

## Mental Disability in Victorian England: The Earlswood Asylum 1847-1901

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Several decades ago, during my teenage years in the 1970s, I attended a grammar school near Reigate in Surrey. Every weekday morning for seven years, I would take an early train from Horley to Redhill, before walking or catching a bus from there to the school. As the train travelled northwards on its way to Redhill (and on to London), it passed through a small, often seemingly abandoned, station at Earlswood. Just before the train reached Earlswood Station, passengers could glimpse through the trees on the embankment on the eastern side of the line, the imperious, neo-gothic façade of the Royal Earlswood Hospital, as it was then known. This view of the asylum at Earlswood, visible from the windows of the 7.50 train to London, left an indelible impression on my young, receptive mind.

Some years after first witnessing the asylum's architecture from the carriage windows, I became more closely acquainted with the institution and its inhabitants. While striving for my gold Duke of Edinburgh's award in the late 1970s (at the precise moment when governments were initiating the gradual phasing out of institutional incarceration), I spent one afternoon each week working, along with several school-friends, in one of the outlying modern villas on the extensive asylum estate. During our time there, we assisted and cared particularly for people with multiple and severe disabilities, those deemed unsuitable for immediate release into the community. On one occasion, I ventured on an errand into the main building that had been erected over a hundred years earlier in the 1850s. Although faded and damaged by many decades of neglect, the internal design of Earlswood, like the external façade, still presented an imposing, even awe-inspiring,

vision of grandiose Victorian aspirations.

The Royal Earlswood Hospital, once the Earlswood Asylum, was undoubtedly the premier institution (at the very least in terms of its public profile) for 'idiots' and 'imbeciles' for much of the nineteenth and twentieth centuries. As such, it clearly merits a full-scale, academic biography, and it is perhaps surprising that we have had to wait until now for an incisive and scholarly study. To his credit, David Wright does manifest justice to the diverse aspects of the institution's history, from its slender origins in 1847/8 until the turn of the nineteenth century. At the same time, he largely satisfies the long-standing intellectual and emotional curiosity about Earlswood's history that was first aroused many years ago in the heart and mind of an inquisitive adolescent schoolboy. Given the evident complexity of Victorian philanthropic, political, legal, medical, educational, and familial narratives of disability, this is no mean feat.

*Mental Disability in Victorian England* constitutes a fine, constructive and substantial contribution to the history of psychiatry and mental deficiency. It is based on extensive and original research, engages intelligently and diplomatically with recent (rather fractious) historiographical debates, exploits novel methodological tools, is smoothly written and well-presented, and manifestly achieves many of the aims that are clearly set out in the introduction. The book is organised both thematically and chronologically. Although successive chapters chart Earlswood's development from its original incarnation in the 1840s through to the early twentieth century, they also address a series of interconnected and crucial theoretical and practical issues in the history (and historiography) of mental disability. In addition, each chapter (except curiously Chapter 2) benefits from a concise conclusion, which not only summarises the chapter's main findings but also leads persuasively, and almost seamlessly, into the subject of the following chapter.

In the remainder of this review, I want first to outline and applaud much of the evidence and engage with the major arguments presented in successive chapters. I shall conclude briefly by exploring some minor limitations to Wright's approach. My aim will not be to detract from the evident merits of Wright's study but rather to consider alternative features of the history of Earlswood that require further historical attention.

In a focused introductory chapter, Wright sets out the background to, and intentions of, his study. Situating his research within the broad field of the history of psychiatry, he rightly points out that there has been little interpretative consensus in recent years. Moreover, while historians have paid increasing attention to the history of madness, they have expressed only minimal interest until recently in the history of people with mental disabilities. Wright's ostensible aims in this book, then, are both to redress the relative neglect of disability in the historical literature and to reappraise often contentious arguments about the role of institutional care and the implications of asylumdom. More particularly, Wright is keen to 'reveal the diversity of the "insane" population in Victorian England and the complexities of institutional committal' (p.7) in that period, and to contextualise (rather than 'validate or condemn') the rise of large residential hospitals for people labelled as mentally defective. Concentrating as it does exclusively on the Victorian period, Wright's study of the Earlswood Asylum welds neatly with, and constructively extends, the themes and approaches raised in recent monographs on developments in Edwardian England and in the inter-war years.<sup>(1)</sup>

In the first main chapter, Wright traces early state involvement in caring for idiots and imbeciles. Drawing especially on recent initiatives by Peter Bartlett and Len Smith,<sup>(2)</sup> this chapter persuasively locates the emergence of interest in specific institutions for idiots within the context of changing provisions for paupers, on the one hand, and legislative and administrative changes in the care of lunatics and the regulation of asylums, on the other hand. In addition, Wright indicates (although perhaps too briefly) the importance of an emerging medical discourse on insanity and the growing interest in studying and protecting childhood and in establishing children's charities. In the process, he also highlights the reasons for the contemporary (and perhaps, by extension, historical) neglect of idiocy and imbecility. While Poor Law Guardians and magistrates were preoccupied with managing violent and dangerous defectives or with ensuring the treatment of 'curable cases', there was little time or money to consider the appropriate care of chronic, harmless, incurable patients.

Chapter 2 applies these broad observations of contemporary approaches to insanity and idiocy to the founding of the national idiot asylum at Earlswood. The context for the establishment of a small institution for idiot children in 1848 at Park House, in Highgate, with a later annex in Colchester, was complex: its founders were motivated not only by general developments in the poor law and lunatic asylums but also by the notion of moral treatment, by continental approaches to educating idiots, by philanthropic ideals, and by the professional and economic interests of an emergent group of alienists. Wright includes incisive biographies of leading actors, such as Dr John Conolly and Rev. Andrew Reed, explores the financial pressures faced by the Earlswood Board, and narrates the eventual removal of all patients to a new, purpose-built asylum on Earlswood Common in 1855, an institution which, as Andrew Reed observed in 1856, 'commands attention and admiration' (p. 42).

The following two chapters reveal the methodological strengths of Wright's study and demonstrate the utility of combining quantitative and qualitative research. In Chapter 3, Wright is keen to move beyond the static institutional histories beloved of historians of medicine and madness to explore how idiot children were cared for in the community and to re-evaluate the role of the asylum. His approach is novel and instructive and fits with a growing interest in the history of community care. In essence, he exploits information provided on certificates of insanity and on reception orders, in conjunction with census returns, to determine the previous histories of children admitted to Earlswood. His conclusions are challenging. In particular, his data suggest that, while some children had certainly been boarded-out or were transferred from other institutions, the majority had previously been looked after at home, within a nuclear family. In addition, Wright argues that the burden of care fell mostly on women, that is on mothers and sisters of the disabled, and that institutionalisation may well have followed a particular 'crisis of caring' within the household, precipitated for example by a sibling leaving home. Wright supports the conclusions from his database (of 2,053 patients) with evocative, qualitative fragments from the asylum records.

Chapter 4 pursues this quantitative analysis further. Linking asylum records and census returns, Wright analyses the characteristics of families sending children to Earlswood according to whether they paid fully or partially for care or were admitted on an entirely charitable basis. The findings once again are stimulating. Parents who paid for their children's care appear to have used the asylum as an experimental alternative to care at home, rather than as a dumping ground for unwanted relatives. More acutely, evidence from an analysis of charitable cases (particularly relating to their geographical mobility) reinforces the tentative conclusions of the previous chapter that poor households who sent children to Earlswood were those in which care may have become impossible because of the lack of family support. The limitation of this argument as it stands is that the conclusions are clearly speculative (pp. 83-4) and require substantiation from qualitative sources. However, the benefit of Wright's approach is that it demonstrates that the history of institutionalisation needs to be situated carefully within the context of histories of the family.

In Chapter 5, Wright continues his historiographical attack on revisionist historians of psychiatry, who have argued that the mid-Victorian expansion of asylumdom should be viewed as a means of repressive social control or as the product of the manoeuvres of a self-interested and upwardly-mobile medical profession. By carefully exploring the characteristics of children admitted to Earlswood, Wright disputes the common assumption that Victorian asylums were transformed from educational to custodial institutions. By contrast, he suggests that long stays were unusual and that the length of stay decreased over time. While the evidence is interesting, there are occasional weaknesses in the narrative. In the first place, Wright tends to skirt around crucial issues. For example, having noted that boys were admitted more often than girls, he offers only a limited explanation of this trend. In addition, it would have been helpful if both the gender and age patterns of admission over time had been situated within the context of changing medical and educational approaches to child development and mental deficiency. Finally, Wright's anxiety to debunk previous critical histories of institutions may have coloured his reading of the evidence and unreasonably accentuated the positive side of asylum care. In his conclusion to this chapter, for example, he writes: 'Within such an atmosphere individual desires and peculiarities may often have been suppressed rather than encouraged. On the other hand, the monotony of the patients' existence was mediated by their relationships with a group of individuals perhaps less well understood than the patients - the staff themselves.' (p. 98) Without betraying the evidence, the

simple reversal of these two sentences would leave the reader with an entirely different, and perhaps equally valid, message. The impact of institutional care on children and families remains elusive.

In Chapter 6, Wright explores the staff of Earlswood in detail. In the process, he successfully illuminates the history of a previously hidden occupational group and effectively tempers previous negative assessments of both male and female asylum attendants in the nineteenth century. As he demonstrates, women often came to Earlswood from domestic service, and frequently left to take up superior positions elsewhere. Male attendants often came from the armed services and many moved to county constabularies. Although conditions of work could be difficult, the financial remuneration was relatively good, and the asylum managers attempted to improve conditions in order to reduce the loss of employees to other institutions. These findings counter suggestions that attendants were entirely unskilled and unemployable, and that asylum work constituted an occupation of last resort.

As a charitable institution, Earlswood was ultimately dependent on subscriptions and donations, and in Chapter 7 Wright develops a detailed profile of subscribers to the charity. Receiving subscriptions (in return for votes for admission) from individuals and companies, Earlswood was one of the largest philanthropic organisations of the period. Nevertheless, the Board was at the mercy of changing economic conditions and competition from alternative charities for idiot children that emerged in the last half of the nineteenth century. Claiming to be a national, rather than merely regional, asylum, the Board attracted subscribers by emphasising in particular the educational and reclamational aspect of their work with idiots. As was the case with later educational and residential institutions for the feeble-minded, women were especially drawn to the charity, a feature of the history of mental deficiency that requires further exploration.

Unfortunately, little is known of day-to-day life in Victorian institutions. The experiences of inmates and staff and the educational strategies need to be extracted from asylum records and occasional visitors' reports. In Chapter 8, Wright uses a variety of such records to furnish historians with a glimpse of institutional life at Earlswood and of the manner in which staff attempted to educate and train idiots and imbeciles for productive work. Wright's account succinctly captures not only the regimentation of daily life but also the educational and moral imperatives that permeated the therapeutic and spiritual ethos of the institution. The final two main chapters trace the gradual decline of optimistic beliefs in the curability and educational potential of idiots, and their displacement by a more pessimistic and hereditary based formulation that linked mental defectives to a wide variety of domestic and imperial problems. Wright's account of the work of Dr John Langdon Down is sensitive and informative. He avoids shallow accusations of racism or hagiographic speculation about Down's influence. Instead, Chapter 9 carefully contextualises Down's contributions at Earlswood, and makes a convincing case for more balanced and reflective biographical studies within the history of medicine. In Chapter 10, this pessimistic trajectory is pursued further into late nineteenth and early twentieth-century debates about the dangers of the feeble-minded. While the conflation of mental defectives and the social residuum ushered in a new era of repressive social policy, it also served to undermine the hegemony of Earlswood and its enlightened therapeutic rationale. As Wright concludes, Andrew Reed's vision of a 'national system of voluntary idiot asylums failed to materialize' (p. 193). Amidst growing concerns that biology, rather than environment and education, dictated ability and behaviour, the charitable image of the innocent idiot child proved short-lived.

Rounded off with a neat and provocative conclusion, *Mental Disability in Victorian England* clearly constitutes a major contribution to historical understandings of Victorian approaches to insanity, poverty, and mental deficiency. In particular, Wright manifestly achieves his aims of exposing the complexity of institutional committal and of studying Earlswood 'in a dynamic with, rather than in isolation from, society' (p. 8). From this perspective, Wright's work resonates with other recent studies of the role of families and local communities in caring for the disabled and perceptively challenges simplistic notions of institutional care as a strategy which was aggressively imposed by the emergent middle-classes on working-class 'idiots' and their families.

What then are the weaknesses or limitations of Wright's account? In general, the style, presentation and the argument are all first rate. The text, tables, and figures are informative and accessible but are occasionally

marred by frustrating errors: in particular, some of the numbers in Table 4.1 do not appear to add up, the reference on p. 88 should presumably be to Figure 5.2 not Table 5.2, and the reference on p. 92 should be to Figure 5.6 rather than 5.5. More importantly, there are moments when central assertions are not sufficiently substantiated with evidence. For example, at several points in the text, Wright asserts intriguingly that children admitted to Earlswood were only marginally improved by their stay in the institution (pp. 83, 136). And yet the reader is given no evidence to support this. Indeed, the only cases quoted (p. 95) support the opposite conclusion; namely that education and training did effect improvements in ability and behaviour. Although such references to progress were of course fashioned by the need to attract subscribers and justify discharge, this aspect of the institution's impact needs further exploration.

There is, however, a more striking omission from Wright's account: the book contains no illustrations, of the institution, its inmates, or (less importantly) the pioneers of voluntary idiot asylums. For document-minded historians this may seem a minor quibble, and yet there is a serious historiographical point here. At one point in the text, Wright refers briefly to growing contemporary preoccupations with the appearance of idiot children as a means of identifying and classifying deficiency (pp. 64-5). And at several points, he quotes Andrew Reed's pleasure at the intrinsic and striking beauty of Earlswood's façade (p. 42), or refers to contemporary illustrations of its majestic buildings (p. 141). Such references are apposite. Increasing the visibility of defectives and making manifest philanthropic endeavours were equally crucial features of Victorian and Edwardian attempts at social improvement. And yet, in Wright's account, the reader is given no visual indications of the features of idiocy that proved decisive or of the particular architectural facets of the asylum that prompted admiration. By omitting visual images, Wright (or perhaps the publisher) has denied his readers (and there should be many) of perhaps the most potent evidence of Victorian aspirations and follies.

It would be unfair to push too far this criticism of what is in all respects an excellent and provocative study. After all, the desire to see Earlswood more clearly may merely be the product of a mind disturbed by those adolescent glimpses of the remnants of an optimistic Victorian dream of perfectibility that, for some inmates at least, became a nightmare of life-long segregation.

## Notes

1. Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c. 1870-1959*, (Oxford, 1998); Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England*, (Manchester, 2000).[Back to \(1\)](#)
2. Peter Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-nineteenth Century England*, (Leicester, 1999); L. D. Smith, *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England*, (Leicester, 1999).[Back to \(2\)](#)

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