

An Undiscovered Victorian Institution of Care: A Short Introduction to the Cumberland and Westmorland Joint Lunatic Asylum

Introduction

Focussing on the Cumberland and Westmorland Joint lunatic asylum, this article will look at how the lunatic population were circulated around different institutions of care in a northern, rural locality in the latter half of the nineteenth century. The asylum, later named the Garlands Hospital, after the estate upon which it was constructed (Wyld: 2), has received very little attention from historians and researchers. The lack of study of this institution is not due to lack of material, as all the original records from this asylum are housed at the Cumbria Archive Centre in Carlisle. Rather, the lack of attention this asylum has received is due to an expanse of material which no one has, up until now, had the time to sift through.

The majority of the patients housed in the Garlands Hospital were paupers from the agricultural and labouring classes. At the time the asylum was built, the dominant industries in these two counties were the textile, metal and domestic service industries, all of which were extremely low paid, low skilled seasonal work. (Towill 1996: 177) This article aims to go further by also finding out why some pauper lunatics were not moved from the asylum, the workhouse or the family home for many decades, and came to depend upon these institutions to provide them with care.

The history of madness and the institutions of the insane is a hugely popular topic of research among historians. Many have explored the treatment of the insane throughout the past and the places in which they were hospitalised. Andrew Scull views the treatment of the mad in this country as focussing on the growth of 'museums of madness'. (Bynum, Porter and Shepherd 1988: 1) Scull's 1979 work, *Museums of Madness* has been described as 'arguably the most influential monograph on the history of psychiatry in Britain'. (Bartlett and Wright 1999: 1) Scull's theory is based upon the idea that the intensification of labour created by the industrial revolution pushed families to admit their lunatic relatives to the asylum because they were an increasing burden in an era of extreme poverty. (Melling 1999: 7)

Historians of this area of study have written about a number of prominent asylums and their place within the development of the treatment of the mentally ill. Joseph Melling has identified a boom since the 1970s in the number of historians showing an increased interest in the history of psychiatry and the history of the institutions where patients were housed. (Melling op. cit.) Steven Cherry's 2003 book on the Norfolk lunatic Asylum is one such example. His research of the second county asylum built specifically for the reception of pauper lunatics, also identifies the main trigger of a patient's admission into an asylum as the deterioration of their work or domestic life. Cherry pinpoints the county asylum as an institution which was part of a larger system of care in which paupers dominated, and that they were continually circulated between these institutions, attaching a certain stigma to the asylum similar to that of the workhouse. (Cherry 2003: 15)

Many have written about the famous asylums of the big cities such as Bedlam and Hanwell in London. A number of studies of the York retreat exist, giving an insight into the workings of an institution caring for patients from a small industrial city. The York Retreat was opened in 1796 in an attempt to promote moral and humane treatment for the

mentally ill. It is often regarded as the pioneer of the county asylum as it came to be known in the mid-nineteenth century. ('History of the York Retreat' 2011) The moral treatment adopted at the York retreat had a profound effect on the psychiatrist John Connolly, and certainly helped shape his attitude to asylum management at Hanwell in Middlesex. Louise Wannell has specifically examined the letters wrote between the doctors and the relatives of the patients in the York retreat. She has found that the doctors were not only sources of information for the relatives, but also acted as mediators between one family member and another in times of dispute concerning an insane relative under their care. (Wannell 2007: 307)

On the opposite side of the country, J. K. Walton, has analysed the Lancashire county asylum. He stresses that

no county asylum...ever accounted for all the diagnosed lunatics within its catchment area, and account must be taken of other institutions, and of the extent to which certified lunatics remained in the community. (Walton 1979: 5)

In his work on the Lancaster asylum, Walton found that the breakdown of family relations was one of the main reasons relatives were admitted, rather than the belief that the new asylum system was simply 'mopping up the vagrants and loafers of industrial society.'(Wright 1997: 142)

Anne Digby has noted that in the legislation of the early Victorian era, mentally ill paupers 'were not recognised as a separate group...and had no specialist accommodation'. (Digby 1978) It was not until 1808 that an 'Act for the Better Care and Maintenance of Lunatics, being Paupers or Criminals in England' received royal assent. (Smith 1999: 24) Many have argued that the 1808 Act did not go far enough to make sufficient provision for the construction of a nationwide network of pauper asylums, and have played down its significance. (Jones 1971: 2) The 1808 Act, also named Wynn's Act, laid the legislative foundations for the creation of county lunatic asylums throughout England, and set out the processes by which the asylums might be managed. (Smith 1999: 24) The reason why historians play down the significance of the 1808 Act was that its impact was extremely limited, with only eight asylums being opened by 1825. (Ibid: 26) Len Smith holds an altogether more optimistic view, arguing that the 1808 legislation made the English county asylum a core element in the management of the insane, thus it helped to create the growing network of Victorian institutions of care. (Ibid: 284)

It was not until the enactment of the 1845 County Asylums Act, that it became a legal requirement for every county in England and Wales to have an asylum for the mentally ill, including those who could not afford such provision. However, many did not comply until many years later, as was the case in Cumberland and Westmorland as the Garlands Hospital did not open until 1862.

The 1845 Act meant that the number of county asylums in England and Wales rose from thirteen in 1832, to thirty-six in 1890. As a consequence, the percentage of the lunatic population increased from thirty-one to sixty-eight percent during the same period. (Smith 2007: 361) Before the Act, the Victorian asylum was seen as a place of incarceration, and its perception was extremely negative. The new asylums constructed under the new act were built upon the modern ideas of psychiatry, and focussed on the humane care and cure of the insane. (Cambridgeshire County Council)

This article will aim to fill in the gaps in the existing literature. Len Smith, A. Suzuki, Joseph Melling and Cathy Smith have all looked at how and why pauper lunatics were moved between the asylum, the workhouse and the family home, but

none have examined this in rural, Northern England. (King 2013: 229) Little has been written of the smaller asylums situated in the north of the country, and virtually nothing of the asylums situated in rural areas.

In the mid-nineteenth century, the asylum was one of a number of institutions created as a response to the problem of social deviancy. These included prisons, juvenile reformatories, workhouses and compulsory schooling. (Saunders 1988: 273) Foucault focussed his various studies on the application of power through institutions in an attempt to police the deviant population. (Smith 2007: 360) Peter Bartlett also shares the view of Foucault, that the county asylums were created to provide a regulatory body for the pauper lunatic population.

A large percentage of the mentally unstable population were, however, not admitted into asylums. Many were kept in either workhouses or gaols, with a high percentage spending their lives being transferred from one institution to another, as the responsibility of care was transferred. Workhouses were seen as the receptive institution for lunatic paupers, as stressed by David Cochrane, and from there a poor law official would decide on whether a patient should remain in the workhouse, be transferred to the county asylum, or was eligible for outdoor relief and remain at home. (Cochrane 1988: 253)

The vast majority of lunatics were kept in the care of their family and friends at home. It was common throughout the nineteenth century for wealthy families to have a 'crazy' relative whom they kept at home under the care of domestic servants. P. Meller and N. Rose have stressed how the medical and professional care of lunatic patients extended greatly beyond the walls of the asylum. For poorer families, relatives with mental health problems were cared for by the family and only admitted into the asylum during their worst bouts, and when cured they would resume care over them. (Bynum, Porter and Shepherd: 1)

In the 1871 census 70000 'lunatics, idiots and imbeciles' were listed, but only 39734 were housed in asylums. (Ellis 2008: 282-3) Walton believes that all lunatics in the larger towns and cities were housed in the workhouses, with some even providing 'separate apartments or building[s], termed idiot or lunatic wards'. (Walton 1979: 9) But, as Steve King reminds us, 'significant gaps in our knowledge on the nature and role of medical care offered in the workhouse remain.' (King 2013: 229) In particular, not enough is known about how the mentally ill were really cared for in the workhouse, and if they really were cared for or just simply put in separate wards.

By the end of the nineteenth century, the British population was getting used to the idea of the county asylum as the proper place for the insane to be. By the time the 1845 county asylums act was passed, less than 5000 patients were housed in asylums, (Cherry 2003: 10) but by 1900 this number had increased to around 100000. (Bynum, Porter and Shepherd: 2) This was clearly aided by government legislation for the provision for county asylums, but the perception of asylums had also changed. No longer was the asylum seen as a place of incarceration for the long-term mentally deranged not fit to be in normal society, rather it had come to be seen as a place of respite and moral treatment for those suffering from numerous mental afflictions, both in the long and short term. We shall now look at the experience of the Garlands Hospital throughout this transitional period. Prior to the opening of the Garlands Hospital in 1862, the insane of Cumberland and Westmorland were sent to Dunston Lodge private lunatic asylum in Gateshead, County Durham. (THOS 8/4/1/2, THOS 8/4/1/3, THOS 8/4/1/4)

Once the County Asylums Act 1845 was passed, the Cumberland and Westmorland magistrates had to provide their own asylum, and were no longer permitted to house their insane at Dunston Lodge. Continuous deals were struck between the magistrates and Gateshead council to allow more time for funds to be raised for the new asylum. However, from January 1851, plans began to be made for the creation of an asylum for the counties of Cumberland and Westmorland, which can be followed in the reports of quarter sessions in the *Carlisle Journal*. (Brooks 2004: 229)

When the county's first asylum finally opened on 2 January 1862, it housed one hundred and sixty-eight patients, one hundred and forty-six of whom were transferred directly from Dunston Lodge. (THOS 8/2/1) In a report dated 30 June 1862, the total cost of building Garlands was given as £32043 7s 4d, which is around £1 400 000 in today's money. (Brooks: 241)

Originally the Garlands Hospital was built to accommodate two hundred patients, the majority of whom were pauper patients received from the workhouses of the two counties. Private patients were admitted only when the space permitted. At this time, poverty was a major problem. Many people were barely surviving on the pittance they earned, and the first port of call in times of desperate need, particularly in instances of madness, was the local poor law receiving officer. As we have already touched upon, he would prescribe one of three solutions: 'outdoor relief', usually a small amount of money, may be offered as additional support for the poor; transfer to the workhouse, or transfer to the county asylum. The first option was very rarely offered, and the majority of the time the poor would be sent to the workhouse. (Bartlett 1998: 422)

As with many other county asylums, overcrowding soon became a major issue. Just a year after opening, the 1863 annual report stated that the asylum had two hundred and twenty-five patients (181 male, 44 female). (THOS 8/3/1) Ten years later, the capacity of the asylum had quadrupled, as the 1872 annual report states that there were then eight hundred and two patients. (THOS 8/3/11) The Garlands Hospital underwent extensions in the years 1866, 1868, 1882, 1883 and 1906. Each extension was completed by the able bodied male patients, and the female patients assisted with the interior, such as making textiles. (B/CAR/362.11) We will now look at what made the Garlands Hospital different to other county asylums in Victorian Britain.

A unique Institution

One way in which the Garlands Asylum was different from other county asylums, was the absence of beer in the patients' diet. In an article in *the Lancet* in 1881, Dr Campbell, the hospital's third medical superintendent, stated that he believed that Garlands was 'the only English asylum in which beer did not form an article of ordinary diet for patients, attendants, or resident medical officers.' Sobriety in the asylum was extremely important because intemperance was a contributor to many admissions. At this time, the temperance movement was extremely prevalent in the north of England, and particularly in Cumberland, thus this attitude towards alcohol in the asylum is not surprising. In a handbook published by the movement in 1912, they state how 'one out of every five inmates of lunatic asylums have "lost their reason" through drink...altering the brain substance, and producing insanity', and that 'the dreadful disease known as epilepsy, often comes to the children of drinkers'. (Lidbetter 1912: 26)

In the same article, Dr Campbell also told readers that forty-eight percent of asylum admissions were due to physical causes of insanity, one of which was alcohol. (Campbell

1881: 777) In a report on the Cumberland quarterly sessions, dated 4 January 1862, in the *Carlisle Patriot*, it stated that the patients' diet at Garlands would be the similar to that of other asylums, and the only difference was that beer and ale would be substituted for skimmed milk. (*CP*, 4 Jan. 1862) However, on closer inspection of the records, it becomes clear that alcohol was paid for by the asylum, as it appears in the annual reports, but was only to be given to 'people on a sick diet', as stated by Dr Campbell. (THOS 8/3/23)

In many other English asylums, beer, wine and spirits were allotted to certain patients as medical officers believed that they would benefit from its medicinal qualities. An example from the Leicestershire Asylum was Elizabeth from Quorndon, who, after being in a precarious state for a number of days, was given a 'strong constitution together with wine, brandy, warmth and quiet at length brought her round'. Along with special provisions of alcohol, a 'ration of half a pint of beer for dinner' was also allowed in this asylum. (Lockley 2011: 101) This is only one example of an English asylum which did allow alcohol, therefore we cannot ascertain exactly how accurate Dr Campbell's claims about Garland's policy of no alcohol was. However, it is clear that by advocating a temperate lifestyle, the Garlands Hospital was definitely a leader in its field.

What was interesting when looking back into the records of the Garlands Hospital was the absence of children. The youngest patient admitted to the asylum was M. Steel of Kirkby Stephen, when she was aged just thirteen. M. Steel was admitted to the asylum on 13 September 1899 by her father, W. Steel. The records state she had been an imbecile since birth and was unable to articulate words. She had previously been in the Royal Albert Asylum in Lancaster, suggesting that her behaviour was too much for her family to handle, and that specialist care was required to best look after her. M. Steel's case records also state that she was the sixth of fourteen children, of which four had already died in infancy, and that she was born premature. She remained in Garlands until December 1904 when she died of pneumonia at the age of eighteen. (THOS 8/4/40/5)

The absence of children in the Garlands Hospital is unique because in other county asylums, and in the workhouses, children under the age of ten were common inmates. J. Melling, R. Adair and B. Forsythe have looked specifically at the admissions of children to the Devon County Asylum in the latter half of the nineteenth century up until the beginning of the First World War. They admit that before the 1913 Medical Deficiency Act, children identified as imbeciles were encouraged to remain in the care of the family and within the community, as no specific provision existed for juveniles. The only way children would make it into an asylum was if they were proved to pose a danger to those around them. (Adair, Forsythe and Melling 1997: 372) There is nothing in the asylum rules and regulations to suggest that children were not welcome in the Garlands Hospital, but it is possible that the medical staff believed they were better kept in the workhouse, or at home in the care of their families, as they did not have the space or a separate ward for infant patients. This was not untypical for asylums of this era, as the lunacy legislation did not specify the age limits of admission, and it did not establish separate provisions for insane children. (Ibid: 371)

The workings of the Garlands

The man who really shaped the policy of the Garlands Hospital was Dr Thomas Clouston, its second medical superintendent (1863-73) – the first being Dr Kirkman who stayed for barely a year. (Wyld: 28) Clouston was a national figure in psychiatry. Since his graduation from the University of Edinburgh in 1860, he had worked closely with a number

of leading individuals in the field. His years at Garlands gave him the opportunity to learn the practicalities of asylum management and during this time he produced a stream of articles for medical journals. In 1872, along with Henry Maudsley, he became co-editor of the *Journal of Mental Science*. (Beveridge 2004) Clouston believed that private patients had less chance of a recovery than the paupers, as their relatives tended to keep them untreated at home for far too long because of the fear that a future career might be ruined if it was known they had been in an asylum.

Clouston's regime of recovery for mentally ill patients was based around healthy diet and exercise, rather than incarceration and medication. In the first rules and regulations of the Garlands asylum, issued a month before it opened, it was clearly stated that 'no beer, wine, spirits or any intoxicating liquor nor tobacco nor snuff will be allowed'. (THOS 8/8/1) Thus, a healthy lifestyle was promoted and intemperance was condemned, as the cause of many patients' illness was due to the influence of alcohol and drugs. In his first annual report, Dr Clouston stressed the importance of 'a good dinner' as it 'generally [has] a far more soothing effect than any sedative. In terms of exercise, he believed that '[a] walk on the country roads thrice a week' was an excellent cure of sleeplessness. (THOS 8/3/1) He also believed the religion played important role in a patient's recovery and ensured 'daily morning prayers' were read out by the asylum chaplain. Religious mania was a cause of many of the patients' illnesses and it was therefore vital to their recovery that the chaplain helped them to overcome such extreme religious feelings.

Dr Clouston was a respected and trusted medical superintendent throughout his time at the Garlands Hospital. A number of the statements in different annual reports by the commissioners in lunacy were very complimentary of his regime and approach in the asylum. For example, in the 1867 annual report, 'the committee are glad to be able to again report most favourably as to the management of the asylum by Dr Clouston' (THOS 8/3/5), and in 1870, 'Dr Clouston continues to devote much attention to the medical treatment of the patients for the cure of their mental disorder'. (THOS 8/3/8)

After ten years as medical superintendent of the Garlands Hospital, Clouston passed on his position to his assistant, Dr John Archibald Campbell, in 1872. Through his time working at the Garlands Hospital, Dr Campbell identified that the most 'likely cause of insanity...[was] mental shock or worry from money losses.' As the population of that particular asylum was 'derived from an agricultural...manual, self-supporting source', when work was scarce and money was hard to come by, the stress of survival was enough to drive people insane and was thus the commonest cause of admissions in the Garlands Hospital. (Campbell 1880: 372)

However the transition between the two superintendents was not a happy one. In the 1861 rules and regulations of the asylum, it states that staff should 'on no account, strike illuse irritate or annoy any patient [sic]', but it seems that Dr Campbell did not adhere to these rules as closely as Dr Clouston did. On his retirement from the Garlands Hospital in 1898, a charge of assault was brought against Dr Campbell concerning a female patient in his care. He retired at the beginning of August 1898, receiving a pension of £700 per annum, and at the end of that month he was arrested for the criminal assault of Janet Mooney whilst she was a patient at the asylum. (AWJ, 20 Aug. 1898) Evidence for this case came from Miss Robinson, the matron of the asylum, who 'testified to the misconduct', and from Dr Campbell's successor, Dr Farquharson, who told the police court at Carlisle that 'he met Dr Campbell, who told him he was drunk at the time, and no doubt he was foolish'. (DCA, 20 Aug. 1898) Dr Campbell protested his innocence and requested that an attendant

be with him at all times, as 'a charge of this kind was enough to drive him to commit suicide.' (*GH*, 20 Aug. 1898)

The case came to court in November of the same year. On close inspection of the witness accounts in the Carlisle assizes records, it appears that Dr Campbell had not committed common assault on Mrs Mooney, but had in fact had 'connection with her', rather, it was sexual assault. (CC2/417) Dr Campbell was found 'guilty, but insane' and he was sentenced to 'confinement during Her Majesty's pleasure', and he spent the next three years in the criminal lunatic asylum, Broadmoor. The court concluded that 'for six years Dr Campbell had been a drunkard, gradually getting worse, until he would even take the medical mixtures (harmless ones), for the sake of the alcohol they contained.' (*NEDG*, 7 Nov. 1898)

This conviction also brought far wider reaching issues into question. How could the commissioners in lunacy fail to recognise the fact that the head of a medical institution was a habitual drunkard? The lunacy commissioners made frequent surprise visits, surely one of them would have picked up on Dr Campbell's drunkenness. The verdict of insanity suggests that while also a drunk, Dr Campbell was also not of sound mind for the past few years at Garlands Hospital. During this time he had the responsibility of administering drugs and had the final say in the fate of numerous patients. According to a report in *The North-Eastern Daily Gazette*, Dr Campbell 'gave evidence as a specialist upon the mental condition of a prisoner charged with murder' in the July of the same year he was certified insane. (*Ibid.*)

Despite his conviction, Dr Campbell was a respected medical superintendent in his field by his contemporaries. His obituary in the *British Medical Journal*, printed 10 November 1906, details his extensive career and contribution to furthering the understanding of mental health issues, and does not mention his misgivings at the end of his career. (*BMJ* 1906) In particular, the fact that the press only publicised the assault of Janet Mooney and not the sexual assault, suggests that Dr Campbell was a highly respected figure, as such an accusation would ruin him and his career. Even the news of his madness was sad enough, as the *Carlisle Patriot* said that 'the case was a sad one' (*CP*, 11 Nov. 1898) and that Dr Campbell had provided 'brilliant and advantageous services' (*Ibid*, 19 Aug. 1898). Many questioned his supposed insanity, especially those who worked closely with him, as they did not suspect he was ill. Dr Campbell retired in 1898 after twenty-five years service at the Garlands Hospital, it is possible that he was overworked and that exhaustion was the cause of his insanity and drinking.

Whatever the truth, it is certain that the first two medical superintendents of the Garlands Hospital definitely made their mark. Both men were experienced psychiatric doctors, widely respected by their peers. Both also contributed to the development and understanding of the treatment of mental health, and wrote many articles and works throughout their careers. A decade after his departure from the Garlands Hospital, Dr Clouston condensed his life's work into the volume, *Clinical Lectures on Mental Diseases* (1883). The book aimed to explain to future students of psychiatry 'the facts of [mental] disease as seen in actual cases', in which his experiences at the Garlands Hospital played a vital role. (Clouston 1892: V)

Circulation between different institutions

Many of the mentally ill population throughout the latter half of the nineteenth century spent their lives drifting between the workhouse, the asylum, and in some cases prisons too. Unable to look after themselves and with the absence of family members

willing to help, the workhouse was the only institution fit to provide food and accommodation for those deemed 'idiots from birth'. It was only when these pauper lunatics became a nuisance in the workhouse that they were transferred to the county asylum, often only for a short period of time until they were well enough to be relieved back into the workhouse.

The records of Penrith Poor Law Union show that there were several lunatic paupers who were continually moved around the institutions of care. One example is A. Fenwick (1877-1947) of Alston. It seems that A. Fenwick's parents died when he was young, because at the age of three he was residing in Alston with his grandfather in 1881. At the age of fifteen he was admitted into the workhouse in Alston, presumably because his grandfather had also died. A. Fenwick seems to have stayed in the Alston workhouse for a number of years, as on both the 1901 and 1911 census he was listed as residing there. He did enter the Garlands Hospital for a brief period in 1903, but was discharged on 20 July back into Alston workhouse. In 1921 he was admitted to Brampton workhouse, still listed with no occupation, unmarried and as an 'imbecile'. (SPU/P/189)

Cases such as A. Fenwick's were not unique. We cannot tell whether or not he was an illegitimate child, but the absence of both his mother and father does raise some questions. Illegitimacy was a major trigger for women entering the workhouse, and was the reason many children were abandoned and grew up in the workhouse. Often, pregnancy out of wedlock caused women to suffer from puerperal insanity, which, in some cases, was the cause of lunacy in their children, along with the absence of a stable family life, and constant transfer between different institutions.

A different example of the circulation of a pauper lunatic was that of W. Askew (1798-1888) from Penrith. Unlike A. Fenwick, W. Askew was not a lunatic from birth, instead he developed a mental condition as he aged. For all his working life he was a hairdresser, but because he never married, when he began suffering from insanity in his later years, he had no immediate family and was forced to enter the Asylum. At the age of 74, he was admitted into Garlands with dementia, and in 1879 he was relieved to the Penrith workhouse where he remained until his death in 1888. With the absence of a wife and children to look after him, W. Askew ended his life being moved from the asylum to the workhouse. (Ibid)

In both these cases the workhouse and asylum were required in the absence of family members willing to take on the care of their mentally ill relatives. Thus, both these institutions were vital in the care of the poor. However terrifying the workhouse and asylum seemed to the public in the nineteenth century, the reality was that for many, constant movement between the two was a way of life where a stable family home was not available.

One unique case emerged when researching the history of the Garlands Hospital. Several local newspapers detailed the life of a 'sham lunatic', in other words, an individual who faked insanity in order to be kept in the safety of a lunatic asylum or the workhouse in the absence of a stable residence of his own. The case was brought to light in the press in June 1899, and told the story of Mr O'Neil. At the age of three he was 'found wandering in the streets of Liverpool, and was taken to the West Derby Workhouse, where he remained till he was ten years old.' From there he was boarded out to several families, but he caused a lot of trouble to his new masters, feigning epileptic fits, holding a gun to his master, and even cutting off one of his own fingers to incapacitate himself for work. It was from the age of seventeen that he began his career as a lunatic, being admitted to twelve different

asylums between 1874 and 1881, including Garlands. He then changed his tactics and took a more criminal path. O'Neil began adopting several alias' and travelling the country as a professional thief. He was caught and remanded on several occasions but reverted to his old trick of feigning insanity to escape prison. He was caught on 19 June 1889 and put to trial at Lancaster 'for obtaining goods by false pretences...and his career as a "professional lunatic"'. (NEDG, 22 June 1889)

This strange case highlights the complexity of lunacy and its diagnosis. Often, in the secondary literature associated with this topic, there has tended to be a somewhat simplistic approach to lunacy and how it has been dealt with. The trend has been to describe the increasing measures taken in the Victorian period to incarcerate the insane population, and little is mentioned on how they were certified insane. It seems that the fear of lunatics at large in a community was greater than the need for a correct diagnosis. Scull has argued that the common response to 'the threats and anxieties posed by madness was institutionalisation.' (Bynum, Porter and Shepherd: 1) The above case proves that the fear of the insane led them to being readily incarcerated without sufficient diagnosis, as it was so easy for Mr O'Neil to feign madness on numerous occasions.

The close proximity of the Garlands Hospital to Scotland and Ireland meant that a number of its patients came from outside England. From the mid-nineteenth century onwards, industry in Carlisle and the coastal towns of Cumberland was booming, thus attracting famine stricken Irish migrants, and poverty stricken Scottish ones. (Wilson 1968; Ferguson 1890; Shepherd 2003; MacRaild 1998) This posed a problem to the asylum because the 1845 County Asylums Act stipulated that the care of a patient whilst in the asylum was paid for by the Board of Guardians of the county in which the patient lived. For example, if a patient who lived in County Durham was housed in the Garlands Hospital, the Board of Guardians of County Durham would be charged for the patients' upkeep whilst in the asylum. However, Scotland and Ireland operated under different systems, and any patients from these two provinces had to be paid for by the Cumberland Board of Guardians, and placed a huge financial strain on the county.

As a consequence, the Scottish and Irish patients, often termed 'alien' patients, were viewed with contempt by the medical superintendent and the rest of the staff. A report in the *Carlisle Journal* on 13 December 1892 detailing the latest meeting of the Board of Guardians, stipulates that, at that time, there were twenty-two 'aliens in Garlands', two from Carlisle gaol, and over the last ten years the amount paid out for alien lunatics was £5134 13s 2d, around £307514.69 in today's money. (CJ, 13 Dec. 1892)

The Irish patients in particular were disliked the most. This was played out against a backdrop of wider discrimination against Irish immigrants in Cumberland. The Cumbrian Irish were predominantly unskilled workers and factory hands, and often lived on the same streets and areas as each other, creating 'little Irelands'. Wherever they settled, Irish migrant workers were subjected to antipathy and violence. As the problems of the industrial revolution grew, the Irish migrants provided a perfect 'scapegoat for disease, overcrowding, immorality, drunkenness and crime'. (MacRaild 1999: 155)

Conclusion

From the evidence gathered in this article, there is a definite gap in the existing literature. Although there have been several examinations of other Victorian asylums, there is an absence of research into the institutions situated in the far North of England. In particular, there are no monographs of the Garlands Hospital, and this is not due to a lack of

material. There is an abundance of records from the asylum, and this article has provided a starting point for the in depth study of this institution by delving into its surviving records.

The Garlands first two medical superintendents gave the asylum a certain level of importance in the wider medical community. Dr Clouston and Dr Campbell's experiences of the cases they encountered at the Garlands Hospital broadened their knowledge of mental illness and how best to treat its many varieties. They used this to write many journals and books to pass on all they had learnt to future doctors in this field. Both doctors also employed moral and humane treatments at the Garlands, which, over a number of years, made the population of the surrounding area come to trust the institution as the best place for their mentally unstable relatives, rather than struggling to look after them at home.

As we have identified, the Garlands Hospital is a unique institution which seems to have been left undiscovered by historians. Further study will be necessary to unlock all of its secrets, but this article has shown how varied its cases are, and how it is worthy of further study. The geographical position of the Garlands Hospital is what makes it unique. The population for which it was responsible was considerably larger than that of most other English asylums, mainly due to the fact that it was amalgamated with the county of Westmorland. This often meant that its patients were moved many miles from their families and frequent visits were difficult, especially as the majority were paupers or living on little money. With this in mind, a family with a mentally ill relative may be less inclined to admit them to the Garlands Hospital if it meant they would be moved many miles away and that they would not be able to see them as often. This also would have an effect on the time for their relatives to recover. Clearly, more study of the effect on the patient of the distance travelled to the asylum is required, but there is no doubt that other asylums covered a smaller geographical area, meaning its patients had to travel less to reach it.

The rural nature of the Garlands Hospital also meant that its patients from Cumberland and Westmorland were predominantly from the agricultural labouring classes. We have already identified that one of the main causes of admission to Garlands was the loss of wealth and the struggle to provide for their families. This was not surprising considering the nature of agriculture, and the dependence on a good harvest and maintaining a healthy livestock, families fortunes would fluctuate from year to year. Constant misfortune, therefore, was often enough to drive people temporarily insane, resulting in a stint in Garlands to alleviate the stress of everyday life. (The wider economic and social influences on the admission of patients to the Garlands Hospital requires further study. This will be explored in full in the PhD which will follow on from this article)

Another unique factor which makes the Garland Hospital worthy of studying is its proximity to Scotland and Ireland. As already noted, the presence of 'alien' patients was a persistent problem for the staff of the asylum and for the local Board of Guardians. The absence in the legislation for the deportation of alien patients to asylums in their home countries placed a huge financial burden upon the Garlands Hospital. This meant that the Scotch and Irish patients present in the asylum bore the brunt of the blame for the lack of funding available to properly enlarge the existing building for the needs of patients for whom it should be paying for. So far, no other study of an asylum has highlighted the problem felt by the presence of alien patients, giving the Garlands Asylum a different dimension which to explore further.

The colourful history of this institution has highlighted one flaw in the existing literature; the simplistic way in which it treats madness. As described by Dr Clouston, 'it is extremely difficult to ascertain the real cause of many cases of insanity' (THOS 8/3/1). What

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needs to be explored is the county asylum's role in diagnosing and treating the differing levels of insanity in the mid to late Victorian period. Rather than the focus being on solitary institutions of the poor law system, it will be necessary to treat them as a network of facilities which were working to prevent and cure madness, instead of simply being seen as a place of incarceration for the mentally ill.

From the research gathered in this article, it is clear that the Garlands Hospital is an institution steeped in a rich history which is perfect for further exploration. It will bring a different experience to that of other asylums due to its geographical position and the background of its patients.

References

Primary Sources

Carlisle Records Office

CC2/417, Bundle 415, Carlisle Winter Assizes against Dr Campbell, 1898.
SPU/P/189.

THOS 8/2/1, 1862-1876, Visitor Book

THOS 8/3/1, 1863 Annual Report

THOS 8/3/5, 1867 Annual Report

THOS 8/3/8, 1870 Annual Report

THOS 8/3/11, 1872 Annual Report

THOS 8/3/23, 1885 Annual Report

THOS 8/4/1/2, 1841 Reception Orders

THOS 8/4/1/3, 1843-1861 Reception Orders

THOS 8/4/1/4, 1862 Reception Orders

THOS 8/4/40/5, 1899-1902 Female Casebook

THOS 8/8/1, 2 Dec. 1861 Rules and Regulations

Carlisle Library

B/CAR/362.11, 'Garlands Hospital Carlisle', 11 June 1962. A pamphlet celebrating the
institutions centenary.

Printed Primary Sources

Aberdeen Weekly Journal (AWJ)

Carlisle Journal (CJ)

Carlisle Patriot (CP)

The Dundee Courier & Argus (DCA)

Glasgow Herald (GH)

North-Eastern Daily Gazette (NEDG)

Campbell. J. A. (1880) 'Insanity; its treatment and prevention' *The Lancet*, Vol. 116, No.
2975, pp. 372-374.

Campbell. J. A. (1881) 'Note on the Absence of Beer in an Asylum Dietary' *The Lancet*, Vol.
117, No. 3011, pp. 777-778.

Clouston. T. S. (1892) *Clinical Lectures on Mental Diseases*. London: Churchill.

Lidbetter. R. M. (ed.) (1912) *A temperance Handbook for boys and girls*. Carlisle.

Secondary Sources

This is a Final peer reviewed manuscript accepted for publication in Family and Community History January 2016 by Cara C. Dobbing.

Adair. R., Forsythe. B., and Melling. J. (1997) "'A proper lunatic for two years": Pauper Lunatic Children in Victorian and Edwardian England. Child Admissions to the Devon County Lunatic Asylum, 1845-1914' *Journal of Social History*, Vol. 31, No. 2, pp. 371-405.

Bartlett. P. (1998) 'The asylum, the Workhouse and the Voice of the Insane Poor in nineteenth Century England' *International Journal of Law and Psychiatry*, Vol. 21, No. 4, pp. 421-432.

Bartlett. P. and Wright. D. (1999) 'Community Care and its Antecedents' in Bartlett. P. and Wright. D. (eds) *Outside the Walls of the Asylum*. London: Athlone Press.

Brooks. G. (2004) 'The Building of the Cumberland and Westmorland Joint Lunatic Asylum' in Jones. B. C. and Wiseman. D. G. (eds) *Transactions of the Cumberland and Westmorland Antiquarian and Archaeological Society*, Vol. 4, pp. 229-244.

Bynum. W. F., Porter. R. and Shepherd. M. (eds) (1988) *The Anatomy of Madness: Essays in the History of Psychiatry, Volume III*. London: Routledge.

Cherry. S. (2003) *Health Care in Modern England: the Norfolk Lunatic Asylum/St. Andrew's Hospital, 1810-1998*. Suffolk: Boydell Press.

Cochrane. D. (1988) "'Humane, economical and medically wise": the LCC as administrators of Victorian Lunacy policy', in Bynum. W. F. and Porter. R. and Shepherd. M. (eds) *The Anatomy of Madness: Essays in the History of Psychiatry, Volume III*. London: Routledge.

Digby. A. (1978) *Pauper Palaces*, p. 172. Quoted in Higgs. M. (2007) *Life in the Victorian and Edwardian Workhouse*. Stroud: The History Press.

Ellis. R. (2008) 'The asylum, the Poor Law and the Growth of County Asylums in Nineteenth Century Yorkshire' *Northern History*, Vol. 45, No. 2, pp. 279-293.

Ferguson. R. S. (1890) *A History of Cumberland*. London: Aslan Press.

Jones. K. (1971) *A History of Mental Health Services*. London: Law Book Company of Australasia.

King. S. (2013) 'Poverty, Medicine and the Workhouse in the eighteenth and nineteenth centuries' in Reinartz. J. and Schwarz. L. *Medicine and the Workhouse*. Rochester: University of Rochester Press.

Lockley. D. (2011) *The House of Cure*. Leicester: Anchorprint.

MacRaild. D. M. (1998) *Culture, Conflict and Migration: The Irish in Victorian Cumbria*. Liverpool: Liverpool University Press.

MacRaild. D. M. (1999) *Irish Migrants in Modern Britain, 1750-1922*. London: Palgrave MacMillan.

Melling. J. (1999) 'Accommodating Madness: new research in the social history of insanity and institutions', in Forsythe. B. and Melling. J. (eds) *Insanity, Institutions and Society*. Florence: Routledge.

Saunders. J. (1988) 'Quarantining the weak-minded: psychiatric definitions of degeneracy and the late-Victorian asylum', in Bynum. W. F. and Porter. R. and Shepherd. M. (eds) *The Anatomy of Madness: Essays in the History of Psychiatry, Volume III*. London: Routledge.

Smith. C. (2007) 'Parimony, Power and Prescriptive Legislation: The Politics of Pauper Lunacy in Northamptonshire, 1845-76' *Bulletin of the History of Medicine*, Vol. 81, No. 2, pp. 359-385.

Smith. L. D. (1999) *"Cure, Comfort and Safe Custody": Public Lunatic Asylums in Early Twentieth Century England*. London: Leicester University Press.

Shepherd. M. E. (2003) *From Hellgill to Bridge End: Aspects of Economic and Social Change in the Upper Eden Valley, 1840-1895*. Hatfield: Hertfordshire Publications.

Towill. S. (1996) *Georgian and Victorian Carlisle: Life, Society and Industry*. Preston: Carnegie.

Walton. J. K. (1979) 'Lunacy in the Industrial Revolution: a study of asylum admissions in Lancashire, 1848-50' *Journal of Social History*, Vol. 13, No. 1, pp. 1-22.

Wannell. L. (2007) 'Patients' Relatives and Psychiatric Doctors: Letter Writing in the York Retreat, 1875-1910' *Social History of Medicine*, Vol. 20, No. 2, pp. 297-313.

Wilson. J. (ed.) (1968) *A Victoria History of Cumberland*. Haymarket: Victoria County History.

Wright. D. (1997) 'Getting out of the Asylum: Understanding the Confinement of the Insane in the nineteenth century', *Social History of Medicine*, Vol. 10, No. 1, pp. 137-155.

(1906) 'Obituaries' *British Medical Journal*, Vol. 2393, No. 2, p. 1340.

Unpublished Secondary Sources

Wyld. G. R. (1972) *A History of the Garlands Estate and Garlands Hospital, Carlisle, Cumberland*.

Online Sources

Beveridge. A. (2004) 'Clouston, Sir Thomas Smith (1840-1915)' *Oxford Dictionary of National Biography*. Oxford: Online Edition, <http://www.oxforddnb.com/view/article/38634> [accessed 5 February 2013].

'History of the York Retreat', www.theretreatyork.org.uk/about-the-retreat/our-history.html (2011) [accessed 30 Sept. 2013].

This is a Final peer reviewed manuscript accepted for publication in Family and Community History
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Cambridgeshire County Council, www.cambridgeshire.gov.uk/NR/rdonlyres/DEF85AEC-CCCB-429D-8328-BB802A2E77EC/0/AHistoryofCountyAsylums.pdf [accessed 18 July 2013]