas of living rather than regarded as global in its reach and effects.

Perceval describes how his behaviours were moderated in situations where he was treated with dignity and respect and how these situations persuaded and encouraged him to work hard to ensure that no extraordinary actions or expressions occurred when he was in respectable company. This happened, for example, when he was invited to dine with Dr Fox and family.

The debasement and mistreatment of vulnerable people who live under the care and supervision of others, be this in care homes, psychiatric hospitals or prisons, remains relevant in our own times. The dehumanising processes that both objectify the person and render the carers callous and inhumane are still very present in society.

In our own times, the complaint is often of overmedication with antipsychotics, whereas in Perceval's time, one of his complaints was the absence of any form of treatment:

'I do not recollect at any time medicine being given me; neither to purify the blood; neither as tonics; except on two occasions. No! the cheap and universal nostrum was to be ducked in the cold bath; in the depth of winter or not, no matter; no matter what my previous habits' (p. 107).

We could, of course, argue that in 1830, there were no effective medical treatments and that what was truly on offer was care and compassion but these too were scarcely available. Despite the rarity of

compassion, it did exist and Perceval describes three attendants who had humane dispositions and did not strike him or rarely did.

Perceval's advocacy

Perceval made cogent and powerful calls to the public in his writings, drawing attention to conditions in asylums, emphasising the lack of meaningful occupation, the use of restraints, the absence of real medical treatment and the imposition of regimes that forbade conversation and communication with others. And he correctly identified the maleficent effects of these on self-respect and self-reflection, which in their turn provoked appalling behaviour in patients. Perceval's writing at its best forcefully marshalled arguments, making a passionate case for better treatment of the mentally ill. Hunter & Macalpine (1962) make the point that Perceval's contributions to psychiatry were not confined to his books. Perceval became involved in agitating for the reform of asylums and lunacy legislation from 1835 onwards. He was involved in private philanthropy to individual patients, for example Richard Paternoster, who believed himself to be wrongfully confined. And, in 1842, in concert with others unsuccessfully attempted to introduce an amendment to the laws of lunacy at the House of Commons.

Perceval, in 1845, worked to form the Alleged Lunatics' Friend Society, whose purpose was to campaign for changes to the lunacy laws, thereby reducing the likelihood of illegal incarceration and improving the conditions of asylums (Hervey 1986). He became the honorary secretary in 1846. The Society was instrumental in bringing to public attention the abuses at Bethlem Hospital, which then gave the Lunacy Commissioners good reason for their inquiry in 1852. The highlight of his campaigning career was in 1859, when the Society was successful in the appointment of a Select Committee of the House of Commons to inquire into the Operations of Acts of Parliament and Regulations for the Care and Treatment of Lunatics and their Property. Perceval's advocating activities, understandably, were not always to the liking of members of the medical establishment, as they threatened the authority of the medical officers of asylums and hospitals.

Perceval was well aware of his influence. He referred to himself as the 'attorney general of all Her Majesty's madmen'. He told the Select Committee 'I believe I am the only person, and, as far as I can see, my pamphlet is the only work that is published on the subject of maintaining the rights of lunatics' (quoted in Hunter 1962: p. 394). He wrote in a letter to Sir James

Graham, in 1845, that it was important to nurture the sense of independence and self-respect of individual patients as this was likely to lead to cure (Hunter 1962).

This belief in the humane treatment of the mentally ill, drawing on his own experiences, with emphasis on the humanity of the patients and focusing on the need to foster their self-worth and freedom, is probably his most enduring accomplishment.

Data availability

Data availability is not applicable to this article as no new data were created or analysed in this study.

Funding

This work received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

F.O. is a member of the *BJPsych Advances* editorial board and did not take part in the review or decision-making process of this article.

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