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Workhouse or asylum? Accommodating pauper lunatics in nineteenth-century England

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Abstract

The late eighteenth and early nineteenth century witnessed a dramatic increase in the number of pauper lunatics being admitted to institutions and many mentally-ill paupers found their way into workhouses. The range of options existing for the admission of paupers, who at the time were described as lunatics or insane, included private madhouses, charitable asylums, public asylums as well as workhouses. Legislation relating to transfer from a workhouse to a one of these other institutions was ambiguous and depended on the concept of dangerousness and whether a workhouse inmate was manageable, rather than the nature of their illness. Because demand exceeded the space available because of overcrowding, workhouses and public asylums continually needed to increase provision by means of converting existing facilities or erecting new buildings. Nevertheless, the transfer of patients between asylums was commonplace and extensive. This article will explore the interface between two urban workhouses in the West Midlands of England and their local asylums from the late eighteenth until the end of the nineteenth century. It will demonstrate that, although local circumstances at any one time may have contributed to decisions on transfer, the overriding difficulty in the correct placement of pauper lunatics throughout the time period was institutional overcrowding, mainly driven by the increasing numbers of pauper lunatics.

Keywords: Asylum; lunatic wards; madhouse; pauper lunatic; workhouse; overcrowding

Introduction

This article explores the interconnection between workhouses and public and private asylums in the context of care for paupers with mental illness with respect to two workhouses in urban areas of the West Midlands of England from the late eighteenth to the end of the nineteenth century. The first Birmingham agreed as suggested workhouse was erected in the mid-1730s and the second in 1852 on an adjacent site to the Birmingham Borough Asylum separated geographically by a canal. Wolverhampton Union workhouse was opened in 1839 five years after the New Poor Law, some seventeen miles from the county asylum at Stafford. Both workhouses were in the neighbouring counties of Warwickshire and Staffordshire, separated by a distance of around sixteen miles. Both towns were heavily industrialised, the main area of production being small metal goods. As a result of industrialisation, Birmingham Parish's population increased by 60% between 1841 and 1861. Likewise, the town of Wolverhampton doubled in size between 1831 and 1851, while the other towns in the Wolverhampton Union experienced even greater increases than Birmingham.

In this exploration of these local workhouses, their associated asylums and the relationship between the two types of institutions, the first section deals with workhouse accommodation for people considered mentally disordered, concentrating on the difficulties of accommodating the increasing numbers of pauper lunatics coming through the doors. This is followed by an analysis of the problems associated with transfers between the two institutions and the difficulties in finding appropriate

accommodation in lunacy institutions. Then, the tensions between the workhouses and their local asylums arising from the latter's lack of capacity and inability to agree to transfers from the workhouses are addressed. One consequence of the lack of space was the continual movement of their patients to other asylums. Viewing the relationship from the perspective of the workhouse is in contrast to most other studies that have explored it from the standpoint of the asylum.

This has mainly been done through the analysis of admissions to asylums and of their resident populations. For instance, Peter Bartlett examined the admission documents of Leicestershire and Rutland County Lunatic Asylum between 1840 and 1870 and found few delays to entering the asylum. Although he concluded that overcrowding was not a major reason for delays, he did find in the 1860s that the asylum had more patients residing in it than the number it was designed to hold.¹ In their extensive studies of the lunatic population of Devon, Melling and Forsythe and Forsythe, Melling and Adair relied on the patterns of admission to the county's asylums, including from workhouses, but did not examine the totality of the workhouse populations.² They did consider reciprocal working arrangements between Plympton workhouse and Devon County Lunatic Asylum, revealing that a significant number of pauper lunatics were retained in the workhouse. Most of those transferred to the asylum were moved quickly, but a number alternated between the two institutions for no obvious reason. However, the extent and availability of accommodation in either institution were not explored.³ From the standpoint of two asylums in Yorkshire, Ellis explored the relationship between the asylums and the poor law, noting that in 1870 the poor law authorities stopped attempting to get lunatics admitted to West Riding Pauper County Asylum due to lack of space.⁴ Murphy has described the tapestry of care under the Old Poor Law in East London, where there appeared to be sufficient accommodation to allow parishes, many of which did not own a workhouse, to purchase care for pauper lunatics whenever necessary.⁵ I argue that decisions over where a pauper lunatic was housed were largely down to local expediency rather than the systematic application of policies, and it was the lack of dedicated accommodation to cope with the demand for institutional care that was the major factor in causing pauper lunatics to be repeatedly moved between institutions. In addition to being transferred from workhouse to asylum and possibly back, it could also mean moving at times between different asylums. This article questions whether the picture that emerges from mainly rural areas is applicable to the two highly industrialised towns of Birmingham and Wolverhampton. By analysing the movement between institutions, we will gain a better understanding of how decisions were made and what influenced them. Again, the decision making is viewed from the context of the workhouse and poor law rather than from the standpoint of the asylums, as has been the case in the majority of other studies.

The dramatic transition in the care and treatment of sufferers of mental illness in England in the late eighteenth and first half of the nineteenth centuries was marked by the increasing numbers admitted to specialised institutions.⁶ Anna Shepherd has described it as 'an explosion in the provision of institutionalised care for the insane' and Roy Porter has referred to the 'staggering subsequent acceleration of

¹Peter Bartlett, *The Poor Law of Lunacy; The Administration of Pauper Lunatics in Mid-Nineteenth-Century England* (London: Leicester University Press, 1999), 156; 'The Asylum, the Workhouse, and the Voice of the Insane Poor in 19th-Century England', *International Journal of Law and Psychiatry*, 21 (1998), 429.

²For instance, Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, insanity and society in England, 1845-1914* (London: Routledge, 2006); Bill Forsythe, Joseph Melling and Richard Adair, 'The New Poor Law and the County Pauper Lunatic Asylum—The Devon Experience 1834-1884', *Social History of Medicine*, 9 (1996), 335-355.

³Richard Adair, Bill Forsythe and Joseph Melling, 'A danger to the public? Disposing of pauper lunatics in late-Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867-1914' *Medical History*, 42 (1998), 11-12.

⁴Robert Ellis, 'The Asylum, The Poor Law and the Growth of County Asylums in Nineteenth-Century Yorkshire', *Northern History*, 45 (2008), 7-8.

⁵Elaine Murphy, 'Mad farming in the metropolis. Part 1: A significant service industry in East London', *History of Psychiatry*, 12 (2001), 245-82: 246, 264, 276; 'Part 2: The administration of the old poor law of insanity in the City and East London 1800-1834', *History of Psychiatry*, 12 (2001), 405-30: 424.

⁶Andrew Scull, 'The social history of psychiatry in the Victorian era', in A. Scull (ed.) *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (London: The Athlone Press, 1981), 1-4, 5; John Walton, 'The treatment of pauper lunatics', in Scull *op. cit.* (note 6), 166; Bartlett, *op. cit.* (note 1), 50.

incarceration' following the early 1870s.⁷ This trend of increasing admission to institutions was accompanied by an increased prevalence of mental disorder.⁸ During the seventeenth and eighteenth centuries, the majority of people with mental illness had existed within their community. Andrew Scull has asserted that the main driving force in the increased demand for institutional care lay in the effects of a mature capitalist market economy and its subversive effects on traditional social structure.⁹ This view has been challenged by Melling and Forsythe in their study of asylums in the relatively rural West Country of England.¹⁰ While the reasons for the increase in mental illness are debatable, there is agreement that it resulted in an increasing variety of institutional provision. Leonard Smith has described this as 'the tapestry of care' for mentally disordered people.¹¹

The most prominent during the period of the Old Poor Law were private madhouses. Smith has examined their emergence in seventeenth-century England, and their rise to become the predominant element by 1815, at which time they accommodated around 70% of all those in specialist institutions for the insane. He concluded they were more numerous than had been appreciated and their significance under-estimated. Charitable institutions for insane patients were few in number and initially built to house only around 20–30 patients each.¹² Bethlem Hospital in London was the only charitable institution for insane patients until the early eighteenth century, when Bethel Hospital was erected in Norwich in 1713, followed by St Luke's Hospital for Lunatics in London (1751), Manchester Lunatic Hospital (1765) and York Lunatic Asylum (1777).¹³ Elaine Murphy has drawn attention to the previously unidentified importance in the provision for insane people in London of the institutions inappropriately named pauper farms, although they disappeared after the New Poor Law. They were used to house 'harmless idiots and chronically mad', while the most difficult lunatics were sent to private licensed houses.¹⁴ Parish and union workhouses were also an important locus of care for lunatics and not only for those who were destitute.¹⁵ By the second half of the eighteenth century, they played a central role in the confinement of lunacy. In larger workhouses with dedicated provision for lunatics, the insane wards were in reality the equivalent of lunatic asylums, and a few workhouses were licensed to provide confinement for pauper lunatics.¹⁶ Public asylums, funded from the state's purse, began to appear in the early nineteenth century and although growth in their numbers was slow initially, they eventually became society's preferred response to the management of those with mental illness.¹⁷

Concern over the conditions in private madhouses led to the 1774 Regulation of Madhouses Act that required premises for the care of the insane to be licensed, but this did not apply to voluntary or public institutions. The responsibility for licensing was handed to magistrates, who also carried out inspection in the provinces, while in London and Middlesex inspection was carried out by the College of Physicians.

⁷Anna Shepherd, *Institutionalizing the Insane in Nineteenth-Century England* (London: Pickering and Chatto, 2014), 1; Roy Porter, *Mind-Forg'd Manacles: A History Of Madness in England from the Restoration to the Regency* (London: The Athlone Press, 1987), 111.

⁸Melling and Forsythe, *op. cit.* (note 2), 1.

⁹Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700–1900* (London: Yale University Press, 1993), 29.

¹⁰Melling and Forsythe, *op. cit.* (note 2).

¹¹Leonard Smith, "'A sad spectacle of hopeless mental degradation': The management of the insane in West Midlands workhouses, 1815", in J. Reinartz and L. Schwarz (eds.), *Medicine and the Workhouse* (Rochester: Rochester University Press, 2013), 103.

¹²Leonard Smith, *Private Madhouses in England, 1640–1815: Commercialised Care for the Insane* (Cham, Switzerland: Palgrave Macmillan), 2020, 1–9, 275.

¹³Bartlett, *op. cit.* (note 1), 421–32: 422; Joseph Melling, 'Accommodating madness', in J. Melling and B. Forsythe (eds), *Insanity, Institutions, and Society, 1800–1914* (London: Routledge, 1999), 5–7.

¹⁴Murphy, *op. cit.* (note 5), 405–30: 424.

¹⁵Adair, Forsythe and Melling, *op. cit.* (note 3), 1–25: 25.

¹⁶Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales* (Ceredigion: The Edwin Mellen Press Ltd, 2004), 217–21; 247–8; see Leonard Smith, 'Lunatic Asylum in the Workhouse: St Peter's Hospital, Bristol, 1698–1861', *Medical History*, 61 (2017), 225–45.

¹⁷Murphy, *op. cit.* (note 5), 407.

The effectiveness of the act has been a matter of dispute among historians. Scull considers it ‘little more than a token gesture’ and Porter refers to it as ‘toothless’.¹⁸ On the contrary, Smith regards it as a significant intervention as it addressed the key issues of licensing, medical certification, monitoring and inspection. Continued allegations of mistreatment of the mentally ill led to the setting up of a parliamentary Select Committee in 1807 and the County Asylum Act the following year.¹⁹ The act granted county magistrates the power to raise finance to provide asylum accommodation for pauper lunatics. Because it was only permissive, take-up was relatively slow and only nine had been erected by 1827.²⁰ Nevertheless, it laid the legislative basis for the first generation of county asylums and signalled direct intervention by the state in mental health provision.²¹

Inspection of metropolitan madhouses was strengthened by the Madhouse Act (1828), which set up a new commission, the Metropolitan Commissioners in Lunacy, to carry out inspection of private madhouses in London and its vicinity. Fourteen years later, this was extended to provincial institutions with the appointment of two itinerant commissioners. The growth of the public asylum system received impetus from the 1845 Lunacy Act, under which every county and borough had a statutory obligation to provide adequate asylum accommodation out of the local rates. Within the following two years, thirty-six of the fifty-two counties had erected an asylum.²² The act also established the Commissioners in Lunacy, creating a powerful national inspectorate on a permanent basis, and laid down regulations regarding the certification required to confine a pauper in an asylum. This process included the provision of medical certificates by both the poor law doctor and an independent practitioner.

A majority of lunatics were indigent, often as a result of their infirmity, and the problems of lunacy were closely connected to those of pauperism.²³ Thus, their care and management would come under the umbrella of the poor law. Scull has estimated from the Reports of the Commissioners in Lunacy that the proportion of lunatics who were paupers increased steadily from 80.5% in 1844 to 90.5% in 1890.²⁴ In the view of historian Bartlett, the county asylum was essentially a poor law institution and the administration by the state of those suffering mental disorder was part of the poor law system. Admissions to county asylums were under the control of poor law officials and justices of the peace rather than the specialist medical professionals involved in insanity. Melling and Forsythe have also stressed the key role that poor law officials played in the admission to and discharge from asylums, describing the relieving officer as the gatekeeper to the county asylum.²⁵ However, before public asylums became available, guardians in Yorkshire were active as purchasers of significant amounts of care in alternative institutions to the workhouse.²⁶ Bartlett contends that the history of nineteenth-century asylums should be seen more in the context of the history of the poor law rather than that of psychiatry.²⁷

Details of how many pauper lunatics were institutionalised in the early part of the nineteenth century is sparse. A Report of a Select Committee in 1807 estimated from returns by several counties that the number of lunatics and insane persons confined in gaols was thirty-seven (2%), in houses of correction 113 (6%) and in poor houses, houses of industry and workhouses 1 765 (92%). However, the returns were incomplete because some counties did not respond to the request for information whereas others who did were shown to provide gross underestimates.²⁸ An early return from the

¹⁸Scull, *op. cit.* (note 9), 24; Porter, *op. cit.* (note 7), 152.

¹⁹Smith, *op. cit.* (note 12), 90–1.

²⁰Walton, *op. cit.* (note 6), 167.

²¹Leonard Smith, *Cure, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth Century England* (London: Leicester University Press, 1999), 6, 24.

²²Scull *op. cit.* (note 9), 267.

²³Ruth G. Hodgkinson, ‘Provision for Pauper Lunatics, 1834–1871’, *Medical History*, 10 (1966), 138–54: 138, 143, 146; 154.

²⁴Scull, *op. cit.* (note 9), 362.

²⁵Bartlett, *op. cit.* (note 1), 2, 20; Melling and Forsythe, *op. cit.* (note 2), 24, 26, 194.

²⁶Ellis, *op. cit.* (note 4), 279–93: 285.

²⁷Bartlett, *op. cit.* (note 1), 2, 20, 58.

²⁸House of Commons Parliamentary Papers (hereafter HCPP), 1807 (39), Report from the Select Committee appointed to enquire into the state of Lunatics, 5, 11–12.

Table 1. Distribution of pauper lunatics on 1 January 1859–80

Year	Total	In workhouses	In asylums
1859	31,782	7,963 25%	15,617 49%
1862	35,709	8,603 24%	19,387 54%
1865	40,160	9,973 24%	22,077 55%
1868	44,690	10,684 24%	25,461 57%
1871	50,301	12,161 24%	28,693 57%
1874	74,735	15,018 27%	30,936 60%
1877	59,039	16,038 27%	35,085 59%
1880	63,571	16,404 26%	39,604 60%

Source: HCPP, 1882 (357), 6–9, 30.

Metropolitan Commissioners in Lunacy revealed that of 2 048 patients in houses licensed for the care of the insane on 1 May 1829, 1 180 (58%) were paupers.²⁹ The Poor Law Commissioners estimated that on 5 July 1837 there were 2 780 (20%) ‘Pauper Lunatics and Idiots’ in pauper lunatic asylums, 1 491 (11%) in private asylums and 9 396 (69%) in workhouses or on outdoor relief. Of the total, 7 265 (53%) were designated as idiots.³⁰ On 1 January 1844, a majority of patients in county asylums and those set up by local acts were paupers (96% of 4 489 patients), but in charity-supported asylums, paupers were under half of residents (47% of 1 087). Similarly, in licensed houses that received paupers they comprised just over half of patients (54% of 5 173).³¹ The proportion of private patients in county asylums declined sharply after 1844 to under 2% by 1855 and remained at that level until the end of the century. Throughout the same period, the proportion of pauper lunatics confined in county asylums rose steadily from just under half in 1859 to almost three-quarters in 1899, while in workhouses the proportion of lunatics remained at a quarter.³² Despite this, numbers increased from 3 829 in 1844 to 17 825 in 1890, with a doubling in the two decades after 1859 (Table 1).³³ Thus, the dramatic increase in numbers was not accompanied by an enhanced relative role for workhouses in providing for their care.³⁴ On 1 January 1900, the total number of insane patients in institutions reached 100 764 with 74 004 (73%) in county and borough asylums, 11 511 (11%) in ordinary workhouses and 5 949 (6%) in metropolitan district asylums, showing a trend for more to be confined in asylums and less in poor law provision.³⁵ Although the figures presented here may not be totally accurate because they relied on returns from unions or data collected by commissioners on their visits, they demonstrate the impact of pauperism on mental health and that paupers accounted for the vast majority of lunatics who required admission to an institution.

²⁹HCPP, 1830 (541), Lunacy Commission: Copy of the Report of the Metropolitan Commissioners in Lunacy.

³⁰HCPP, 1837 (546I) (546II), Third Annual Report of the Poor Law Commissioners, 128–9.

³¹HCPP, 1844 (621), Statistical Appendix to the Report of the Metropolitan Commissioners in Lunacy, 185.

³²Bartlett, *op. cit.* (note 1), 41, 44; Kathryn Morrison, *The Workhouse. A Study of Poor-Law Buildings in England* (Swindon: English Heritage, 1999), 62; Felix Driver, *Power and Pauperism: The Workhouse System 1834–1884* (Cambridge: Cambridge University Press, 2004), 106.

³³HCPP, 1882 (357), Lunacy: Thirty-Sixth Report of the Commissioners in Lunacy, 6–9, 30.

³⁴Driver *op. cit.* (note 32), 106–7.

³⁵HCPP, 1900 (246), Lunacy: Fifty-Fourth Report of the Commissioners in Lunacy, 2; for an account of one of the metropolitan district asylums, see Stef Eastoe, *Idiocy, Imbecility and Insanity in Victorian Society: Caterham Asylum, 1867–1911* (Cham, Switzerland: Palgrave Macmillan, 2020).

Workhouse accommodation

In the eighteenth and early nineteenth centuries, workhouse inmates with mental illness or disability were generally mixed with other workhouse residents as dedicated accommodation was provided only in larger institutions. Lunatics with disturbed behaviour might be kept in a small cell or hut in the grounds.³⁶ The Poor Law Amendment Act (1834) did not include lunatics as one of the groups in the formal classification, but it did allow guardians to provide whatever facilities they deemed necessary for ‘persons labouring under any disease of body or mind’.³⁷ Non-segregation continued to be the norm but gradually in the late 1840s and 1850s more workhouses developed lunatic or insane wards. In the opinion of the Commissioners in Lunacy in 1844, incurable lunatics residing in workhouses should have separate wards, preferably at a distance from the ordinary poor.³⁸ However, only 10% of unions had done so by 1859.³⁹ Three years later, 114 (18%) had dedicated wards for both sexes while four had a ward for one sex only. Provision was more common in the metropolitan region, with twenty-five of the thirty workhouses in the county of Middlesex providing lunatic wards.⁴⁰ In 1859, the Commissioners in Lunacy changed their stance and expressed strong opposition to separate lunatic wards in workhouses, mainly on the grounds of the poor condition of existing wards and of their perceived unsuitability for the treatment of the insane.⁴¹ However, when the Lunacy Acts Amendment Act (1862) allowed for the reception and care of a limited number of chronic lunatics in workhouses, the commissioners responded by issuing rules for the organisation of such wards.⁴² The situation in London took a very different route from the rest of the country. The Metropolitan Poor Act (1867) established a common poor fund for London that enabled the building of separate lunatic asylums for paupers. Two large institutions catering for 1 500 inmates each were built by 1870.⁴³ This may have provided the stimulus for the increasing number lunatic wards constructed or purchased by unions, from four in the 1851–66 period to fourteen in 1867–83.⁴⁴ In addition, many guardians favoured the alteration of existing wards or buildings within the workhouse.⁴⁵ By the 1870s, lunatic or insane wards had become established spaces within all but smaller workhouses. I now turn to exploring how the guardians in Birmingham and Wolverhampton sought to accommodate pauper lunatics in their workhouses that were experiencing increasing admissions of paupers of all types.

Birmingham Parish workhouse

The first Birmingham workhouse was built in the mid-1730s with an infirmary for paupers with all types of illness in place by 1745. In 1783, it came under the control of a board of guardians set up by a local act of parliament. In 1815, the guardians considered making better provision for the ‘lunatic poor’ to reside in the parish by erecting a lunatic asylum for 80 paupers on Birmingham Heath, about a mile away from the workhouse. They planned to attract subscriptions from the public, with the right to recommend persons for admission on the lines of voluntary hospitals, and to have space for the admission of ‘unfortunate members of respectable families’. The asylum would have been managed jointly with the town magistrates, but the scheme never saw the light of day.⁴⁶ The only possible comparison was with the

³⁶Morrison, *op. cit.* (note 32), 156.

³⁷HCPP, 1844 (45), Poor Law Return: A Copy of Articles 9, 10, 11 and 12 of the General Workhouse Rules Issued by the Poor Law Commissioners, 1.

³⁸HCPP, 1844 (001), Report of the Metropolitan Commissioners in Lunacy, 101.

³⁹Hodgkinson, *op. cit.* (note 23), 146; Bartlett, *op. cit.* (note 1), 44.

⁴⁰HCPP, 1863 (477), Poor Law. Return of the Unions in England and Wales...of the number of unions...where lunatic wards have been established, 2–13.

⁴¹HCPP, 1859, Session 1 (228), Lunacy: Supplement to the Twelfth Report of the Commissioners in Lunacy, 9–10.

⁴²HCPP, 1863 (331), Lunacy: Seventeenth Report of the Commissioners in Lunacy, 24.

⁴³For one of those institutions see Eastoe, *op. cit.* (note 35).

⁴⁴Driver, *op. cit.* (note 32), 88.

⁴⁵Hodgkinson, *op. cit.* (note 23), 151.

⁴⁶Birmingham Archives and Collections (hereafter BAC), Birmingham Board of Guardians Minutes (hereafter BBG), GP/B/2/1/2, 28 March, 18 July 1815, 23 January 1816.

one developed by the Corporation of the Poor in Bristol, the first in England to build a workhouse in 1698 that later became known as St Peter's Hospital. By 1760 it had provided special wards for 'lunatics' and 'idiots' in a part of the building that in 1823 was officially designated as a county lunatic asylum.⁴⁷ However, Birmingham's scheme envisaged an asylum in a separate geographical location from the workhouse. In 1819, the provision for insane women in Birmingham workhouse consisted of a ward of eleven beds and a garret on the top floor for 'deranged' women with seven beds, although twelve inmates were occupying it.⁴⁸ It was not until 1833 that new wards were included in a building erected on land purchased by the guardians adjacent to the workhouse. In April 1835, the men's ward housed twenty-eight but the women's ward only eight, while twenty-five women were still in the wards in the old building in three distinct apartments. According to the medical officer, they were either idiotic cases or suffering mental aberration but perfectly manageable.⁴⁹ Twelve months later, the situation in the women's ward had improved, with thirty-nine women present, and the number in the men's ward had increased to thirty-nine but with others still accommodated among the ordinary inmates.⁵⁰ The guardians resolved in 1837 to 'apply for a licence for the reception of insane paupers' in what they now referred to as the 'Lunatic Branch of the Town Infirmary', presumably referring to the new building. It is not recorded what they had in mind or whether they went ahead with the application.⁵¹ However, in the report of the Commissioners in Lunacy in 1844, only four workhouses had licensed areas for lunatics, whereas Birmingham was listed with workhouses that had wards exclusively for lunatics but were not licensed for the reception of the insane.⁵²

As part of a detailed national investigation of institutional provision for all types of mentally disordered people, the Metropolitan Commissioners in Lunacy visited Birmingham in September 1843, when they identified seventy-one inmates as lunatics, some described as 'maniacal' and twenty-nine suffering epileptic fits.⁵³ Their severe criticism of the facilities resulted in the Poor Law Commission authorising a special investigation by Samuel Hitch, medical superintendent of Gloucester County Asylum. Hitch found the accommodation consisted of small rooms in lofty buildings that were very secluded and remote from supervision and concluded the facilities were 'most defective'. Among the improvements suggested by the commissioners when they revisited in early 1845 was that the supervision of the lunatics should be the sole province of one of the visiting surgeons and Thomas Green agreed to take on this role.⁵⁴ He attempted to operate the insane wards as a proto-lunatic asylum, for example, by keeping a detailed case book as required in asylums. In 1850, he became the first medical superintendent of the Birmingham Borough Asylum, the first borough asylum in the country. In the nine months following his appointment in the workhouse, there had been eighty-eight admissions, at the average rate of three per week, and he designated twenty-seven as cured (Table 2). He claimed this cure rate of 33% was better than that at Staffordshire General Lunatic Asylum, where thirty-nine (30%) of 128 patients had been cured.⁵⁵ Six months later, the wards were again overcrowded, with forty-four men and thirty-five women, nearly double the number they were meant to accommodate, and in Green's opinion were ill adapted for the treatment of insanity. As a result, the guardians had a court of seven small

⁴⁷Smith, *op. cit.* (note 11), 225–45.

⁴⁸Chris Upton, *The Birmingham Parish Workhouse, 1730–1840* (Hatfield, Hertfordshire: University of Hertfordshire Press, 2019), 210.

⁴⁹BAC, BBG, GP/B/2/1/3, 7 April 1835.

⁵⁰Upton, *op. cit.* (note 48), 211–12.

⁵¹BAC, BBG, GP/B/2/1/3, 15 November 1837.

⁵²HCPP, *op. cit.* (note 38) 1, 10. The four were House of Industry for the Isle of Wight, Workhouse at Devonport, Houses of Industry at Kingsland near Shrewsbury, and Morda near Oswestry; the asylum in Haverford West and the workhouse at Hull were declared county asylums as well as St Peter's Hospital.

⁵³BAC, BBG, GP/B/2/1/4, 6 August 1844.

⁵⁴BAC, BBG, GP/B/2/1/4, 27 January 1845; GP/B/2/1/5, 22 July 1845.

⁵⁵For more on patients treated by Green, see Alistair Ritch, *Sickness in the Workhouse, Poor Law Medical Care in Provincial England, 1834–1914* (Rochester: University of Rochester Press, 2019), 100–2.

Table 2. ‘Cases of insanity’ admitted to lunatic wards of Birmingham workhouse, February to December 1845

	Males	Females	Total
Taken out by friends or sent to other parishes	11	6	17
Died	2	3	5
Cured	15	12	27
Remain in the wards	13	7	20
Total	47	36	83

Source: BAC, BBG, GP/B/2/1/5, 23 December 1845.

houses in the same street as the workhouse converted for use as a men’s insane ward.⁵⁶ In early 1848, the number of lunatics had increased to ninety-five and the men’s ward had again become overcrowded.⁵⁷ The majority of the lunatics, as well as Green, transferred to the Borough Asylum when it opened in 1850, leaving two men and twelve women in the workhouse.⁵⁸ The guardians had given prior notice to asylums where Birmingham paupers resided that they would be transferred to the Borough Asylum and around 100 were moved from Duddeston Hall.⁵⁹

When planning the second Birmingham workhouse scheduled to open in 1852 for just over 1 500 inmates, the guardians decided that lunatic wards would be renamed epileptic wards, as the Borough Asylum would have opened by then. It is clear they intended all pauper lunatics to be accommodated in the asylum except for ‘imbeciles and idiots’, their susceptibility to fits giving name to the wards.⁶⁰ In addition, ‘harmless idiots’ were accommodated in the same wards as sane inmates.⁶¹ The epileptic wards were referred to by a variety of other names: imbecile wards, insane wards and lunatic wards, and it must be borne in mind that they accommodated non-epileptic patients. Within four years of the workhouse opening, overcrowding occurred in the two dormitories of the female epileptic ward in which there were forty-one inmates but only thirty-two beds. As a result, a clothing store was used as temporary sleeping quarters for some of the women while the ward was enlarged, but this was not sufficient to prevent some from having to sleep two to a bed. The male ward was meant to hold thirty-two inmates and as there were sixty-one men, some were residing in the male venereal ward, no doubt chosen because insanity and sexually transmitted disease carried a similar degree of stigma.⁶² Thereafter, it was a continuing story of increasing numbers, overcrowding in the epileptic wards and the failure to provide satisfactory accommodation for this particular group of inmates, at least in the eyes of the Commissioners in Lunacy. In 1857, there were thirty-two females in the epileptic ward but only twenty-nine beds.⁶³ In their visits in 1860 and 1861, the commissioners found the wards overcrowded with beds too close together and unfit for the care of patients. At the later visit, all of the thirty-six females and nineteen of the thirty-five men ‘of unsound mind’ were mixed with ordinary inmates.⁶⁴ In the newly built epileptic wards in 1864, there were thirty-eight men and thirty-eight women of the 134 insane, weak minded and epileptic inmates, while twenty-one men were in the old epileptic wards and the remainder were in the main body of the workhouse. One year later, their number had risen to 152, with one more inmate in each of the new wards, twenty-four females in the old ‘idiot’ ward and sixteen men in dormitories within the

⁵⁶BAC, BBG, GP/B/2/1/5, 15 June, 6 July 1846.

⁵⁷BAC, BBG, GP/B/2/1/5, 1 February 1848; GP/B/2/1/6, 9 April 1849.

⁵⁸The National Archives (hereafter TNA), MH12/13297, 7 October 1851.

⁵⁹BAC, BBG, GP/B/2/1/6, 8 January 1850.

⁶⁰*Ibid.*, GP/B/2/1/5, 15 June 1846.

⁶¹HCPP, *op. cit.* (note 40), 2–11.

⁶²BAC, Visiting and General Purposes Committee (hereafter VGPC), GP/B/2/8/1/1, 13 July, 24 August 1855; GP/B/2/8/1/2, 26 October, 9, 30 November 1855.

⁶³*Ibid.*, 3 April 1857.

⁶⁴*Ibid.*, GP/B/2/8/1/3, 11 May 1860, 6 December 1861.

workhouse. Even more accommodation was provided so that by May 1867, all 148 inmates were in the epileptic wards and a four-bedded dormitory for special cases.⁶⁵

This situation did not last long, as three years later eleven men and twenty-two women of the 180 epileptic and insane inmates were scattered throughout the workhouse. The guardians decided to convert the vacated boys' school building so that all the women could be brought together.⁶⁶ However, four months later, almost all the men were in the school building and thirty-eight women were in their previous wards and forty-four in an adjoining ward.⁶⁷ At times, there were more inmates residing in the epileptic wards than the available beds. For instance, in June 1873, the wards had an excess of thirteen men and nine women. By November, the situation had improved slightly so that the male ward had 102 beds for 104 men and the two female wards had twenty-seven and eighty beds but twenty-nine and eighty-five women, respectively. As other wards had spare capacity, it was decided to allocate one or two bedrooms of the able-bodied women's ward and two rooms in the ward for women with 'bad legs' for women from the epileptic ward.⁶⁸ Increasing numbers of inmates of unsound mind continued to be admitted, so that by the end of 1874, there were 115 males and 126 females with 10% not in the appropriate wards.⁶⁹ In mid-1882, the number of 'insane' paupers had increased only slightly to 310 and remained about the same over the following ten years.⁷⁰ From the late 1870s to the end of the century, there was a gradual but not linear increase in the number of lunatic inmates in the workhouse, but their proportion was usually between 10% and 11%.⁷¹

Wolverhampton Union workhouse

Wolverhampton Poor Law Union was established at a meeting organised by the Poor Law Commissioners in September 1836 as an amalgamation of the townships of Wolverhampton, Bilston, Willenhall and Wednesfield. A new union workhouse was built in Bilston Road, Wolverhampton to replace three smaller ones in individual parishes and opened on 7 October 1839 to accommodate up to 450 paupers.⁷² It contained a general infirmary with wards for twenty-eight men and twenty-five women plus wards for six inmates of each sex with infectious disease but none dedicated for lunatic or epileptic inmates.⁷³ The continual erection of additional buildings could not keep pace with the increasing number of inmates as the century progressed, and a new workhouse was opened in Heath Town in September 1903 with accommodation for 1 301 paupers.⁷⁴

By October 1842, the need for specific provision for mentally disordered inmates had become necessary, with the workhouse master calling the attention of the board of guardians to 'our want of proper idiot wards'. He may have been prompted to make this request as the week previously 'an idiot', William Walter, whose fits of violence had grown in ferocity, had risen from his chair and kicked William Biddle so badly that he was in bed for several weeks. He had also hit Eli Hawkins without provocation in 'a very savage manner'. The master felt that it was highly desirable to have him removed to Staffordshire General Lunatic Asylum as had happened with three lunatics in a 'state of alienation' earlier in the year.⁷⁵ However, it was not until 1852 that the guardians agreed to provide two wards for female lunatics and two for men, with one for each sex as a

⁶⁵*Ibid.*, GP/B/2/8/1/4, 24 June 1864, 26 May 1865.

⁶⁶BAC, House Sub Committee (hereafter HSC), GP/B/2/3/3/2, 25 October 1870.

⁶⁷BAC, Local Government Board (hereafter LGB) Letters, GP/B/1/2/1/1, 18 February 1871.

⁶⁸BAC, HSC, GP/B/2/3/3/4, 3 June, 25 November 1873.

⁶⁹BAC, HSC, GP/B/2/3/3/24, 15 December 1874.

⁷⁰BAC, BBG, GP/B/2/1/61, 21 September 1892.

⁷¹BAC, LGB Returns, GP/B/5/1/1-4, 1877-901.

⁷²Wolverhampton Archives and Local Studies (hereafter WALs), *Wolverhampton Chronicle* (hereafter WC), 14 March 1838; Wolverhampton Board of Guardians Minutes (hereafter WBG); PU/WOL/A/2, 27 September 1839; TNA, MH12/11674, 30 November 1837.

⁷³WALS, WBG, PU/WOL/A/8, 2 January 1852.

⁷⁴WALS, *Wolverhampton Journal*, LS/L07/79, liv.

⁷⁵WALS, Master's Journal (hereafter MJ), PU/WOL/U/2, 8 April, 30 September, 8 October 1842.

receiving ward, until the medical officer determined whether they required transfer to an asylum or could be retained in the workhouse.⁷⁶ The Commissioners in Lunacy were not impressed by the conditions on these new wards when they visited in May 1858, describing the twenty-two men and twenty women as ‘dirty in their person and dress’ and finding three knives in one of the ventilators in a day room used by a young woman suffering from ‘melancholia’ who had previously attempted to cut her throat.⁷⁷ The following year, the commissioners considered that a quarter of inmates in the lunatic wards were ‘so idiotic and helpless’ they were more appropriate for the workhouse than an asylum. However, overcrowding began to be a problem, as only twenty-eight of the thirty-nine insane patients in March 1860 were in the appropriate wards.⁷⁸

In the following year, fifty-seven lunatics were admitted, with thirty-six remaining in the workhouse on 1 January 1862. At that time, Wolverhampton workhouse was one of only four of the seventeen workhouses in Staffordshire to have dedicated lunatic wards.⁷⁹ The situation improved by the middle of the decade, as only six insane patients were inappropriately placed although their number had increased to seventy-two. However, six months later, there was a substantial leap to 113 with a concomitant rise in all inmates to 819. In November 1870, insane patients had increased in number and proportion to ninety (13%), in the same month in the following year to 121 (18%) and in 1872 to 108 (16%). Numbers remained at this level for the remainder of the decade. However, the insane wards continued to be overcrowded, particularly the male ward, with a small excess of seven in March 1873 and of fourteen twelve months later.⁸⁰ The guardians initially set out to build a new male lunatic ward but did not need to proceed as the number of male imbeciles had declined by June 1874.⁸¹ When the commissioners visited in April 1877, five of the fifty-three male lunatics were in the infirmary, with one in bed plus one in bed in the fever ward and four in the body of the workhouse; four of the fifty-seven women were in bed in the infirmary, one in bed in the fever ward and six in the main workhouse. It is not clear if inmates were in those wards because of concomitant physical illness or scarcity of beds in the insane wards. In the following decade, the number of inmates that the Commissioners in Lunacy classed as of ‘unsound mind’ remained between 110 and 120, although their proportion decreased relative to the workhouse population, which peaked at just over 1 000.⁸² The commissioners continued to find the insane wards overcrowded but were satisfied with the cleanliness and appearance of the patients.⁸³ On the first day of January 1900, there were forty-one men, fifty-eight women and four children designated ‘lunatics, insane persons and idiots’ out of a total of 1 000 inmates. Although six months later they had reduced to thirty-five men, fifty-one women and four children out of 795 inmates, their proportion of the workhouse host remained about the same, at 11%.⁸⁴ When workhouses had such difficulty in accommodating mentally ill paupers, why were not more of them admitted to asylums?

Transfer of patients between institutions

With workhouses, public asylums and private asylums all accommodating pauper lunatics, the question arises of which patients were appropriate for which institution, a question that was never settled satisfactorily by the end of the nineteenth century. Throughout the eighteenth and early nineteenth centuries, parishes increasingly paid for pauper lunatics to be cared for in private and charitable institutions, although the reasons for selecting those to admit to them are not clear. The County Asylums

⁷⁶WALS, WBG, PU/WOL/A/8, 2 January 1852.

⁷⁷HCPP, *op. cit.* (note 28), 61, 69.

⁷⁸WALS, WC, 25 May 1859.

⁷⁹HCPP, *op. cit.* (note 40), 9.

⁸⁰WALS, WC, 25 December 1867; 24 June 1868; 20 November 1872; 25 April 1877.

⁸¹WALS, WBG, PU/WOL/A15, 26 June 1874.

⁸²WALS, WC, 26 January 1881 to 14 December 1892.

⁸³WALS, Workhouse Visiting Committee (hereafter WVC), PU/WOL/H/2, 15 March 1895.

⁸⁴WALS, WBG, PU/WOL/A/28, 9 February, 17, 31 August 1900.

Act in 1808 sought to define a rational distinction by indicating that lunatics and dangerous idiots should be committed to an asylum. However, it left sufficient ambiguity so that parishes without their own asylum could retain a range of insane persons in their workhouses. The Poor Law Amendment Act (1834) marked an important development in the care of pauper lunatics by formalising the requirement that dangerous lunatics were not to be retained in any workhouse for longer than fourteen days.⁸⁵ Nevertheless, the wording of Section 45 of the act left it open to conflicting interpretations, both by protagonists at the time and by current historians. A few historians interpret Section 45 to mean that all pauper lunatics should be admitted to an asylum within fourteen days of admission to a workhouse.⁸⁶ Others view it as meaning that only dangerous lunatics need to be transferred and those considered harmless could be retained in the workhouse.⁸⁷ The interpretation of Section 45 hinges on whether the adjective, dangerous, applies only to lunatics or to all three categories:

And be it further enacted. That nothing in this Act contained shall authorize the Detention in any Workhouse of any dangerous Lunatic, insane Person, or Idiot, for any longer Period than Fourteen Days; and every Person wilfully detaining in any Workhouse any such Lunatic, insane Person, or Idiot, for more than Fourteen Days, shall be deemed guilty of a Misdemeanor.⁸⁸

The Commissioners in Lunacy concurred that the guidance was ambiguous and led poor law authorities to believe there was no harm 'in keeping lunatics away from Asylums so long as they are not dangerous'. However, they maintained that all lunatics should be treated in an asylum; otherwise, those who were potentially amenable to treatment could be denied it if detained in a workhouse. The opportunity of 'cure' might only be possible in an asylum and only if transfer occurred early in the course of the illness.⁸⁹ Legal advice obtained by the Poor Law Commissioners advised that the word 'dangerous' in Section 45 applied to all three categories of inmate and that lunatics who were not dangerous could legally be kept in a workhouse. This advice was included in the General Order-Workhouse Rules issued by the commissioners in April 1842:

No pauper of unsound mind, who may be dangerous, or who may have been reported as such by the medical officer for the workhouse, or who may require habitual or frequent restraint, shall be detained in the workhouse for any period exceeding 14 days.⁹⁰

However, they did point out that the first objective ought to be to aim for cure by means of proper medical treatment, only available in a well-regulated asylum. The Commissioners in Lunacy also maintained that as many pauper lunatics as possible should be admitted to asylums on presentation of their illness to provide the greatest chance of cure.⁹¹ However, as the predicted rates of cure in asylums failed to materialise from the early 1840s and even declined from 16% in 1844 to 11% in 1860 and 8% in 1870, asylums began to take on a custodial role with the inevitability of overcrowding.⁹² The movement of pauper lunatics from asylums back to workhouses was formalised in the Lunatics Amendment Act in 1862, and returning paupers were usually chosen for their quiet demeanour, although this did not always prevail after return. The act also gave workhouse medical officers the authority to certify a lunatic as a proper person to be kept in a workhouse.⁹³

⁸⁵Smith, *op. cit.* (note 11), 104–6.

⁸⁶Hodgkinson *op. cit.* (note 23), 140; Morrison *op. cit.* (note 32), 161.

⁸⁷Gwendoline M. Ayers, *England's First State Hospitals and the Metropolitan Asylums Board 1867-1930* (London: Wellcome Institute of the History of Medicine, 1971), 38; Bartlett, *op. cit.* (note 1), 44, 84–5; Driver, *op. cit.* (note 32), 106; Edward D. Myers, *History of Psychiatry in North Staffordshire* (Leek, Staffordshire: Churnet Valley Books, 1997), 22; Philo, *op. cit.* (note 16), 233; Smith, *op. cit.* (note 11), 106.

⁸⁸4&5 Wm IV c. 76.

⁸⁹HCPP, *op. cit.* (note 38), 99.

⁹⁰HCPP, 1842 (359), Eighth Annual Report of the Poor Law Commissioners, 49.

⁹¹HCPP, *op. cit.* (note 38), 95–9.

⁹²Scull, *op. cit.* (note 4), 273–6.

⁹³Bartlett, *op. cit.* (note 1), 49, 222; Philo, *op. cit.* (note 16), 261.

By using the nebulous concept of dangerousness rather than diagnostic category in attempting to standardise the criteria for admission of paupers to an asylum, the central authorities were formalising what had been the practice beforehand. For example, in the early nineteenth century, East London parishes sent only the most difficult behaviourally disturbed insane paupers to licensed houses.⁹⁴ All Saints Parish in Newcastle-Upon-Tyne used a single private madhouse for pauper lunatics from as early as the 1750s, most likely only for the most violent or difficult to manage.⁹⁵ According to Adair, Forsythe and Melling, Plympton workhouse in Devon sent only dangerous or difficult to manage inmates to the county asylum and transferred them shortly after admission. When Exminster Asylum was at capacity in the 1870s, fewer were transferred and more difficult behaviour was tolerated in the workhouse. They suspect that less disruptive behaviour, which merely disturbed the 'good order' within a workhouse, could at times result in removal to an asylum.⁹⁶ The decision regarding transfer had thus become a managerial rather than a clinical decision.⁹⁷ Nevertheless, workhouse medical officers did not always agree with the recommendations of the Commissioners in Lunacy as to which lunatics should be transferred nor with their judgement on the degree of risk posed by any one individual. Medical officers had the benefit of having observed patients for longer and could make a more informed judgement. The 1862 act gave authority to the Commissioners in Lunacy to transfer insane workhouse inmates, although this was hardly ever used.⁹⁸ Basing the transfer of patients on the concept of dangerousness made disputes inevitable, as there was no set criterion on which to decide who was harmless and who was not, and the decision was made more difficult by the fact that patients' behaviour could be variable.

From his study of the Leicestershire and Rutland County Lunatic Asylum, Bartlett concludes that the lack of accommodation in overcrowded asylums is too simplistic a reason for transfers from workhouses not taking place.⁹⁹ However, growing evidence suggests it was a significant barrier to the admission of pauper lunatics and a salient reason for returning paupers to the workhouse. According to Cara Dobbie, overcrowding was a serious issue in almost all county asylums at some stage and led to measures to increase capacity with the erection of extensions or a second asylum. Overcrowding also caused asylums frequently to refuse admissions of new patients. She cites as an example Cumberland and Westmorland Joint Lunatic Asylum (known as Garlands) that opened in 1862 and almost reached its capacity of 200 beds within the first year. In the following year it was unable to provide sufficient accommodation for all the lunatics chargeable to the two counties. Due to overcrowding at Garlands Asylum, admissions had to be constantly refused, for example, sixty-four in 1864, seventy-six in 1865, eighty in 1866 and ninety-seven in 1867. Furthermore, in 1865, twenty-two patients had to be transferred out to Dunston Lodge private asylum just outside Gateshead-on-Tyne and in the next year eleven were sent to Morpeth Asylum, six to Macclesfield Asylum and one to Fisherton House in Salisbury; in 1876, a further twenty-two patients were boarded out.¹⁰⁰

Melling and Forsythe agree that asylums became overcrowded at various points, and this influenced which lunatics were sent by Devon Unions to the Devon County Asylum. A slightly increased number of lunatics in the workhouse was found in those years. The asylum, opened in 1845 with places for fifty-three patients but suffered from overcrowding by the 1850s. New buildings had to be continuously erected to accommodate 500 inmates by 1865 and 1 000 by 1890.¹⁰¹ Shepherd reports that metropolitan unions blamed the lack of beds as the reason for delays in sending lunatics to Brookwood Asylum near

⁹⁴Murphy, *op. cit.* (note 5), 274.

⁹⁵Graham A. Butler, 'Disease, Medicine and the Urban Poor in Newcastle-upon-Tyne, c. 1750-1850' (unpublished PhD thesis: Newcastle University, 2012), 254-6.

⁹⁶Adair, Forsythe and Melling, *op. cit.* (note 3); Melling and Forsythe, *op. cit.* (note 2), 33-5.

⁹⁷Smith, *op. cit.* (note 11), 115; Driver, *op. cit.* (note 32), 106; Shepherd, *op. cit.* (note 7), 26-7.

⁹⁸Bartlett, *op. cit.* (note 1), 49, 222; Philo, *op. cit.* (note 16), 261.

⁹⁹Bartlett, *op. cit.* (note 1), 5.

¹⁰⁰Cara C. Dobbie, 'Circulation of the Insane: The Pauper Lunatic Experience of the Garlands Asylum, 1862-1913' (unpublished PhD thesis: University of Leicester, 2019), 3, 29, 38, 58, 61-4, 179.

¹⁰¹Melling and Forsythe, *op. cit.* (note 2), 50, 54, 72, 92-3; Forsythe, Melling and Adair, *op. cit.* (note 2), 335-55: 338.

Woking.¹⁰² From his research into Yorkshire asylums, Ellis concluded that throughout the nineteenth century attempts were made to clear bed space for the most recent cases by moving patients to workhouses. This was not always successful due to lack of available accommodation in these institutions. In 1870, the medical superintendent of West Riding Pauper Lunatic Asylum suggested that many poor law authorities had stopped trying to get their lunatics committed because of the lack of space in the asylum.¹⁰³

Some historians are convinced that the main reason for guardians' reluctance to transfer insane inmates to asylums was financial, a preference for the cheaper option of workhouse care.¹⁰⁴ In defence of this argument, Driver notes that only between 6% and 14% of total poor law expenditure in England and Wales was on the maintenance of paupers in asylums.¹⁰⁵ According to Bartlett, the differential in the cost of asylum care compared with upkeep in a workhouse, as the reason for retaining insane paupers in workhouses merely reflects the view of the Commissioners in Lunacy and their chairman, Lord Shaftesbury. Bartlett does not consider that a parsimonious motive was the sole or major reason for retention.¹⁰⁶ That is not to say that costs did not play some part in decision making. Smith concluded that considerations of economy were the key determinant in the traffic of individuals between workhouses and asylums in the West Midlands. At times, the cost of care in private asylums could determine Birmingham guardians' choice of a cheaper institution.¹⁰⁷ By comparison, Upton found no direct evidence that patients were returned to Birmingham Parish workhouse from asylums between 1730 and 1840 purely because of financial savings.¹⁰⁸ The introduction in 1874 of a government grant to poor law unions of four shillings per week for each pauper lunatic in an asylum has been credited with more chronic cases being admitted to asylums, enhancing and officially recognising their custodial role.¹⁰⁹ However, Ellis' analysis of the trend of increasing admissions to asylums showed no interruption after 1874, and he concluded admissions were largely unaffected by the grant.¹¹⁰

A further complication was that the legal power of committal was held by magistrates, so transfer to an asylum required their approval, but that was not always forthcoming. Joseph Rogers, medical officer of the Strand workhouse and president of the Poor Law Medical Officers' Association, recalled in his memoirs that in June 1867 he took an inmate before a magistrate for committal, but this was refused on the grounds the man was not mad. Rogers referred the matter to the Commissioners in Lunacy who examined the inmate and directed him to Middlesex County Asylum at Hanwell without delay.¹¹¹ The commissioners had also come up against this difficulty when they brought two male idiots who had committed offences in the workhouse before a magistrate. He ordered them back to the workhouse as 'irresponsible persons' and although the commissioners disagreed with the decision, they were forced to accept it.¹¹² When the Poor Law Commissioners requested Samuel Hitch to report on provision for lunatics in Leicester in 1844, as they had done for Birmingham workhouse, he recommended fourteen paupers be admitted to an asylum. However, the justices refused to sign for the admission of half of them, declaring that five were not insane. In saying this, they were contradicting the medical opinions of both Hitch and the poor law medical officer. According to Bartlett, they were guarding their own

¹⁰²Shepherd, *op. cit.* (note 7), 27.

¹⁰³Ellis, *op. cit.* (note 4), 288.

¹⁰⁴For example, Ayers *op. cit.* (note 87), 38–9; Driver, *op. cit.* (note 32), 106; Myers, *op. cit.* (note 87), 67.

¹⁰⁵Driver, *ibid.*, 106.

¹⁰⁶Bartlett, *op. cit.* (note 1), 51–3.

¹⁰⁷Smith, *op. cit.* (note 11), 115.

¹⁰⁸Upton, *op. cit.* (note 48), 201.

¹⁰⁹Kathleen Jones, *A History of Mental Health Services* (London: Routledge and Kegan Paul, 1972), 161; Scull, *op. cit.* (note 9).

¹¹⁰Robert Ellis, 'The Asylum, Poor Law, and a Reassessment of the Four-Shilling Grant: Admissions to the County Asylums of Yorkshire in the Nineteenth Century', *Social History of Medicine* 19 (2006), 55–71: 56, 61.

¹¹¹Thorold Rogers (ed.), *Joseph Rogers, M.D. Reminiscences of a Workhouse Medical Officer* (London: T. Fisher Unwin, 1889), 64–5.

¹¹²HCPP, *op. cit.* (note 38), 97.

decision-making role and were unwilling to relegate it to either medical professionals or central commissioners.¹¹³ Thus, the transfer of lunatics between workhouses and asylums was a contentious and complex matter involving the interplay of a number of factors.

Birmingham workhouse and Borough Asylum

Until public asylums became available, Birmingham guardians utilised a range of private madhouses for pauper lunatics considered unsuitable for retention in the workhouse. In the late eighteenth century, lunatics were sent to Samuel Proud's 'House for Lunatics' at Bilston, near Wolverhampton, where fourteen Birmingham paupers resided in 1784.¹¹⁴ After Droitwich Asylum was opened by surgeon William Ricketts in 1791, inmates were transferred there from the workhouse and the Bilston house.¹¹⁵ In July 1815, there were thirty-four Birmingham patients in Droitwich while twenty lunatics remained in the workhouse.¹¹⁶ The guardians arranged with Staffordshire General Lunatic Asylum in 1819, the year after it had opened, to receive Birmingham lunatic paupers and thirty were immediately transferred. Ten years later, all thirty-seven Birmingham patients at Droitwich had been moved to Stafford.¹¹⁷ Between 1819 and 1845, at least eighty-three men and seventy-nine women were recorded in medical reports to the guardians as transferred to unnamed asylums, although others labelled as 'removed' may also have been so.¹¹⁸ When a private asylum opened in 1835 at Duddeston Hall on the outskirts of the town with accommodation initially for eighteen patients, the proprietor and surgeon, Thomas Lewis, contracted with both Birmingham and Aston guardians to take lunatics found to be unmanageable in their workhouses and return them when more settled.¹¹⁹ The Metropolitan Commissioners in Lunacy were not in favour of this arrangement of detaining lunatics in workhouse lunatic wards until they were unmanageable and returning them prematurely, as they were agitating for all pauper lunatics to be admitted to asylums. However, they found this practice to be almost universal in the workhouses they visited.¹²⁰ Although Lewis had agreed to a lower charge per patient per week than other competitors, this may not have been the only reason for using Duddeston Hall, as pauper admissions to Stafford Asylum by that time were limited to Staffordshire residents because of asylum overcrowding.¹²¹ Between 1840 and 1844, eighty-one patients are recorded as being transferred to Duddeston and in the last year sixty of Duddeston's 180 patients were from Birmingham despite the Commissioners in Lunacy declaring it unsuitable for pauper patients in their 1844 report.¹²² Duddeston Hall was a prime example of a private asylum set up to capitalise on the market for pauper lunatics too disorderly to be managed in a workhouse at a time when few county asylums were available.¹²³

However, Birmingham guardians needed to use other private asylums to cater for pauper lunatics. In September 1844, two men and nine women, two of whom were described as dangerous, were transferred to Haydock Lodge, a huge private asylum in Lancashire that had opened in that year. It was licensed to receive 400 paupers who were accommodated in outbuildings while fifty private patients

¹¹³Bartlett, *op. cit.* (note 1), 121–2.

¹¹⁴BAC, BBG, GP/B/2/1/1, 16 August 1784.

¹¹⁵For details of these two institutions, see Smith, *op. cit.* (note 12), 113–14, and for the Bilston madhouses, Leonard D. Smith, 'Eighteenth-Century Madhouse Practice: The Prouds of Bilston' *History of Psychiatry*, 3 (1992), 45–52.

¹¹⁶BAC, BBG, GP/B/2/1/2, 18 July 1815; Upton, *op. cit.* (note 48), 203–4; Smith, *op. cit.* (note 12), 114.

¹¹⁷Smith, *op. cit.* (note 21), 76.

¹¹⁸BAC, BBG, BP/B/2/1/2-5, 1819–45.

¹¹⁹Smith, *op. cit.* (note 11), 107; William Ll. Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge and Kegan Paul, 1972), 190, 199.

¹²⁰HCPP *op. cit.* (note 38), 230–1.

¹²¹Leonard Smith, 'The Pauper Lunatic Problem in the West Midlands 1815 - 1850', *Midland History*, xxi (1996), 104; Upton, *op. cit.* (note 35), 202.

¹²²BAC, BBG, BP/B/2/1/4, 7 April 1840 to 2 July 1844; Parry-Jones, *op. cit.* (note 119), 253.

¹²³For more information about Duddeston Hall, see Leonard D. Smith, 'Duddeston Hall and the "Trade in Lunacy", 1835-1865', *The Birmingham Historian*, 8 (1992), 16–22.

resided in the mansion. It took pauper lunatics from a large area of the north and midlands of England and north Wales.¹²⁴ A further fifteen were moved from Birmingham to Haydock Lodge in November and eight in the interim period to undesignated asylums, making thirty-four transferred in six months. In 1823, one Birmingham pauper was residing in surgeon Thomas Burman's asylum in Henley-in-Arden, and the guardians continued to use it for the occasional patient over the next five years.¹²⁵ Birmingham records contain repeated requests by medical officers for the transfer of lunatics without stating if their requests were granted. However, there is only one recorded instance of a refusal. In October 1842, the House Committee approved one lunatic for transfer but decided to retain Sarah Pitts despite being frequently very noisy and troublesome and the wards being overcrowded. The following month, nine paupers were brought back from Duddeston Hall to the Asylum for the Infant Poor in Birmingham, the guardians' poor law institution for children, indicating that they would have been in the category of imbecile and idiot.¹²⁶

In the first ten months after Green's appointment in 1845 as medical officer for the lunatic wards, fourteen (17%) of the eighty-three paupers admitted were transferred to an asylum. A further thirty-six were moved in a later six-month period and twenty-six were in Haycock Lodge Asylum in October 1846. In June that year, ten of the seventy-nine lunatics were described by Green as dangerous and nine as generally quiet but violent at times; some were moved to Camberwell House Asylum in London.¹²⁷ When in May 1849 Green reported seven lunatics as dangerous, the guardians decided that those settled in the parish should be sent to Haydock Lodge and that those who were 'unsettled' should be exchanged for harmless cases in Duddeston Hall. This arrangement was presumably because Duddeston Hall was at full capacity and refusing admissions.¹²⁸ Transfer to a variety of mental illness institutions continued, although Green had such great difficulty in finding a vacancy for four lunatics in 1850 that he recommended waiting until the Birmingham Borough Asylum opened a few months later, even though some were violent.¹²⁹ Of the lunatics whom Green requested for transfer to an asylum, the majority exhibited violent or disturbed behaviour, particularly striking other inmates or posing a danger to themselves that in some was related to epileptic fits. One exception was 60-year-old Thomas French, who suffered from melancholia and had a propensity to suicide.¹³⁰

After the Borough Asylum opened in 1850, the guardians intended that most if not all pauper lunatics would be accommodated there and initially this did appear to be the case. When the new workhouse opened two years later, the guardians dispensed with visiting physicians and surgeons and maintained only one resident medical officer, who was responsible for the care of all sick inmates. In the first six months of 1853, eighteen of the twenty-one patients transferred to the asylum did not stay in the workhouse more than seven days, while the others had not been considered insane on admission but had developed a mental condition at a later date.¹³¹ However, even a short stay in the workhouse could pose difficult management problems. When Charles Smith was admitted in July 1862, he knocked the attendant over, kicked down a door, picked up a table and attempted to strike the man with it at 5.00 in the morning. He was subsequently transferred to an unnamed asylum.¹³² By the late 1850s, the Borough Asylum had become overcrowded, resulting in the transfer of twelve patients back to the workhouse in 1859.¹³³ Of the 548 patients in the asylum at the beginning of January 1865, only 383 were from Birmingham Parish, with a further thirteen from other parts of Birmingham Borough. Over that

¹²⁴Parry-Jones, *op. cit.* (note 119), 33, 58. For Haydock Lodge, see David Hirst, '“A Ticklish Sort of Affair”: Charles Mott, Haydock Lodge and the Economics of Asylums', *History of Psychiatry*, 16 (2005), 311–32.

¹²⁵BAC, House Committee, GP/B/2/3/1/1, 3 September, 8 October, 5, 19 November 1844.

¹²⁶*Ibid.*, 25 October 1842.

¹²⁷BAC, BBG, GP/B/2/1/5, 23 December 1845, 3 February 1846 to 20 April 1847.

¹²⁸*Ibid.*, GP/B/2/1/6, 22 May 1849.

¹²⁹*Ibid.*, GP/B/2/1/7, 12 March 1850.

¹³⁰BAC, MH/344/12/1, Register of Insane, 1845.

¹³¹BAC, VGPC, GP/B/2/8/1/2, 9 November 1855, 13 June 1856.

¹³²*Ibid.*, GP/B/2/8/1/4, 1 August 1862.

¹³³Smith *op. cit.* (note 11), 113–4.

Table 3. The numbers and proportions of Birmingham and Wolverhampton pauper lunatics accommodated in asylums and workhouses on the 1 January each year^a

Year	Birmingham Parish			Wolverhampton Union		
	In asylum	In workhouse	Total	In asylum	In workhouse	Total
1871	447 61%	194 27%	729	149 54%	107 39%	274
1875	453 56%	251 31%	805	162 55%	115 39%	292
1880	650 54%	304 25%	1,210	179 57%	122 39%	315
1885	743 67%	313 28%	1,109	188 58%	115 37%	312
1890	789 70%	309 27%	1,124	240 64%	115 31%	377
1895	907 84%	140 13%	1,081	275 71%	103 27%	386
1900	970 87%	137 13%	1,118	136 76%	37 21%	179

^aIn addition, a small proportion of lunatics were resident in registered hospitals and licensed houses, and some were residing with relatives or others.

Sources: HCPP, 1871 (351), 106,108; 1875 (337), 76,78; 1880 (321-Sess.2), 136, 138; 1884-85 (285), 134,136; 1890 (274),116, 118; 1895 (311), 148, 150; 1900 (246), 163, 168.

year, 144 paupers were admitted from the parish, of whom thirty-eight were discharged and fifty-eight died, leaving 406 parish patients at the end of December. A few had been admitted from neighbouring poor law unions partly within Birmingham Borough but also, surprisingly, considering the problem of overcrowding, twenty-three from Lincoln County Asylum, twenty-eight from Leicester County Asylum, small numbers from six other unions and boroughs and fifty-one private patients.¹³⁴ Birmingham Borough Asylum continued to have patients from outside the borough so that in November 1878, eighty-one Birmingham pauper lunatics had to be transferred to Chester County Asylum at Parkside in Macclesfield and thirty-six to Northampton County Asylum at Berry Wood, Northampton.¹³⁵ In 1881, forty-two were moved to the asylum at Berry Wood plus one hundred to Macclesfield, and a contract was agreed with South Yorkshire Asylum near Sheffield for the reception of twelve patients. In April the year before, 35% of the 619 patients in Macclesfield Asylum were from seven unions outside of Cheshire, including ninety-three from Birmingham.¹³⁶ From the annual reports of the Commissioners in Lunacy, the transfer of patients between asylums appears to have been normal practice throughout the second half of the nineteenth century, no doubt due to the lack of local accommodation as asylums became inundated with the chronic insane. The commissioners' reports over the last three decades of the century (Table 3) show that the pattern for accommodating pauper lunatics belonging to Birmingham Parish was of an increasing proportion being housed in asylums with a corresponding decrease in the number retained in the workhouse, the percentage halving in the 1890s compared with the previous decade.

In the 1870s, the Commissioners in Lunacy began to question the appropriate placement of some lunatics in Birmingham workhouse. When this happened in May 1871, Adam Simpson, workhouse medical officer, reported that Walter Tully, aged 20 years, kicked and scratched on occasions, but he was 'not in the way' in the summer months. Downes Ireland, aged 32, had been admitted on 31 January 1870, transferred to the asylum on 10 March, readmitted to the workhouse on 27 April, moved back to the asylum on 3 May and returned again to the workhouse on 15 December. He was ill tempered but had no delusions

¹³⁴*Birmingham Journal*, 2 June 1866.

¹³⁵HCPP, 1870 (340), Lunacy: Twenty-Fourth Report of the Commissioners in Lunacy, 213; 1878-9 (342), Lunacy: Thirty-Third Report of the Commissioners in Lunacy, 338.

¹³⁶HCPP, 1881 (401), Lunacy: Thirty-Fifth Report of the Commissioners in Lunacy, 198, 328-9.

and could have been discharged if he had been able to find work. In Simpson's opinion, it was not desirable to transfer either of them to an asylum.¹³⁷ However, Simpson agreed with Mr Cleaton, a commissioner, two years later that Elizabeth Bloore, who was of uncertain temper, should be transferred to Grove Hall at Bow in London, the largest of the private metropolitan houses.¹³⁸ In subsequent visits to the end of the century, the commissioners were satisfied that all lunatics were appropriate for retention in the workhouse.¹³⁹

Wolverhampton workhouse and Staffordshire General Lunatic Asylum

The decline in the proportion of pauper lunatics accommodated in Wolverhampton workhouse, with a corresponding increase in those in asylums, was similar to Birmingham but with a less dramatic decrease in the first half of the 1890s (see Table 3). However, there was a marked reduction in the total number of pauper lunatics from 386 in 1895 to 130 in 1897.¹⁴⁰ When Wolverhampton Union was formed in 1836, a county asylum was already in place at Stafford. Staffordshire General County Asylum (referred to as Stafford Asylum) was the fifth to be erected after the County Asylum Act (1808) opening its doors for 120 patients in 1818. As well as admitting paupers from Birmingham, twenty-one patients were transferred from several private asylums and three years later an agreement was reached to accept Worcestershire paupers. In 1829, only sixty-nine of the 187 patients were from Staffordshire, the remainder having been admitted from six other midland counties. However, by 1839, asylum managers were seeking to discharge significant numbers and three years later requested poor law unions to remove twenty-one paupers no longer considered 'fit objects' for an asylum.¹⁴¹ In the early 1840s, the medical officer of Wolverhampton workhouse recommended three inmates who were 'in a state of alienation' and one who had assaulted two other inmates for transfer to the asylum, although it is unclear if these removals went ahead. In December 1842, the master reported to the guardians that Henry Swift, a lunatic, was so violent at times that it required several men to hold him. They were so terrified of him that they slept in fear. Overnight, he broke the window of a water closet in a violent attack and was transferred to Stafford Asylum.¹⁴² According to the Commissioners in Lunacy, paupers were generally transferred to Stafford Asylum soon after the commencement of their illness.¹⁴³ In 1847, the guardians decided to arrange an exchange of lunatics in the workhouse for harmless lunatics maintained at their expense in Stafford and other asylums, indicating that Stafford alone was unable to admit all insane paupers from the union. The following year they decided to adapt infirmary wards to be suitable for 'harmless lunatics and idiots' and requested the medical officer to visit Wolverhampton paupers at Stafford Asylum and at Lichfield, most likely Sandfield Asylum, with a view to returning to the workhouse those considered 'diehard harmless'.¹⁴⁴ In 1859, the commissioners reported that one-quarter of the insane in the workhouse were 'idiotic and helpless' and considered 'all to be more appropriate for residence in the workhouse rather than an asylum'.¹⁴⁵ From March to December 1861, fifty lunatics were transferred to Stafford Asylum out of ninety-two admitted to the workhouse.¹⁴⁶ In June 1862, guardians visited Stafford Asylum to find the wards full. Dr Bower, medical superintendent, declared the majority of

¹³⁷BAC, LGB Letters, GP/B/1/2/1/1, 18 February 1871; HSC, GP/B/2/3/3/2, 16 May 1871.

¹³⁸BAC, VGPC, GP/B/2/8/1/6, 1 August 1873; Parry-Jones *op. cit.* (note 119), 68–9.

¹³⁹BAC, HSC, GP/B/2/3/3/4, 15 December 1874; VGPC, GP/B/2/8/1/7, 26 July 1878; LGB Letters, GP/B/1/2/1/4, 13 February 1885; LGB Letters, GP/B/1/2/1/4, 7 February 1899.

¹⁴⁰HCPP, 1895 (311), Lunacy: Forty-Ninth Report of the Commissioners in Lunacy, 148; 1897, (279), Lunacy: Fifty-First Report of the Commissioners in Lunacy, 137.

¹⁴¹Smith, *op. cit.* (note 21), 29–30, 72, 76, 82, 95.

¹⁴²WALS, MJ, PU/WOL/U/2, 2, 14, 19–20.

¹⁴³HCPP, *op. cit.* (note 38), 226.

¹⁴⁴WALS, WBG, PU/WOL/A/6, 26 November 1847; 13 October 1848. Sandfield Asylum was a licensed house opened in 1820, but lost its licence in 1856 after a condemnatory visit by the Commissioners in Lunacy, Leonard D. Smith, 'Sandfield House Lunatic Asylum, Lichfield, 1820–1856', *Staffordshire Studies*, 10 (1998), 71–5.

¹⁴⁵WALS, WC, 25 May 1859.

¹⁴⁶*Ibid.*, 28 March 1860, 11 December 1861.

pauper lunatics from Wolverhampton were ‘merely idiots’ or ‘mainly epileptics’ who ought not to have been sent to the asylum and were there to his ‘annoyance’. The deputation recommended to the board that they return to the insane wards of the workhouse.¹⁴⁷ Because of overcrowding in the asylum in the following year, sixty-one patients had been moved to Haydock Lodge Asylum in Lancashire and thirty-seven to Cheshire County Asylum.¹⁴⁸ The guardians enquired in 1865 as to the possibility of transferring fifty or sixty lunatics and idiots from the workhouse, but the asylum was unable to accept them at the usual charge.¹⁴⁹ Overcrowding continued to be a problem for the asylum, with an excess of thirty-one female patients out of a total of 286 women when the commissioners visited in 1867.¹⁵⁰ To ease overcrowding in the mid-1870s, the asylum agreed a contract with Worcestershire County Asylum at Powick, near Worcester, that had opened in 1852, to receive thirty male patients over a three-year period. Ten were transferred in 1874 along with some to other asylums and a further fifteen to Powick the following year plus four men and two women elsewhere. Around twenty-five to thirty men were housed at Worcester until a detached block was built at Stafford to take them back as well as patients from other asylums by June 1879.¹⁵¹

As in Birmingham, it was the 1870s that saw the Commissioners in Lunacy question the fitness of several lunatics for retention in the workhouse. Three females and one man identified as needing treatment in an asylum may not have been transferred, but Elizabeth Pearson, who was violent and destructive, and Thomas Dunlop, seen as unfit for the workhouse, were removed.¹⁵² However, in the late 1870s, the medical officer disagreed with the commissioner over the fitness of Hannah Appleby and Sarah Meakin and both remained in the workhouse. However, he conceded that Ann Pountney and Joseph Chandler could be transferred.¹⁵³ When in 1887 the commissioner questioned the placement of Mary Watson and Martha Knight, the medical officer considered Watson not to be dangerous to herself or others and had discharged Knight.¹⁵⁴ At the time of the commissioner’s visit in 1889, William Howell, ‘a melancholic in a low desponding condition’, had been in the county asylum, but transferred back as a ‘proper subject’ for workhouse treatment.¹⁵⁵

Conclusion

Accommodating paupers in Birmingham Parish and Wolverhampton Union workhouses and in Birmingham Borough and Staffordshire County asylums posed major problems for poor law guardians, local authorities and asylum managers. All these institutions had to increase accommodation by converting existing facilities and by erecting new buildings. Both original workhouses were eventually replaced with larger institutions: Birmingham in 1852 and Wolverhampton in 1914. Birmingham Borough Asylum based at Winson Green expanded provision by building a second asylum at Rubery Hill in 1882, restricted to patients transferred from Winson Green. Staffordshire opened a second county asylum at Burntwood in 1864 and a third near Leek in 1899. These additions, however, never completely solved the shortage of accommodation. Guardians had the advantage of using wards for other classes of inmates, resulting in lunatics being scattered throughout the workhouse. Poor law officials used a variety of private and public asylums, and paupers could be moved from one of these institutions to another. Due

¹⁴⁷WALS, WBG, PU/WOL/A/11, 18 June 1862.

¹⁴⁸HCPP, 1864 (389), Lunacy: Eighteenth Report of the Commissioners in Lunacy, 32.

¹⁴⁹WALS, WBG, PU/WOL/A/12, 24 November 1865.

¹⁵⁰HCPP 1868 (332), Lunacy: Twenty-Second Report of the Commissioners in Lunacy, 201.

¹⁵¹HCPP, 1875 (337), Lunacy: Twenty-Ninth Report of the Commissioners in Lunacy, 183; 1876 (383), Lunacy: Thirtieth Report of the Commissioners in Lunacy, 223; 1877 (403), Lunacy: Thirty-First Report of the Commissioners in Lunacy, 269; 1878 (337), Lunacy: Thirty-Second Report of the Commissioners in Lunacy, 241; 1880 (321-Sess.2), Lunacy: Thirty-Fourth Report of the Commissioners in Lunacy, 287–88.

¹⁵²WALS, WC, 13 December 1871; TNA, MH12/11690, 18 October 1873; WALS, WBG, PU/WOL/A/17, 5 January 1877.

¹⁵³WALS, WBG, PU/WOL/A/17, 13 December 1878; PU/WOL/A/18, 31 December 1880; 17 June 1881.

¹⁵⁴WALS, WBG, PU/WOL/A/22. 16, 23 December 1887.

¹⁵⁵WALS, WBG, PU/WOL/A/22, 24 May 1889.

to bed shortage, asylums moved a significant number of patients to other asylums often at a considerable distance away.

Before public asylums became widely available after 1845, private madhouses were capable of housing only a small proportion of pauper lunatics who required institutional care, so provision within workhouses became essential. The logistics of identifying a suitable placement, bringing the person before magistrates and convincing them of the person's insanity could make it necessary to care for a patient in the workhouse for a period of time. Thus, the practice of dedicated wards became established in larger workhouses, and a few unions, unlike Birmingham, successfully applied for a license to treat lunatics. Birmingham guardians' ambitious, but costly, project of erecting their own asylum never came to fruition.

The New Poor Law cemented the provision within workhouses for lunatics by decreeing they could be retained for fourteen days. However, the wording of the act was open to interpretation and created considerable confusion surrounding which lunatics should be transferred to an asylum. The preference of the Commissioners in Lunacy to treat all lunatics in asylums became impossible as the hopes for cure were dashed and large numbers of paupers with chronic insanity accumulated in asylums. Consequently, the commissioners accepted that some lunatics were suitable to remain in workhouses. Although the concept of 'dangerousness' became accepted as the criterion for transfer, the level and frequency of violent behaviour necessary for transfer were a matter of dispute. It led to differences of opinion between commissioners and poor law medical officers and some of the formers' recommendations were rejected. Differences of opinion between commissioners and the poor law authorities were infrequent and mainly concerned with the conditions in the workhouse lunatic wards. In general, local officials had a 'routine administrative relationship'.¹⁵⁶ The transfer of pauper lunatics between institutions involved the interplay of many factors and was influenced by local circumstances. This local study of Birmingham and Wolverhampton workhouses has provided no evidence of a systemic intent to save money as a reason for retaining pauper lunatics, an idea originating with the Commissioners in Lunacy, nor was there evidence of guardians regularly refusing the requests of medical officers for removal to an asylum.

The impact on paupers being moved between workhouses and asylums and between one asylum and another has been relatively neglected in historical research. The Commissioners in Lunacy did not seem concerned that pauper lunatics were being housed many miles from their home parish. However, it must have been disruptive to their care, not least to their medical treatment. Dobbing has found that some pauper lunatics were reluctant to move back to a workhouse, which she assumes was because care there would be inferior.¹⁵⁷ However, for some, particularly with chronic conditions, residence in a workhouse would have had the advantage of living within their local community.¹⁵⁸ It is feasible to assume that the transfer between a number of different institutions would have had a detrimental effect on an individual's mental health as treatment methods in asylums would not have been consistent.

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¹⁵⁶Bartlett *op. cit.* (note 1), 213–24; Smith, *op. cit.* (note 11), 114–5.

¹⁵⁷Dobbing, *op. cit.* (note 100), 60–71, 150–57.

¹⁵⁸Bartlett, *op. cit.* (note 1) 45; Shepherd *op. cit.* (note 7), 15,70.

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