

University of Wales Trinity Saint David

**The Development of the Glamorgan County Lunatic
Asylum and Mental Hospital**

1830-1930

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MPhil 2017

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Abstract

This thesis examines the establishment and development of the Glamorgan County Lunatic Asylum (later Mental Hospital) in the context of provision generally in England and Wales. From the early nineteenth century there was increasing interest in dealing with the plight of people with a mental illness including legislation to set up asylums at a cost to public funds.

There was initial optimism that, provided a patient was admitted early enough, there was a good chance of recovery but in practice the numbers admitted to public and private institutions overwhelmed limited provision. In 1845 Quarter Sessions were compelled to establish public asylums. Increasingly they became overcrowded due to a lack of cures and the propensity for families to admit chronically ill relatives. In the eyes of many they became 'custodial' rather than 'curative' institutions and legislation in 1890 emphasised the legalistic nature of such provision. No change was introduced until 1930 when a number of reforms were introduced including the concept of a 'voluntary patient'.

The Glamorgan Asylum at Angelton, Bridgend, did not open until 1864 and the reasons for the delay are examined together with an assessment of the provision made in its absence. Once established it was soon full and after many years of deliberation an additional facility was opened in 1887 a few miles away at Parc Gwylt. Overcrowding led to Cardiff and Swansea County Borough Councils setting up their own asylums in 1908 and 1932 respectively. Some medical progress was made in the latter part of the nineteenth century and early twentieth and Cardiff Mental Hospital, with its newer facilities and no overcrowding, was in the forefront of developments while Glamorgan with its older premises and less forward looking staff together with financial restrictions fared less well. The context for these themes is set out in the literature review in the first chapter and the subsequent five chapters deal with developments over the period down to 1930.

60,494 words

Acknowledgments

The main sources for this study are held by Glamorgan Archives. I am very grateful to their staff for help in locating material from their extensive collections. A number of other collections include useful material and I am also grateful to staff in archives and libraries for their assistance. These include National Archives, Powys Archives, West Glamorgan Archives, British Library, Cardiff Central Library, Swansea Library, Swansea University Library and House of Commons Parliamentary Papers.

I owe particular thanks to my supervisor, Conway Davies, for his valuable insights and guidance on identifying relevant information together with his very helpful comments on particular aspects during the completion of the study.

Chapter 1: Overview and Historiography

'Let us begin, then, with the recognition that madness-massive and lasting disturbances of behaviour, emotion and intellect-resonates powerfully in our collective consciousness. Lunacy, insanity, psychosis, mental illness-whatever term we prefer, its referents are disturbances of reason, the passions and human action that frighten create chaos, and yet sometimes amuse; that mark a gulf between the common sense reality most of us embrace, and the discordant version some humans appear to experience .¹

Purpose and scope of study

The Glamorgan County Lunatic Asylum, located in Angelton, north of Bridgend, opened in November 1864, more than thirty years after discussions first took place about the need for such an institution. This study describes the process of establishing an asylum in the county and seeks explanations for the delay and considers the provision for people with mental illnesses in its absence. It subsequently describes and assesses its development. The period under consideration is 1830 to 1930. About 1830 the possibility of establishing a public asylum funded by the county authority, the Quarter Sessions, was discussed and in 1930 significant new legislation was in place affecting the management and treatment of mental health. The poor law guardians, who funded the institution's running costs, were abolished by the Local Government Act 1929 and their functions transferred to county councils. The Mental Treatment Act 1930 provided for new methods of treatment including voluntary admissions and out-patient consultations. This legislation also abolished the use of 'asylum' although this was already taking place in practice. Taken together these two pieces of legislation provide an appropriate end date for this study.²

The main primary sources for the study are held in the Glamorgan Archives. They consist of very extensive material, including the records of the management bodies responsible for the institution, throughout the study period. There are also detailed case histories of individual patients from the outset until the early twentieth century.

¹ Andrew Scull, *Madness A Very Short Introduction*, Oxford University Press, OUP, 2011, p.3.

² 19 Geo V c 17; 20 and 21 Geo V c 23.

The latter is a very significant source which can be drawn upon for more detailed analysis of patients' conditions than is undertaken in this study. The case histories have their limitations in that they are written from the perspective of the doctor in charge of treatment and are not accompanied by the admission certificates signed by the poor law doctor. There are no specific records of patients' own views (other than those recorded by the doctor in his notes) or extensive accounts of discussions with family or friends. All asylums and mental hospitals were inspected annually by the Lunacy Commission and from 1914, its successor, the Board of Control. Their reports, available on the internet, include detailed assessments of the management of the institution and they are also an important source of information on all institutions in England and Wales. The National Archives hold relevant material on the problems relating to the establishment of the asylum from a central government perspective. Other useful primary sources on related developments are held in the Cardiff Central Library, Gwent, Powys and West Glamorgan Archives. Little useful information is available in local newspapers and generally asylums attracted limited attention although incidents, such as ones leading to action in the courts, would be covered.

Account is taken of medical practice but this study is not written from a clinical perspective and concentrates on social and administrative aspects in the context of evolving legislation and central government requirements. There is scope for further research on specific themes which have not been examined in detail. These include patients' diet which had a direct bearing on their medical conditions, the attitude of the asylum towards families including opportunities for visiting, staff pay and conditions and the role of the poor law guardians who determined whether a patient was a pauper.

The growth of Glamorgan

In the middle of the eighteenth century Glamorgan had a small and unevenly distributed population of some 40,000 with only Cardiff, Neath and Swansea recognisable as urban communities. In 1750 each had a population of less than 2,500 when that of Bristol was 40,000. Swansea, and its surrounding area, was developing as a location for the non-ferrous metal industry while Merthyr was an embryonic centre

for the iron industry.³ Concurrently coal production was growing in support of these industries but it was not until the 1840s that steam coal, mined in the Aberdare and Merthyr Valleys and later in the Rhondda, became a major exporting industry. Between 1801 and 1851 the county's population increased from over 71,000 to 240,000 with notable increases in Merthyr (from around 8,000 to 46,000) and Swansea (from around 10,000 to 31,000). Cardiff, a country town in 1801 with less than 2,000 people increased to 18,000 in this period reflecting the importance of the canal and rail link between the port and the iron and coal industries to the north. The population of the county subsequently grew rapidly and reached 1,130,000 in 1911.⁴ Two out of every three of the people of Wales lived in the south east in the early twentieth century and large numbers had migrated over a long period from rural parts of Wales (and elsewhere especially at the turn of the century) in search of work. In turn farming communities benefited from the opportunities to sell their produce which mitigated the effects of the agricultural depression in the latter part of the nineteenth century.⁵

Wages were better than in the overpopulated rural areas but early settlers generally found poor living conditions in hastily built stone houses. There was a possibility of early death from disease or accidents at work. In the last decade of the nineteenth century, after improvements had taken place in public health, one in every twelve infants in the Pontypridd Registration District died of measles, pneumonia and dysentery. Typhus and tuberculosis (pthisis as it was then called) were frequent causes of early deaths and the lack of regard for personal hygiene, overcrowding, poor sanitation and malnutrition encouraged the spread of infectious diseases. Geraint Jenkins says, 'Healthy rats and emaciated people were the hallmark of the smoky frontier towns and the weak and the young were easy targets'.⁶

³ A H John, 'Glamorgan 1700-1750' in Glanmor Williams (ed.), *Glamorgan County History*, Vol. V, Glamorgan History Trust, Cardiff, 1980, pp.3-6.

⁴ John Williams (ed.), *The Digest of Welsh Statistics*, Welsh Office, Cardiff, 1985, pp.17,41, 63.

⁵ John Davies, *A History of Wales*, Penguin Books, London, 2007, p.455.

⁶ Geraint H Jenkins, *A Concise History of Wales*, Cambridge University Press, 2007, pp. 198-9.

Overview of provision

The majority of patients in the asylum would have experienced the conditions outlined above and many, on admission, suffered from common physical illnesses. The causes of mental illness have long been debated but remain elusive. This meant that much effort was made by public authorities to deal with problems arising without a full understanding of their causes. Andrew Scull refers to madness saying that ‘... its existence has given birth to elaborate sets of social institutions and systems of knowledge that seek to comprehend, contain, dispose and manage the challenges posed...’ He maintains that with a few exceptions, notably that syphilis was responsible for general paralysis of the insane and some dietary deficiencies created mental problems, the underlying mechanisms that drive people mad are still unclear.⁷

Given this limited understanding of its causes it was inevitable that the terminology used was imprecise. The Lunatics Act 1845 said that a ‘lunatic shall mean every insane person and every person being an idiot or lunatic, or of unsound or imbecilic mind’.⁸ Idiots and imbeciles had congenital defects and limited attempts were made in England to treat them in separate accommodation which, in turn, led to the Idiots Act 1886. This permissive legislation enabled authorities to provide facilities for the care and education of idiots and imbeciles. There is no specific definition of either condition but, importantly, both were no longer categorised as lunatics.⁹ However, the Lunacy Act 1890 reverted to the earlier terminology and defined a lunatic as an ‘idiot or person of unsound mind’.¹⁰ Further consideration was given in the early years of the twentieth century to the ‘feeble minded’ and the ‘weak minded’ but these conditions were not specifically defined. The Mental Deficiency Act 1913, building on the Idiots Act 1886, established specific provision for idiots and others with varying degrees of mental capacity. In practice it took a long time for provision to be provided and in Glamorgan little was done until the 1930s.¹¹

⁷ Andrew Scull, *Madness*, op. cit. pp.3, 6.

⁸ 8 and 9 Victoria, c. 10.

⁹ 49 and 50 Victoria c. 41.

¹⁰ 53 Victoria c.5.

¹¹ 3 and 4 George V c. 28.

What is striking about the mentally ill in Glamorgan, and Wales generally, is the absence of institutions for their care, or more pointedly their 'custody', until well into the nineteenth century. They would have found their way into parish poor houses, gaols and houses of correction and, later, workhouses when the major changes introduced by the Poor Law Amendment Act 1834 sought to impose a consistency of application throughout England and Wales. However, it would be plausible to argue that the majority remained with families if, sometimes, hidden away or boarded out and paid for by the parish. Akihito Suzuki examines the social history of madness from the perspective of the family, and, although, his evidence comes from wealthy middle and upper class families, there is a resonance with experiences common to all classes. While richer families could shield a lunatic member away from public gaze, this option would not be open to those less well endowed. In poorer communities attempts would be made to keep the person in a loft and away from neighbours' attention. Suzuki says that strange behaviour could be tolerated within the home but similar behaviour in public places created deep embarrassment. Families would be engaged on two fronts in trying to contain disorder within the home while externally pretending all was well.¹² In the case of poorer families, especially those dependent for support from the parish, lunatic members would be more likely to be known and would be tolerated generally by their neighbours, nevertheless, it would have been common practice to ensure that they were kept away from public view insofar as possible. Writing at the beginning of the First World War, Caradoc Evans referred to a strictly religious West Wales farmer placing his mentally ill wife in a loft and informing his children that her condition was a disgrace. He added, however, that it would not be Christian to send their mother to the '*... madhouse of Carmarthen.*'¹³

Discussions in the early 1830s were inconclusive and it was not until the mid 1840s, when it became compulsory for counties and certain boroughs in England and Wales to establish asylums, that serious consideration was given to the proposition. It took

¹² Akihito Suzuki, *Madness at Home*, University of California Press, London, 2006, pp. 1-4, 135-8.

¹³ Caradoc Evans, *My People*, London, 1915, pp.7-8.

another twenty years before a building was completed and patients, mainly drawn from a private asylum, Vernon House, Briton Ferry, entered for the first time.¹⁴

From the 1840s until the turn of the century the numbers admitted into asylums increased fourfold and the reasons for this are examined. In the case of Glamorgan its population increased rapidly in this period but one consequence was a lower rate of insanity than the national average, especially in the early years, given the large influx of younger people into the county to work in coal mines and the iron and steel industries together with allied activities including ports. Nevertheless, there was continuing pressure on space in the asylum and there was overcrowding, except for short interludes, throughout the period up to 1930.

The public asylum was for paupers, although it could and did care for private patients. It was closely linked with the Poor Law system of workhouses and outdoor relief. Many with mental health problems were supported at home by the parish or placed in workhouses. After the reforms of 1834 established poor law unions workhouses could not retain lunatics and idiots, who were considered to be dangerous, for more than fourteen days when they had to be transferred to a public or private asylum. Thus the asylum had two roles, caring for mentally ill and defective people and also protecting society from troublesome people. From the outset there was a strong element of custody since a certificate, signed by a justice of the peace or a clergyman and the relieving officer, had to be obtained together with a medical certificate for a patient to enter the asylum.

Before the asylum opened in Glamorgan patients from the mid 1840s largely went to Vernon House, Briton Ferry, a private licensed asylum. In previous years significant use was made of private asylums in Bath and Devizes. When Vernon House opened there was no such accommodation in Glamorgan or Wales generally and this may have been due to the relative poverty of the country in that it was not economic to establish such institutions which flourished in England from the mid eighteenth century in the form of the 'trade in lunacy'. This was the description given to private madhouses which

¹⁴ Doreen Annear, *The Story of Morgannwg Hospital*, Cowbridge, 1995, p.5.

looked after people who could afford to pay and paupers funded by parishes. They were the predecessors of establishments like Vernon House.

There was additional provision in parts of England for paupers provided by charitable institutions and usually linked with voluntary hospitals. These were also absent in Wales other than in the case of Denbighshire in the early 1840s where there was local interest in establishing an asylum through public subscription. In 1845 legislation was introduced to compel counties to build asylums and the proposals were subsumed in the wider development of an asylum for North Wales which opened in 1848. Discussions initiated by the Glamorgan Quarter Sessions in the 1830s to establish a public asylum found little support and in the absence of the 1845 legislation it is likely nothing would have happened given the availability of Vernon House and similar institutions outside the county. An initiative to establish a joint asylum with Cardiganshire, Carmarthenshire and Pembrokeshire in 1847 ended in failure nearly a decade later leading eventually to the construction and opening of the institution solely for the use of Glamorgan in 1864. The South West Wales counties opened an asylum in Carmarthen the following year. Meanwhile, Monmouthshire jointly with Brecon, Radnorshire, Herefordshire and the City of Hereford, provided an asylum at Pen-y-Fal, Abergavenny which opened in 1851. Subsequently this served Monmouthshire alone and new asylums were established in Talgarth for Breconshire and Radnorshire in 1903 and in Caerleon for Newport County Borough Council in 1906. A new facility at Parc Gwyllt, Coity, Bridgend opened in 1887, under the same management as Angelton, to meet increasing demand in Glamorgan but after a few years it was failing to cope with the number of patients and overcrowding became a pressing issue.¹⁵

Public asylums, especially after the Lunacy Act 1890, were increasingly regarded as custodial rather than curing institutions. Although rates of recovery were significant for people treated at an early stage of their illness the numbers remaining in the asylum increased every year. The lack of effective medical treatment and the role of the asylum in looking after chronically sick people combined to produce very poor

¹⁵ Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales 1800-2000*, University of Wales Press, UWP, Cardiff, 2003, p.3; Doreen Annear, *The Story of Morgannwg Hospital*, op.cit. pp.3-9.

conditions within institutions generally and these reached their lowest point during the First World War. Attempts were made subsequently to improve physical conditions and some new thinking on treatments was introduced culminating with the Mental Treatment Act 1930. This Act established the concept of a 'voluntary patient' and ended the use of 'asylum' which had been disappearing in practice.

Asylum management, along with developments in education, factory legislation, public health and prison management demonstrated the increasing role of central government in what had been hitherto matters of local discretion. They were also a major component of the activities of the new county councils and county boroughs after 1889 which marked a further change in the growing complexity of the inter-relationship between central and local government. The establishment of Cardiff and Swansea as county boroughs in 1889 gave them the responsibility of providing accommodation for their areas. Cardiff Mental Hospital at Whitchurch, outside the City boundary, opened in 1908.¹⁶ When it became a county borough in 1907, Merthyr Tydfil Linked up with Swansea but it was not until 1932 that Cefn Coed Hospital, Swansea opened but given the impact of the depression Merthyr was excused from making a financial contribution.¹⁷ The new hospital for Cardiff, it was never called an asylum, provides a contrast with the long established county asylum. In 1930 it is evident that there was a significant difference in the quality of care and treatment given at Whitchurch compared with Glamorgan, partly due to the more innovative medical staff but also due to the out of date and overcrowded buildings.

Historiography

Michel Foucault spoke of the 'Great Confinement' based on his understanding of what went on primarily in Paris and other large French cities in the period from around 1660 until 1800. He claims that it is common knowledge that the seventeenth century created enormous houses of confinement and cites the 'Hopital General' in Paris as the prime example. It was not a medical establishment and its inhabitants were the poor whether able bodied, invalid, sick or convalescent, curable or incurable. There

¹⁶ Hilary M Thomas, *Whitchurch Hospital: A Brief History to Celebrate the 75th Anniversary of the Hospital*, Cardiff, 1983.

¹⁷ T G Davies, *A History of Cefn Coed Hospital*, Swansea, 1982, pp.13-16.

were also unemployed people present alongside the idle and vagabonds; all contributed to Foucault's concept of '...confinement, that massive phenomenon, the signs of which are found all across eighteenth century Europe...'¹⁸ Roy Porter disputes Foucault's assertion that there was a 'great confinement' insofar as it applies to England (and by inference Wales) while acknowledging that large French cities had established institutions for 'undesirable' people this was not the case generally. In the 'long eighteenth century' from the Restoration to 1800 there was no great upsurge in private licensed asylums and the ones which existed were by no means confined to poor people since there was a 'trade in lunacy' requiring people of means to pay for the maintenance of such places. At the beginning of the nineteenth century there were upwards of fifty such institutions in England but none in Wales or Devon and Cornwall.¹⁹ The first licensed institution in Wales was set up by May Hill in Swansea, and while its medical officer, Thomas Hobbes was known locally nothing has been written about its activities and it can be assumed that it soon disappeared.²⁰ In addition a few charitable and public subscription asylums existed in major English cities towards the end of the eighteenth century.

There was, however, an absence of centralised control in this period and Roy Porter maintains that the Restoration ushered in an era notable for its 'localism' based on the shires and squires, justices and parish overseers. There was little legislation but in 1714 provision was made for justices of the peace to arrest any person '...furiously mad and dangerous' and safely lock up. Lunatics alone were specifically excluded from whipping although this is not always recognised in descriptions of gaols and asylums of the period. In 1744, however, a further provision enabled justices to detain 'dangerous lunatics' with chains, if necessary. It also provided for 'keeping, maintaining and curing'; the latter had not been legislated for previously.²¹ The insane only became a matter of public interest when they became dangerous and, provided they were not, they largely stayed at home or ended up in the poor house if found

¹⁸ Michel Foucault, *Madness and Civilization A History of Insanity in the Age of Reason*, Vintage Books Edition, New York, 1988. pp.38-46

¹⁹ Roy Porter, *Madmen A Social History of Madhouses, Mad- Doctors and Lunatics*, (first published as *Mind Forged Manacles*), Tempus, Gloucestershire, 2006, pp.18-21.

²⁰ W L. Parry-Jones, *The Trade in Lunacy*, Routledge and Kegan Paul, London, 1972, p.72.

²¹ Roy Porter, *Madmen*, op.cit. pp.151-2.

wandering. At the turn of the nineteenth century Sir George Oneisphorus Paul called for public asylums and gave examples of people ‘... being fastened to the leg of a table, tied to a post in an outhouse, or perhaps shut up in an uninhabited ruin; or if his lunacy be inoffensive, left to ramble half-naked and half-starved through the streets and highways teased by the scoff and jest of all that is vulgar, ignorant and unfeeling’.²²

There was increasing concern about the lack of provision for the insane and the conditions prevailing in existing asylums. In 1807 a House of Commons of Commons Select Committee inquired into the state of criminal and pauper lunatics and highlighted abuses, including in the centuries old Bethlem and the newer York Asylum. It recommended the establishment of an asylum in every county for such cases funded by a county rate for the building costs and by the parish (later the Poor Law Union) for the maintenance costs of patients payable by a weekly charge to the governors to be known as the Visitors. Design criteria were outlined including separate wards for men and women and similarly for incurables and convalescents. The criteria stated that the asylum should be located in a healthy area with a good supply of water with sufficient space to have ‘airing courts’ for patients, and, the asylum was expected to have ‘...a probability of constant medical assistance’. Parish overseers were given the duty of informing the justices of the peace of the number of lunatics and they had a duty to admit them. Charles Watkin Williams-Wynn, Member of Parliament for Montgomeryshire, promoted legislation and the subsequent County Asylums Act 1808, known as ‘Wynn’s Act’, was enabling legislation which did not compel county authorities to act.²³ The Act left each Quarter Sessions to decide and most decided to do nothing. Establishing a public asylum was costly and no doubt this was the key deciding factor in opting not to build. Nevertheless, the Act was the cornerstone for succeeding and mandatory legislation for the provision of public asylums and its fundamental principles remained unchanged.²⁴

²² *ibid.* p.153.

²³ 48 Geo. III, c.96.

²⁴ Kathleen Jones, *Asylums and After: A Revised History of the Mental Health Services: From the Early Eighteenth Century to the 1990s*, The Athlone Press, London, 1993, pp. 35-8.

While the case for a 'great confinement' is not made, nevertheless, the conditions under which insane people were held during the 'long eighteenth century' were at worst brutal and this is the abiding image of this period. It is not entirely correct maintains Roy Porter and some efforts were made to investigate more hopeful ways of dealing with their plight. William Battie, physician at the newly established St Luke's Asylum, London and the owner of a private asylum, experimented in the 1750s with new ways of handling some patients. After allowing that a percentage are incurable he considered that others were suffering 'consequential insanity' derived from events in their lives and were capable of recovery if discovered early enough in their sickness. Traditional remedies like bloodletting or various potions were not used and individual treatment was planned for each patient based on personal contact. Other doctors followed, including Francis Willis who treated George III in 1788. In Paris Phillippe Pinel, in 1793, undertook a similar approach on the basis that a mental disorder deserved a mental approach. This approach became known as 'moral therapy' and is associated primarily with the York Retreat, which was created by Quakers in 1796 led by William Tuke, as a response to the odium attached to the York Asylum.²⁵

Anne Digby also stresses that the York Retreat was not unique in its approach and owed much to experiences elsewhere and that it was a successful practitioner of received ideas. It was a Quaker establishment solely for mentally ill Friends, at least until 1820, but, as practised elsewhere, the emphasis was on the rational and emotional rather than the organic causes of insanity. Their treatment concentrated on enabling the patient to gain self-discipline to master his or her illness, in the context of the Friends' spiritual values, and the treatment including varied employment and amusements. Traditional types of physical restraint and medicine, including opium, laudanum and morphia were not entirely banished but used on a reduced scale compared with similar institutions, at least in the early years. However, it was a small establishment and initially it had room for thirty patients set in eleven acres of land, under the control of lay therapists but with the assistance of visiting doctors. By mid century it had around a hundred patients and grounds of some twenty seven acres. The management was compelled to appoint a resident doctor by the Lunatics Act

²⁵ Roy Porter, *Madness, A Brief History*, OUP, 2002, pp.. 102-8.

1845 and this was a significant turning point as the Retreat became subject to the same inspection regimes as public asylums and also it signified that ‘...the medical man had imperceptibly achieved ascendancy over the lay therapist’. Over time, moral treatment morphed into moral management in the second half of the century and, increasingly, medicine became a more significant part of treatment.²⁶ For Roy Porter the Retreat’s legacy is ambiguous in that it helped to implant the idea that asylums were right for the mad with all too little regard for the highly exceptional conditions prevailing there. It was small in size with a homogenous community of Quakers, both patients and staff (at least in the early years) with its support network of local Friends who ran informal halfway houses and paid regular visits. ‘The nineteenth century put its faith in the asylum but failed to pay attention to the unique conditions under which the asylum might actually repay such faith.’²⁷

The growth in the number and size of asylums in the second half of the century in England and Wales was remarkable. Between 1845 and 1890 the number of patients (pauper and private) quadrupled from some 21,000 to 85,000 while the population was yet to double. Significantly, paupers accounted for 90 per cent of the total by the end of this period compared with 80 per cent at the outset. Andrew Scull maintains that, on the whole, it was the existence and expansion of the asylum system which created the demand and not the other way round.²⁸ This was not the case in Glamorgan where there was an absence of a county asylum until 1864 and, once built, was usually overcrowded throughout this period and beyond. The Poor Law Commissioners commented in 1844 that ‘...imperfect as the provision for lunatic poor may be in England, it is beyond all comparison more defective in Wales. They knew of ‘... no county asylum and no licensed house for lunatics...in the whole principality of Wales’. They pointed out that 42.2 per cent of the lunatics chargeable to Poor Law Unions in England were in asylums or licensed houses but only 6.5 per cent in

²⁶ Anne Digby, ‘Moral Treatment at the Retreat, 1796-1846’ in W F Bunyan, Roy Porter and Michael Shepherd (eds.), *The Anatomy of Madness, Vol.11, Institutions and Society*, Routledge, London, (First published 1985), 2004, pp.52-69.

²⁷ Roy Porter, *Madmen*, op.cit. pp.311-12.

²⁸ Andrew Scull, *The Most Solitary of Afflictions Madness and Society in Britain, 1700-1900*, Yale University Press, 1993, pp. 362-3.

Wales.²⁹ The Metropolitan Commissioners in Lunacy, also reported in 1844 and more accurately included the asylum in Haverfordwest. This was a small institution (previously a gaol) caring for around 20 patients and established in 1822 as a public asylum under 'Wynn's Act.' (Only nine county asylums in England had been opened under this Act by 1828.)³⁰ It was condemned as unfit for purpose with patients existing in '...almost unbelievable state of filth and neglect'. The Commissioners referred as well to the recent opening of a private licensed asylum, Vernon House, Briton Ferry, which was to make a very significant contribution in the absence of a public asylum in Glamorgan.³¹

Two pieces of landmark legislation were enacted, the Lunatics Act 1845 and the Asylums Act 1845 which removed much local discretion.³² The Lunatics Act provided for Lunacy Commissioners to inspect public and licensed asylums throughout England and Wales (hitherto they had a remit for London only in the case of public asylums) and certification arrangements were changed. To be admitted to a public asylum it became necessary to have an order signed by a justice of the peace or alternatively, a clergyman and the relieving officer or in his absence a parish overseer together with a medical certificate and a personal history of the patient. The accompanying Asylums Act required county and borough asylums to be established within three years by each Quarter Sessions, in their capacity as local authorities. Procedure became all important and Kathleen Jones says that while doctors stressed early treatment, lawyers sought safeguards to prevent illegal detention, which was a live issue for Parliamentarians for the rest of the century and beyond, to the detriment of treatment.³³

In terms of its historiography the overall growth in asylums and their patients energised historians from the late 1970s onwards to examine the causes in minute

²⁹ Pamela Michael and David Hirst, 'Establishing the Rule of Kindness, The Foundation of the Lunatic Asylum, Denbigh', in Joseph Melling and Bill Forsythe, *Insanity, Institutions and Society, 1800-1914, A Social History of Madness in Comparative Perspective*, Routledge, London, 1999, pp. 165-6.

³⁰ Kathleen Jones, *Museums and After*, op.cit. p.60.

³¹ PP Lords, (1844), XXV1, *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor*, p.200, T G Davies, 'Of all the Maladies: Episodes in the History of Psychiatry in Pembrokeshire', *Journal of the Pembrokeshire Historical Society*, Vol.5, 1992-3, pp.75-90.

³² 8 & 9 Vict. c. 100 and 8 & 9 Vict. c. 126.

³³ Kathleen Jones, *Asylums and After*, op. cit. p.94.

detail and from widely different standpoints. These include political, social, economic and legal historians together with doctors and nurses. Broadly they fall into two categories, social and clinical historians with the former setting out highly critical assessments and the latter more favourable accounts. However, a more nuanced interpretation of what happened in the nineteenth century has emerged in recent years. Much debate centres on the work of Andrew Scull, he falls into the social historian category, and his *Museum of Madness* published in 1979 and subsequently updated as *The Most Solitary of Afflictions* published in 1993 established a 'revisionist' approach.³⁴ Peter Bartlett and David Wright say that *Museum of Madness* is, arguably, the most influential monograph on the history of psychiatry in Britain. Scull differentiates between the pre-industrial period, when the overwhelming majority of the insane were at large in the community, and afterwards when they were incarcerated in a specialised, bureaucratically organised state supported system where doctors enhanced their own interests.³⁵

Kathleen Jones writing in the 1950s and 1960s was sympathetic to the humanitarian ideals that had inspired the reformers of the early nineteenth century but concluded that the system became obsessed with procedure and lost its way. There was no further major legislation after the Acts of 1845 until the Lunatics Law Amendment Act 1889 followed by the Lunacy (Consolidation) Act 1890 which incorporated the provisions of the former and remained in place until 1959 with notable amendments, especially on voluntary admission, introduced by the Mental Treatment Act 1930.³⁶ Public opinion had become alienated from asylums and changes effectively placed people with mental health problems on a par with criminals, and, for example, the right to vote or make a will was not available to them. Kathleen Jones maintains that the 1890 Act was a disaster since it inhibited improvements in treatment and thwarted the efforts of some doctors who had been admitting people on a voluntary

³⁴ Andrew Scull, *Museum of Madness The Social Organisation of Insanity in Nineteenth Century England*, Allen Lane, Penguin Books, London 1979,

³⁵ Peter Bartlett and David Wright, 'Community Care and its Antecedents' in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum, The History of Care in the Community 1750-2000*, Athlone Press, 1999, pp.1-2.

³⁶ 52 & 53 Vict. c.41, 53 Vict. c.5, 20 & 21 Geo.c.23.

basis.³⁷ The 1890 Act is not without its advocates, especially legal historians, including Clive Unsworth who points to the failure of asylums to fulfil their curative promise and thereby encouraging their perception as custodial institutions which should be regulated accordingly; he also points out that much of the legislation was concerned with private rather than pauper patients.³⁸ David Roberts, writing in 1960, places lunacy reform in the context of a wider state involvement for the good in domestic affairs from the 1830s onwards, including inspections of mines, poor law, schools, railways and prisons. The Lunacy Commission encouraged good practice and, along with other inspection reports in other activities, provided blueprints for the reform of Victorian society.³⁹

Andrew Scull was scornful of David Roberts' '...great nineteenth-century movement for a more humane and intelligent treatment of the insane.'⁴⁰ He would endeavour to show that almost in all aspects Roberts' understanding was false or provided a grossly distorted picture. Kathleen Jones attracted even greater criticism, largely it seems, on the grounds that she had earned praise from some psychiatrists who '... policed their own history...' He condemns this 'Whiggish' interpretation and '...suggests that the sources of the movement for lunacy reform are infinitely more complex, the humanitarianism and the science indisputably more ambiguous, and the intelligence and humanity of the regimen in the public museums of the mad built by the Victorians inescapably more dubious than an earlier generation of historians ever imagined.' He drew inspiration from Karl Marx and Michel Foucault while distancing himself from the detail of their works.⁴¹

Essentially, Andrew Scull considers that the huge growth of the numbers in asylums was attributable to the '...effects of a mature capitalist market economy and the associated ever more thoroughgoing commercialisation of existence.' This changed the traditional rural and urban structure leading to the abandonment of long established techniques for coping with the poor and troublesome (including

³⁷ Kathleen Jones, *Asylums and After*, op. cit. pp.112-14.

³⁸ Clive Unsworth, *The Politics of Mental Health Legislation*, OUP, 1987, pp.80-111.

³⁹ David Roberts, *Victorian Origins of the British Welfare State*, Yale University Press, London 1960.

⁴⁰ *Ibid.* p. 62.

⁴¹ Andrew Scull, *The Most Solitary of Afflictions*, pp.2-4.

troublesome people in affluent classes.) He does not suggest that there was an urban-rural split since some of the earliest nineteenth century public asylums were in rural counties including Bedfordshire, Norfolk, Cornwall and Dorset. None of the counties in the West Midlands and the North of England, the most industrialised areas, built an asylum until compelled to do so by the 1845 Acts.⁴² The pace of change varied and nowhere was this more evident than in Wales. Eric Hobsbawm made the point that the market economy existed in England by 1750 although its initial impact on social structure was limited and Wales was not included in the characteristic industries of the first stage of industrialisation. Even when iron, copper and later coal impacted, small family farms persisted.⁴³

Scull says that the position in some parts of Wales was markedly different to that in England even after the middle of the century. In the 1870s, 60 per cent of the known lunatics in South West Wales and 72 per cent in Anglesey were at home or boarded while it was less than 27 per cent in Glamorgan. The Welsh experience is fascinating, he says, speculating that ‘...the very economic “backwardness” of the Welsh countryside brought with it a certain insulation from the corrosive effects of capitalism on the strength of family ties and perhaps helps us to understand the inhabitants’ lack of enthusiasm for consigning their troublesome relatives to the asylum.’⁴⁴ He refers to the study of North Wales by Pamela Michael and David Hirst who describe ‘... the clear fracture between the new, modern standards represented by asylum care, but requiring state intervention and control, and the older familistic patterns of domestic solutions. This is illustrated by the practice in South West Wales. The Medical Superintendent reported in 1869 that a low number of patients were being admitted to the asylum in Carmarthen. He remonstrated with the Poor Law Unions about their failure to admit people showing signs of mental illness within three months of its onset when they had the greatest chance of recovery. They were only admitted when they became troublesome, he maintained, and only rarely for mental health treatment. In 1875 the Medical Superintendent pointed out that young people

⁴² Andrew Scull, *The Most Solitary of Afflictions*, op.cit. pp.28-34.

⁴³ E J Hobsbawm, *Industry and Empire; An Economic History of Britain since 1750*, Weidenfeld and Nicholson, London, 1968, pp.254-5.

⁴⁴ Andrew Scull, *The Most Solitary of Afflictions*, p.365.

migrated creating a disproportionate impact on the percentages of lunatics in the three counties who retained all of their mentally ill but also the ones returning from Glamorgan and elsewhere if they fell ill. He had also formed the view that mentally ill persons in Glamorgan were more likely to be placed in the asylum while in South West Wales they were allowed ‘...stay at home and procreate their kind’.⁴⁵

The fact that the incidence of mental illness in Glamorgan was lower than the average for England and Wales in the early years reflected the inward migration of younger people as indicated above but in the latter part of the century the numbers moved towards convergence. The impact of rapid industrialisation, notably in the coal industry and in the growth of Cardiff and other ports, on the mental health of people has not been extensively covered in the historiography of this period. There is little direct evidence in the asylum’s medical records and annual reports other than occasional references to the impact of strikes or recessions. Historians have concentrated on the physical effects and the response to them by medical aid societies and the miners’ union in the coalfield where rapid growth took place after 1870. It was the most dangerous coalfield in Britain with a greater number of accidents and higher rates of occupational disease than elsewhere.⁴⁶

The medical profession is the recipient of Scull’s greatest criticism and he asserts that even in the closing decade of the nineteenth century their claims to expertise and insight rested on remarkably slender foundations. Having excluded other providers, the profession had achieved a virtual exclusive right to direct the treatment of the insane while trying a plethora of drugs, electricity and Turkish baths plus other remedies in an almost haphazard way. Having successfully appropriated ‘moral treatment’ they had still failed to produce the promised cures. There were critics within the profession, as Scull acknowledges, including John Charles Bucknill, who wrote in 1880 that ‘the creative influences of asylums have been overrated and those of isolated treatment in domestic care undervalued...large numbers are needlessly

⁴⁵ Andrew Scull, ‘Rethinking the History of Asylumdom,’ in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society*, op.cit. p.35, Denzil Jones, *The Development of Mental Health Services in South West Wales, 1845-1914*, unpubl. MA dissertation, Trinity University College, 2010, pp. 11-14, 44-6.

⁴⁶ John Davies, *A History of Wales*, Penguin, London, 2007, pp. 458-9.

detained.’⁴⁷ The President of the Medico Psychological Association wrote in 1867 that the ‘public look upon asylums as places of detention and Medical Supervisors are little better than jailers.’ Even in 1903 the then President commented that the medical experience had been ‘crystallised into habit’⁴⁸ The early Victorian confidence that insanity was a disease which doctors were competent to diagnose and treat was replaced with disappointment and a growing questioning of the use of drugs and treatments.⁴⁹

Scull also maintained that the medical profession had thwarted the implementation of one provision in the 1845 Act relating to the discretionary power given to county authorities to establish separate institutions for the chronic sick. He recognises that there would be opposition on grounds of costs from the authorities, nevertheless, he suspects that the prime reason was the fear on the part of the profession that others might compete with them for limited available funds.⁵⁰ In the case of Glamorgan the evidence points the other way. There are references, from time to time, in the Medical Superintendent’s reports to the advantages of having separate institutions or making more use of workhouses so that the asylum could concentrate on its original purpose of attempting to cure patients. On one occasion the Visitors disagreed on grounds of cost as indicated in Chapter 3.

Asylums were filling up, not because of the intervention of asylum doctors, but due to Poor Law Unions sending people there. Peter Bartlett says that the asylum was not generally linked with the private madhouses and charitable hospitals, where they existed, but with the union workhouse and the system of doles which constituted poor relief. The county asylum was essentially a Poor Law Institution.⁵¹ Bill Forsythe, Joseph Miller and Richard Adair maintain that the road of the pauper lunatic to the county asylum always led from officials of the Poor Law Union in the guise of

⁴⁷ Andrew Scull, *The Most Solitary of Afflictions*, op.cit. pp. 244-5, 320.

⁴⁸ Trevor Turner, ‘Not worth the Powder and Shot: The Public Profile of the Medico-Psychological Association, c. 1850-1914,’ in German E Berrios and Hugh Freeman, (eds.), *150 Years of British Psychiatry, 1841-1991*, Gaskell, London, 1991, pp.7-9.

⁴⁹ Edward Renvoize, ‘The Association of Medical Officers of Asylums and Hospitals for the Insane.’ In German E Berrios and Hugh Freeman, (eds.), *ibid.* pp. 62-71.

⁵⁰ Andrew Scull, *The Most Solitary of Afflictions*, op. cit. 270-1.

⁵¹ Peter Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid Nineteenth Century England*, Leicester University Press, London and New York, 1999, p.2

guardians, relieving officers, workhouse masters, medical officers and their assistants. Based on their research in Devon, the definition of pauper was also open to interpretation and not only the most destitute were admitted but also a wide cross section of occupational and social classes.⁵²

'Clinical historians' responded vigorously to the 'revisionist' views of Andrew Scull claiming that '...once his verbal pyrotechnics have been penetrated, the underlying data look more than shaky'. They claim that if the history of asylums had been put in the context of health treatment generally then deficiencies elsewhere, including in general hospitals, would have led to a more balanced understanding of what took place in the asylums of the nineteenth century. In their view the revisionists did not make enough allowance for what was possible in terms of clinical treatment and also exaggerated the influence of the profession which had a low status and did not in fact have a qualification comparable to other specialities until 1971. German E Berrios and Hugh Freeman say that the early and small asylums had treated patients with a good prognosis successfully and this success led to less favourable cases being admitted with consequential failure to discharge them. Over time the numbers of such cases accumulated and given that asylums were also increasingly pressed to admit chronic cases, and a variety of other conditions including mental retardation, addictions, dementia and epilepsy, numbers increased. Moreover, as the asylums' facilities became more widely known, cases which had been managed, though with difficulty, by families, workhouses or small private establishments ended up in asylums. They concluded that, 'The combined effect of all these factors would be to reduce steadily the proportion of acute recoverable cases in successive admission cohorts, and thus the crude rate of 'cure'.⁵³

Edward Shorter, a social historian with pre-clinical medical training, claims that Scull and others characterise psychiatric disorder as merely troublesome behaviour for society and therefore people were consigned to an asylum. It followed that doctors were 'medicalising' behaviour that was simply 'problematic'. While this over simplifies

⁵² Bill Forsythe, Joseph Miller and Richard Adair, 'Central State and the Devon Lunatic Asylum,' in Joseph Melling and Bill Forsythe, (eds.), *Insanity, Institutions, and Society*, op.cit. p.72.

⁵³ German E Berrios and Hugh Freeman, (eds.), *150 Years of British Psychiatry 1841-1991*, op.cit. pp. xiii-xiv.

Scull's argument, Shorter also takes issue with, what he terms, the scholars of the Wellcome Institute who recognise 'madness' as an illness but are more comfortable discussing it in a societal context rather than as a phenomenon in itself. He does not dismiss this position entirely but adds a third concept, which he supports, whereby mental illness is accepted as real and broken down into its component parts. Some of these may remain historically constant but others might change. By way of example, Shorter argues that in the nineteenth century several components did increase, particularly neuro-syphilis, alcoholic psychosis and less certain, schizophrenia. As for filling asylums, he argues that part of the answer lies with the 'redistribution of psychiatric patients from families and the poor house,' which is a non contentious statement, but he calls for greater emphasis to be placed on the different types of mental illness and the responses to them.⁵⁴

A more balanced interpretation subsequently emerged and Elaine Murphy says that largely due to the work of Peter Bartlett, David Wright, Bill Forsythe and Joseph Melling '...the asylum and 'mad doctors' have been repositioned on the periphery of a target that places the administration of the poor law at its centre...This new generation of historians, released from the imperative of chasing Foucault's shadow, have continued the search for an understanding of institutions in the management of the poor and disadvantaged during the process of social and political development of the modern state. What emerges is that even at their peak of expansion, asylums were only part contributors to a broad spectrum of institutional "supervisors" of care, orchestrated by the multi-layered Poor Law administrative system'.⁵⁵ Joseph Melling points to the complexity and permeability of the institutional politics of insanity, involving different groups with varying resources. He adds that even an institution as forbidding as the Poor Law workhouse could be approached and utilised, if not manipulated, by local communities and families seeking solutions to the problems of

⁵⁴ Edward Shorter, *A History of Psychiatry, From the Era of the Asylum to the Prozac*, John Wiley, New York, 1997, pp. 48-50.

⁵⁵ Elaine Murphy, 'Insanity in England 1800 to 1870', in Roy Porter and David Wright, (eds.), *The Confinement of the Insane, International Perspectives, 1800-1965*, Cambridge University Press, 2003, p. 336.

managing those who were identified as mad.⁵⁶ David Wright concludes that rather than medical superintendents being central to the admission of patients this role was fulfilled by the family and that the ‘... confinement of the insane can be thus seen not as a consequence of professionalising psychiatric elite, but rather as a pragmatic response of households to the stresses of industrialisation’.⁵⁷

Wright also presents a far more positive view on the numbers of patients discharged than is usually quoted indicating that, based on a study of six asylums in the mid Victorian period, 40-60 per cent of patients stayed less than twelve months. By the last decade two thirds of new admissions stayed for two years or fewer when ‘...asylums were supposedly silting up with chronics and incurables’.⁵⁸ (In Glamorgan the majority of ‘recovered’ patients were discharged in less than a year but they only made up about 30 per cent of admissions. If ‘relieved’ patients are also included then the total number discharged accounts for around a half of admissions in this period.)⁵⁹ While the discharge figures look impressive, nevertheless, it is not evidence that there was no silting up since numbers in asylums with no chance of recovery were increasing. Andrew Scull, in his later work, acknowledged that studies by, for example, John Crammer, Charlotte MacKenzie and Laurence Ray showed that turnover in asylums was greater than hitherto recognised and their studies indicated that over a third left in under a year. However, it meant that a very substantial number remained to swell the number of long stay chronic patients, even after allowing for discharges of patients who had not recovered to other institutions or home and deaths.⁶⁰ Melling and Forsythe say, ‘There is some irony in the fact that the asylum began as an attempt to rescue those held captive in the community and, by 1914, was functioning as an instrument of containment for decrepit, mentally

⁵⁶ Joseph Melling, ‘Accommodating Madness New Research in the social history of insanity and institutions’, in Joseph Melling and Bill Forsythe, (eds.), *Insanity, Institutions and Society*, op. cit. p.21.

⁵⁷ David Wright, ‘Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century’, *Social History of Medicine*, Vol. 10, No. 1, 1997, p.139.

⁵⁸ *ibid.* p.143.

⁵⁹ GA/DHGL/3/8, *Annual Report for 1930*, p.28.

⁶⁰ Andrew Scull, *The Insanity of Place/The Place of Insanity, Essays on the history of psychiatry*, Routledge, London, 2006, pp.81-2.

impaired, highly damaged and distressed people, many of whom would never leave it alive.⁶¹

The summary of the position set out in the last paragraph indicates that dealing with patients with such a range of conditions and ages created profound issues of management. The quality of staff is a key issue and the few medically qualified staff were supported by nurses (male ones were called 'attendants') and while their training improved it remained at a rudimentary level well into the twentieth century. This and other issues, including the challenges in dealing with potential suicide cases, are discussed further in Chapter 4. The issue of gender balance has also attracted the interest of historians, notably Elaine Showlater who claims that madness was the 'female malady' of the nineteenth century.⁶² The statistical validity of her claims are disputed and Joan Busfield, for example, says that no evidence is provided of a marked affinity between women and madness.⁶³

While the majority of studies end with the First World War there is continuity in terms of care and treatment well beyond that period and this applies to the Glamorgan County Lunatic Asylum, renamed Mental Hospital in 1922, but with no discernible change in methods down to 1930. This was not exceptional and Hugh Freeman says that a psychiatrist in 1900 returning to his hospital thirty years later might well be impressed by how little things had changed. It was a culture that was remarkably stable and resistant to change. Psychiatry as such was largely unknown and the mad-doctors were commonly referred to as 'alienists' and there was little research activity in the United Kingdom although much was going on in continental Europe and, for example, the work of Emil Kraepelin on the concept of dementia praecox (schizophrenia) published in 1893 would have important consequences for treatment. It was not until 1905 that his work was translated from German and his views gained currency. In this period there was no common understanding of what various diagnoses meant which held back scientific development in psychiatry. Hugh Freeman

⁶¹ Joseph Melling and Bill Forsythe, *The Politics of Madness, The State, insanity and society in England, 1845-1914*, Routledge, London, p.202.

⁶² Elaine Showlater, *The Female Malady: Women, Madness and English Culture 1830-1980*, Virago, London, 1987.

⁶³ Joan Busfield, The Female Malady? *Sociology*, Vol. 28 no 1, 1994, pp.259-77.

draws a comparison between Kraepelin's meticulous collection of data about his patients with the subjectivity and anecdotal accounts of Dr Henry Maudsley's writings which were influential at the end of the nineteenth century.⁶⁴

Cardiff Mental Hospital alone among asylums in Wales took research seriously and they also linked up with German researchers in the early decades of the twentieth century. This is discussed further in Chapter Five. Dr Edwin Goodall, the Medical Superintendent, spent a decade in charge of the asylum in Carmarthen before leaving for Cardiff in 1906. While in Carmarthen he was provided with pathology facilities but not the staff needed to make effective use of them. There was also no money for him to introduce new practices including hydro therapy. This was not unexpected given that the Carmarthen Visitors took particular pride in having one of the lowest weekly maintenance charges for patients in England and Wales. Their parsimony extended to capital expenditure and notably it took 28 years from 1898 until 1926 to implement an essential sewage disposal scheme.⁶⁵

There were some initiatives which pointed in a more positive direction. One was the establishment of a small charitable hospital in Brighton in 1905 by Dr Helen Boyle to provide care for women and children who were borderline cases and not caught up in the certification requirements of the 1890 Act. Not unlike alienists generally, she emphasised the need for early treatment which included rest, gentle exercise, electric and hydropathic treatment, special diets, massage and communal leisure activities. Dr Boyle was convinced that environmental factors had a bearing on the development of mental disorder and, once treated, there was need for adequate after care. Discharged patients were encouraged to make return visits and some were given work at the hospital as part of a holistic approach to treatment absent in public asylums.⁶⁶ While this was a valuable initiative its small size and ability to devote a lot of attention to the patients is reminiscent of the early days of the York Retreat more than a century previously and before numbers overwhelmed the public system of care.

⁶⁴ Hugh Freeman, 'Psychiatry in Britain, c 1900' *History of Psychiatry*, Vol.21, 3, 2010, pp. 313 -9

⁶⁵ Denzil Jones, *The Development of Mental Health Services in South West Wales, 1845-1918*, unpubl. MA diss., Trinity University College, 2010, pp. 67, 72.

⁶⁶ Louise Westwood, 'A Quiet Revolution in Brighton: Dr Helen Boyle's Pioneering Approach to Mental Health Care', *Social History of Medicine*, Vol.14, Part 3, 2001, pp. 439- 43.

In 1907 Dr Henry Maudsley, the 'aristocrat's alienist' gave the London County Council £30,000 to establish a new asylum for early and acute cases with no more than 100 patients with a half or more being pauper patients and the others fee paying. It would have an out-patient department and have facilities for research and teaching. The Maudsley Hospital was completed in 1915, and admitted patients without certification, becoming in 1924 a teaching school of London University. Such initiatives were not widely replicated in the 1920s given the restrictions on public expenditure implemented in 1921 by the 'Geddes Axe'. Over time the Maudsley became a respected teaching hospital but more controversially it developed links in the 1930s with German researchers interested in eugenics.⁶⁷

Finally, there is a limited amount of literature about the development of mental health services in Wales. The most comprehensive published work relates to North Wales by Pamela Michael.⁶⁸ There was a determined local interest in building an asylum in Denbigh, which opened in 1848, while there was more limited interest in Glamorgan leading to much delay. There are similarities in the operation of both institutions and the demand for expansion to meet needs is common. There is also a significant industrial presence in the slate industry of North West Wales and the coal and later steel industry in the North East. The need to provide extra accommodation led to disputes between the five constituent authorities jointly managing the asylum similar to the experience in Glamorgan when there was an attempt to establish one jointly with the counties of South West Wales.

Doreen Annear, a former clinician at the Morgannwg Mental Hospital, traces the history of the institution from its inception but mostly covers the period after 1930.⁶⁹ T G Davies, also a clinician, has written extensively on mental health history and specifically on the establishment of the Glamorgan Asylum and this study has drawn on both authors' works.⁷⁰ Gemma Wilkinson studied the experiences of women in the Glamorgan Asylum between 1865 and 1886 which provide a valuable insight based on patients' medical records and admission details albeit written from the perspective of

⁶⁷ Kathleen Jones, *Asylums and After*, op. cit. pp.126-7.

⁶⁸ Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales*, op.cit.

⁶⁹ Doreen Annear, *The Story of Morgannwg Hospital*, op.cit.

⁷⁰ T G Davies, 'An Asylum for Glamorgan', *Morgannwg*, Vol. XXXVII, 1993.

male doctors. There is ample evidence that admission was not at the instigation of asylum doctors but on the initiative of families, relieving officers and Poor Law doctors much as Joseph Melling indicates above.⁷¹

⁷¹ Gemma F Wilkinson, *The Experiences of Women at the Glamorgan County Lunatic Asylum, 1865-1886*, unpubl. MA dissertation, Swansea University, 2010.

Chapter 2: Establishing the Asylum

'A very excellent asylum when alterations and additions, some still in progress, are completed'

No one was better placed to say this than the first Medical Superintendent Dr David Yellowlees.¹ It had taken until 4 November 1864 before the Pauper Lunatic Hospital for Glamorgan at Angelton, near Bridgend received its first patients. And it was still not complete. On that day fourteen men transferred from Vernon House, Briton Ferry increasing to 40 by the end of the month to be followed by forty women also from Vernon House in January 1865. The asylum was well on its way to its complement of 300 patients. These were selected on the basis that they were not troublesome or dangerous but the majority were beyond recovery having been in asylums upwards of 20 years. Many, though, were fit enough to help in making the place habitable and assisted with scrubbing floors, and clearing and levelling the grounds.² At last it was in place after some twenty years of consideration and planning with abandoned plans succeeded by others culminating in costs which more than doubled during its construction. Why it took so long is examined in this chapter.

Early considerations

While the impetus for building generally was well over before Glamorgan had even started, some early interest had been shown by the magistrates in 1830 when they established a county asylum committee but nothing is known of its activities and possibly it never got around to meeting.³ It was not until January 1834 that T R Guest, a member of the iron industry family, gave notice at the Quarter Sessions that he would raise the possibility of providing an asylum for the county either on its own or in conjunction with others, at the next meeting.⁴ A committee was duly established to look into the matter and a measure of support was given by John Homfray, another iron family member, who offered £315 outstanding in a fund originally intended to

¹ Glamorgan Archives, (GA hereinafter)/Q/AM/9/1/2, *Visitors Committee Minutes*, 20 December 1864.

² *ibid.*, 20 December 1864, 21 March 1865.

³ T G Davies, 'An Asylum for Glamorgan', *Morgannwg*, Vol. XXXV11, 1993, p.40.

⁴ *Cambrian*, 4 January 1834.

help debtors.⁵ This was supplemented by an offer of a further £100 by T R Guest with a renewed request that discussions start with neighbouring counties. The chairman, John Nicholl MP, was unenthusiastic and indicating a lack of support elsewhere referred to the county's debt and suggested deferring the matter. Interestingly, he thought that changes in prison legislation which were before Parliament at the time, could release some space in Cardiff gaol which might easily be converted into an asylum for the county. Evidently none of the more progressive thinking associated with the York Retreat and elsewhere had permeated the county's establishment.⁶ It was sufficient to defer consideration and nothing transpired until the autumn of 1836 when William Williams, Aberpergwm, near Neath, engaged the Quarter Sessions' interest and a new committee was established which decided to review the list of known lunatics in the county.⁷ Remarkably, considering the lack of interest shown by the majority of magistrates in earlier discussions, they agreed to advertise for medical practitioners to come forward with proposals to provide and run an asylum for about a hundred people. The key issue for the magistrates was that they did not wish to build one at public expense, thereby reflecting concerns expressed previously about cost which was ever present in any discussion on the matter.⁸

Thomas Bevan, based in London, wrote to the *Cambrian* advising the magistrates to provide an asylum worthy of the county and run by a resident medical officer able to implement the most successful moral and medical treatment. He indicated that the Middlesex County Asylum, Hanwell and the one in Wakefield were examples of what could be achieved and this option was preferable to the one proposed in the advertisement.⁹ While nothing of any consequence emerged from this particular initiative there was continuing discussion, especially about joining with neighbouring counties in providing an asylum, but it came to an end abruptly in January 1838, some

⁵ GA/Q/S/M/18, *Quarter Sessions Minutes*, 8 April 1834.

⁶ *Cambrian*, 5 July 1834.

⁷ GA/Q/S/M/18, *Quarter Sessions Minutes*, 18 October 1836, 5 November 1836, *Cambrian*, 7 January 1837.

⁸ GA/Q/S/M/18, *Quarter Sessions Minutes*, 4 April 1837, *Cambrian*, 6 May 1837.

⁹ *Cambrian*, 24 June 1837

two years after the start of this round of discussions, and the committee was disbanded.¹⁰

Evidently, the magistrates of Glamorgan were at the margins of developments in providing care for pauper lunatics. It seems that the first private madhouse in the county, as mentioned in the previous chapter, was established by May Hill in Swansea in 1815 to look after the 'melancholy effects of Mental Disease'. An advertisement appeared in the *Cambrian* indicating that the premises '*...is now completely ready for the reception of patients who will experience the utmost care of and attention of Dr Hobbes whose study has for many years been particularly directed to the treatment of mental diseases*' but there does not appear to be any record of its contribution.¹¹ As indicated in the previous chapter, magistrates were given powers to establish lunatic asylums, at public expense, under 'Wynn's Act' in 1808 'for the better care and maintenance of lunatics, being paupers or criminals in England'. While its provisions were comprehensive it was permissive in terms of implementation and there is no record of any discussion in Glamorgan about establishing one in the early years after its enactment. The interest described above may have been initiated by two further Acts of Parliament in 1828 which established a Metropolitan Commission to inspect private asylums in London and required magistrates in the provinces to inspect, licence and report on private madhouses. And county asylums were required to keep records and send returns to the Home Secretary. In England nine county asylums were established in the twenty years after the enactment of the 1808 Act followed by a further eight between 1828 and 1842. There was no particular pattern in their establishment. The first was in Nottingham in 1811 and included a wide geographical spread with an asylum opening in Lancaster in 1816 and Cornwall at Bodmin in 1820. After 1828 Middlesex and Surrey built asylums in London while rural counties including Norfolk and Suffolk set up institutions and strikingly the majority were in rural counties.¹²

¹⁰ GA/Q/S/M/18, *Quarter Sessions Minutes*, 2 January 1838.

¹¹ *Cambrian*, 29 April 1815, T G Davies, 'Bedlam Yng Nghymru', *Transactions of the Honourable Society of Cymmrodorion*, 1980, p.117, T G Davies, 'Lewis Weston Dillwyn and His Doctors', *Morgannwg*, Vol. XXX11, 1988, p.79.

¹² Kathleen Jones, *Asylums and After*, op.cit. pp. 36-7, 60-4.

Whether to do anything was a matter of local discretion and it was virtually two years before the magistrates looked at the matter again in December 1839 and, then, only because they were approached by their colleagues in Carmarthenshire, Cardiganshire and Pembrokeshire. Yet another committee was pulled together, including unusually, the chairmen of boards of guardians provided they were magistrates. As an aside on the protocol of the day, an elected guardian not having a significant business position, large personal wealth or a member of the gentry could have been chair of a Poor Law Union but in that event would not be of sufficient status to join the magistrates in their deliberations. The guardians, even more than the magistrates, were likely to be mindful of an increased county rate being very close to those who already complained about the poor rates. It was nearly a year later in October 1840 when they concluded that an asylum was unnecessary for the present.¹³

The Quarter Sessions' single biggest expenditure was on the county gaol while increasing amounts were being spent on the police. Major risings over a decade from the early 1830s including the Merthyr Riots, Scotch Cattle, Chartists and Rebecca Riots, with numerous less spectacular occurrences, tested the resources of the custodians of law and order. The period between 1830 and 1844 has been described by J Philip Jenkins as among the most disturbed in Welsh history. Cardiff Poor Law Union, for example, decided in 1839 that it would give up its new workhouse to billet the military if it was necessary to defend the town against the Chartists. And in 1841 the Bridgend and Cowbridge Union accommodated newly recruited police in the right wing of the workhouse for three weeks while they undertook their training.¹⁴

Provision before the asylum

Magistrates made the point that the number of lunatics was very small and there was the ability to send them to asylums in adjoining counties in England. No reference was made to the needs of the patients who might have fared better nearer to their homes or who were monoglot Welsh speakers and may not have understood anyone in a far

¹³ GA/Q/S/M/18, *Quarter Sessions Minutes*, 31 December 1839, 13 June 1840, 20 October 1840.

¹⁴ J Philip Jenkins, 'Glamorgan Politics' in Prys Morgan (ed.), *Glamorgan County History, Vol. V1*, Glamorgan History Trust, Cardiff, 1988, p.10, GA UC/2/1, *Cardiff Poor Law Union, Board Minutes*, 16 November 1839, GA/ UB/1/2 6 November 1841.

way asylum.¹⁵ A Parliamentary return made in 1843 recorded a total of 147 lunatics and idiots made up of 85 lunatics and 62 idiots. No less than 84 were living with family, friends or elsewhere, 37 in a licensed house (private asylum), 25 in a workhouse and one in a public asylum.¹⁶

Walter Coffin, a Llandaff, Cardiff, Magistrate, Chairman of the Cardiff Guardians, Rhondda coal owner and future Liberal member of parliament wrote to the Poor Law Commissioners in 1840 about the lack of justification for an asylum. In his view lunatics could be cared for as well in a private asylum (he was keen that the Commissioners should certify such places) and it would be cheaper. Keeping pauper lunatics in Gloucester Asylum, which he acknowledged was excellent, cost 1s 7d a week more than in Bailbrook House, Bath and took the view that an asylum was not needed for the time being given the heavy burden placed on ratepayers following the building of union workhouses.¹⁷ Placing a pauper lunatic in Bailbrook House cost the Cardiff Guardians 9s-0d a week while outdoor relief for 1,094 paupers was £127-9-11d averaging less than 2s-6d a week in 1841. No doubt keeping pauper lunatics with family or friends as long as possible with some financial support was a more fitting outcome for the pockets of the ratepayers. And possibly not just for the Guardians. For example, Kenneth Bohan, from Newton near Porthcawl was receiving 1s-6d a week and was given an extra 6d a week in October 1837 by the Guardians and the following month he was given a suit.¹⁸ It is no wonder that the Clerk of the Cardiff Guardians was able to write to the Poor Law Commission in 1843, to say that, after consulting the Union's Medical Officers, there was not one case that presented a reasonable prospect of cure if sent to a lunatic asylum.¹⁹ The Cardiff Guardians made frequent use of private asylums especially Belle Vue, Devizes and Bailbrook House, Bath in this period. In 1839 they had twelve people in Belle Vue, two in Bailbrook and one other in an asylum near Bristol. The following year on the advice of their Medical Officer (who had commissioned a medical report on the condition of patients at both

¹⁵ *Cambrian*, 24 October 1840.

¹⁶ PP(1844), XL, *Pauper Lunatics, Return of the Number of Pauper Lunatics and Idiots*, 1843, pp.22-3.

¹⁷ National Archives, (NA hereinafter), MH 12/16246/178, Walter Coffin to Poor Law Commissioners, 23 March 1840.

¹⁸ GA UC/2/2, *Cardiff Poor Law Union, Board Minutes*, 15 May 1841, 26 June 1841, GA UB1/1, *Bridgend and Cowbridge Poor Law Union, Board Minutes*, 28 October 1837, 4 November 1837.

¹⁹ NA/MH12/16247/30, Clerk, Cardiff Poor Law Union to Poor Law Commissioners, 16 September 1843.

institutions) they decided to move all of their patients, then numbering twenty, from Belle Vue to Bailbrook House. The numbers fluctuated, for example, there were 13 patients at Bailbrook House in early 1843 but it is not possible to say how long they were there although it appears that the stay of some may have been short.²⁰ Belle Vue was the larger facility and in 1844 had room for 148 pauper patients while Bailbrook had room for 66 people. The former charged 8s-0d a patient, per week, including clothing, in 1844 compared with 8s-9d in Bailbrook but Cardiff Guardians had removed their patients on medical advice.²¹

There are no extant records for the Swansea Union in this period but the Bridgend and Cowbridge Union decided in 1840 to make use of Bailbrook House and the Merthyr Union also used the asylum together with Belle Vue Devides. In 1841 the Bridgend and Cowbridge Guardians undertook a specific review of the number and condition of pauper lunatics and idiots. They found 22 cases and their Medical Officers advised that none should be admitted to the workhouse given that it would not be beneficial for them to be separated from their families and friends. This laudable conclusion was not entirely altruistic for they also indicated that some required daily and almost hourly attendance and if admitted to the workhouse two designated wards would have to be established for males and females and additional staff taken on. The guardians would have been content if there had been sufficiently able bodied people in the workhouse to look after them but this was not the case and they were concerned that the work would exhaust them even if the lunatics were not dangerous. Setting aside the fact that they should not be accommodating dangerous lunatics they decided that the matter would be looked at again if the workhouse was able to provide the necessary support from within for nothing. If the Bridgend Guardians were concerned about the plight of families having to look after people of this description it was not recorded. The workhouse had a continuing role in accommodating lunatics but it took the Cardiff Union until 1858 to specifically designate two wards of four beds each for them and this was approved by the Poor

²⁰ GA/UC/2/2, *Cardiff Poor Law Union, Board Minutes*, 21 December 1839, 29 February 1840, 26 December 1840.

²¹ PP(1844), House of Lords, XXVI, *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor*, p.213.

Law Commissioners. In a Parliamentary return in 1861 Cardiff indicated that they were accommodating thirteen lunatics, Merthyr Tydfil, which had no designated wards, had fourteen, Neath twelve, Swansea seventeen and Bridgend only three. It was cheaper to maintain lunatics in a workhouse than in an asylum and families were not separated by huge distances but there was a major disadvantage in that no one had specific knowledge of their needs.²²

The physical condition of paupers sent to asylums was usually very poor. The Metropolitan Commissioners commented on this in their review conducted in 1843 and said of Belle Vue, Devizes ‘...paupers are frequently sent in an extremely bad condition being detained as long as they are manageable or can be kept clean. Many from Wales are violent and bad cases when they arrive’.²³ Bailbrook House contacted the Merthyr Union in 1839 saying that a lunatic had arrived with no change of clothing and unclean and the Union agreed to pay the additional cost.²⁴ Again in 1842 the same asylum asked the Merthyr Union whether they should buy clothes for their patients. They replied in the affirmative but asked for economy to be exercised.²⁵

It is difficult to imagine that pauper lunatics were a high priority on any one’s list in Merthyr. In the four decades between 1801 and 1841 the population had grown from 8,000 to 35,000 and in the decade to 1851 it went up by a further 11,000 to 46,000 a growth of 475 per cent in the first half of the century.²⁶ Iron companies provided doctors for their workers paid out of wages but in 1850 the town had no hospital or workhouse and lunatics and other people unfortunate enough to be blind, deaf and dumb were sent off to asylums if they could not survive at home. Epidemics struck, including measles, scarlet fever, smallpox, typhoid and the dreaded cholera which alone accounted for 1,382 deaths in Merthyr Tydfil in 1850. In good times ironworkers earned 50s a week and were able to pay 6s a month rent, 6d a week for the doctor

²² GA/U/M/1/1, U/M/1/2, *Merthyr Poor Law Union, Board Minutes, 1836-43*, U/B/1/1 *Bridgend and Cowbridge Poor Law Union, Minutes, Board 2 December 1841*, UC/2/7, *Cardiff Poor Law Union, Board Minutes, 27 November 1858*, PP(1860),LV111, *Poor Rates and Pauperism: Insane Paupers on 1 January 1861*, p.44.

²³ PP(1844), House of Lords, XXVI, *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor*, p.231

²⁴ GA/U/M/1/1, *Merthyr Tydfil Poor Law Union, Board Minutes*, 11 May 1839.

²⁵ GA/U/M/1/2 *ibid.*, 24 December 1842.

²⁶ *Digest of Welsh Statistics*, *op.cit.*, p.63.

and 6d for the sickness fund while ordinary labourers earned 10s a week and girls 4s-7d a week. The latter were the most likely to slip into poverty with their dependents in the bad times.²⁷ Merthyr along with all large towns had limited water supply and poor drainage and sewerage which created conditions for disease but, of course, the majority survived. Gwyn A Williams graphically contends that '...our chief sources are the reports of Government commissioners which tended to a high bureaucratic and evangelical biliousness and which found the climate of a frontier settlement peculiarly uncongenial. One can be deceived by an undue concentration on death rates and the numbers of privies per square mile.'²⁸ Reflecting, perhaps, this spirit of the frontier town, there would have been little thought given to the 21 lunatics including two idiots identified in 1843 in the Merthyr Tydfil Union which included Pontypridd and Rhondda. Interestingly, the much more rural Bridgend and Cowbridge Union also returned 21 lunatics and it had a population some 30,000 less than Merthyr.²⁹

Deciphering how far the pressures of industrial life increased the possibility of mental health problems is probably impossible. Glamorgan had a lower rate of insanity than the average for England and Wales as shown in the next chapter. Immigrants in search of work were young and less susceptible to mental health problems and increases were detected when communities were established. Andrew Scull also points out that there was no clear cut connection between the rise of large asylums and the growth of large cities.³⁰

There was, though, increasing interest both at national level and locally in the living conditions of lunatics and also in seeking a cure for their illness where this was possible. Lord Ashley, later the Earl of Shaftesbury, a distinguished Tory reformer who already had a notable record in seeking to improve conditions in factories and mines had joined with other Parliamentarians in securing legislation in 1842 to extend temporarily the role of the Metropolitan Commissioners to cover all of England and

²⁷ E A Davies, 'Life in a Nineteenth Century Iron Town, Merthyr Tydfil in 1850', in Stewart Williams (ed.), *Glamorgan Historian, Vol.12*, Cowbridge, n.d. p.106, Ieuan Gwynedd Jones, 'Merthyr Tydfil in 1850: Impressions and Contrasts', *ibid*, Vol. 4, 1967, pp.40-3.

²⁸ Gwyn A Williams, 'The Merthyr of Dic Penderyn', in Glanmor Williams (ed.), *The Making of a Working Class Tradition*, UWP, Cardiff, 1966, p.11.

²⁹ PP(1844), House of Lords, XXVI, *Report of the Metropolitan Commissioners to the Lord Chancellor*. pp.22-3.

³⁰ Andrew Scull, *The Most Solitary of Afflictions*, op. cit., p.29.

Wales.³¹ Their report referred to the destitute and neglected state of the insane in Wales. Their inquiries had found that there was ‘... little provision for the support and still less for the cure of these poor people who are for the most placed singly, either with their friends (who are in the poorest station in life) or with strangers; a small pittance only being allowed in each case for their support’.³² Such was their concern about Wales that they produced an additional report giving specific examples of neglect mainly drawn from rural North Wales and none from Glamorgan. They were considered to be representative and reflected practice in Glamorgan including the boarding of lunatics for a small charge of 2s-0d a week leaving their treatment to chance but the Commissioners highlighted the fact that many were not treated harshly. Specific mention is made of the fact that the returns on insane included a large number of idiots and imbeciles and they drew attention to the number of births among unmarried idiots.³³

Twenty years to build an asylum

The action taken by the Government resurrected the interest of the Glamorgan magistrates led by John Nicholl MP. In earlier years as Chairman of the Quarter Sessions Nicholl was not supportive of any move towards building an asylum but as the Member of Parliament for Cardiff Boroughs he was well aware of the current political thinking and he would have been well informed about steps taken to establish asylums across the country. He was the son of Sir John Nicholl who had built Merthyr Mawr mansion in the Vale of Glamorgan and was known as the firmest of Tories. John Nicholl followed his father in name, in politics in his profession as a lawyer and in holding his Parliamentary seat between 1832 until his defeat by Walter Coffin in 1852 standing as a Liberal. Nicholl was a friend of the Marquis of Bute and unlike most of their party both favoured free trade, influenced to an extent by concerns about the living standards of the poor.³⁴ This paternalistic sentiment, shared

³¹ Kathleen Jones, *Asylums and After*, op.cit. pp.78-9.

³² PP(1844), XXVI, *Report of the Metropolitan Commissioners*, op. cit., pp.199,202.

³³ PP(1844), House of Lords, XXVI, *Supplemental Report of the Metropolitan Commissioners in Lunacy Relative to the General Condition of the Insane in Wales*, pp. 57-61.

³⁴ J Philip Jenkins, ‘Glamorgan Politics’ op. cit., pp. 5, 11-12.

with Lord Ashley, may have contributed to the remarkable declaration made at the Quarter Sessions on 30 December 1844 when it resolved:

That it is notorious that the chance of recovery of persons afflicted with insanity depend, in a great degree, on their early removal to asylums where they may be subjected to proper medical treatment and supervision.

That the highest medical authorities also attach great importance to the facility with which these unfortunate individuals can communicate with persons around them, and consequently, that in Wales, where a peculiar language prevails, the necessity of local Lunatic Asylums is especially urgent.

The Resolution went on to establish a committee to consider whether it was expedient to erect a lunatic asylum for the county separately or jointly with other counties and to report on the costs of each option. This was the first time that the magistrates had explicitly supported the need for local provision and they also acknowledged the need for communication in Welsh. At the beginning of the nineteenth century the population of the valleys of Glamorgan was largely monoglot Welsh speaking. The growth of coal mining in support of the iron and copper industries together with domestic use attracted mainly Welsh immigrants who were predominantly Welsh speaking. From the 1840s the coal industry developed rapidly with a growth in steam coal and over time the linguistic pattern changed.³⁵ In mid century Cardiff Welsh was considered to be an advantage in obtaining employment in the town's shops although the linguistic pattern would rapidly change and the 1851 census showed that less than 60 per cent of the population had been born in Wales.³⁶

The magistrates recognised that it would take time to build an asylum and recommended that boards of guardians should, in the meantime, send their pauper lunatics to Vernon House, Briton Ferry.³⁷ The timing of the establishment of this private asylum by Robert Valentine Leach proved to be financially rewarding for the former corn dealer, originally from Devizes, who was seeking another venture, this

³⁵ Philip N Jones, 'The Welsh Language in the Valleys of Glamorgan c.1800-1914', in (ed.) Geraint H Jenkins, *Language and Community in the Nineteenth Century*, UWP, Cardiff, 1998, pp.150-2.

³⁶ Owen John Thomas, 'The Welsh Language in Cardiff c 1800-1914, *ibid.*, pp. 183-7.

³⁷ GA/Q/S/M/20, *Quarter Sessions Minutes*, 30 December 1844.

time in industry. He acquired Vernon House in 1843 as a further option to re-establish his depleted coffers and was licensed by the magistrates and in his first year he accommodated 20 patients. Shortly, the numbers increased and when the Lunacy Commissioners visited in 1847 there were 86 patients present with no staff who could speak Welsh which earned a rebuke from them. They also highlighted the cheerless and uncomfortable accommodation in outbuildings with small, damp and badly ventilated rooms.³⁸

There was no groundswell of support for a county asylum in the wake of the bold statement made by the magistrates. It took only some two months for Sir George Tyler, chairman of the committee, to report back to John Nicholl that at a meeting in Swansea there was an ‘... evident disinclination to incur the expense of a public asylum having the one at Briton Ferry.’³⁹ Nicholl conducted his own review of the numbers involved in each of the Poor Law Unions. The Cardiff Union made it clear that there was no need for an asylum. The Bridgend and Cowbridge Union drew attention again to the potential cost and gave as an example the concern they had about a brother and sister who were both idiots living together ‘...and that it was merely on account of the additional expense it would occasion to the parish that they are not sent to the asylum’. Robert Jones, Fonmon Castle, commented that idiots were largely harmless and should not be sent to an asylum adding that all private asylums were places of custody.⁴⁰ It is probable that he had come to this view based on the experience of the private asylums used by Poor Law Unions but as identified in Chapter 1 there were significant developments, such as the York Retreat, which influenced developments in public asylums.

That was certainly not a view shared by Leach, who claimed that the cure rates at Vernon House were second to none and, seizing the moment wrote to Nicholl within a fortnight of the resolution at the Quarter Sessions. He offered to take all of the county’s lunatics for 8s-0d a week each provided they would send at least 80 which

³⁸ PP(1847-8),XXXII, *Lunacy Commissioners, Further Report to the Lord Chancellor*, p.105, T G Davies, *Who Can Expect Health? The Vernon House Asylum, Briton Ferry*, R and T Davies, Neath, 1985, pp.94-5, 98-100.

³⁹ GA/DMM/CO/96/14, Sir George Tyler to John Nicholl 2 March 1845.

⁴⁰ GA/DMM/CO/90/1, 90/4, 90/12, Union Returns to John Nicholl, 1844.

would enable him to pay his way. To make the contract worthwhile he floated a figure of 150 patients. Nicholl, who had some sympathy for Leach, replied saying they could not contract for a specific figure, so he came up with an alternative including a reduced charge of 7s-0d a week but with an additional fixed sum of £600 or possibly even £450 if other counties could be drawn in. Clearly this was beyond Nicholl's power to deliver, even if he were so disposed, but latching on to Leach's enthusiasm suggested that he should dispose of his interest and become an employee of the county as Governor of the asylum. Nicholl did not envisage the Quarter Sessions purchasing Vernon House but using it as a temporary expedient until a county asylum could be built. However, Leach, who was out to rebuild his fortune and not to become a county employee, promptly replied indicating he was '...extremely averse' to such a proposal.⁴¹

But for the intervention of Government legislation in 1845 it is possible that the majority of magistrates would have taken no action to establish a public asylum. The Lunacy Act 1845 converted the Metropolitan Commissioners into the Lunacy Commissioners covering England and Wales with a remit to inspect public and private asylums. It introduced new forms of certification for admission and admission books had to be kept for inspection with the Commissioners being informed of all admissions, discharges and escapes. The County Asylum Act 1845 compelled county authorities or boroughs to establish public asylums either individually or jointly with others. A borough was defined in the legislation as every borough, town and city corporate having a separate quarter sessions, recorder and clerk of the peace. Within Glamorgan there were boroughs, including Cardiff and Swansea, but none fulfilled this criteria so the Quarter Sessions for the county became solely responsible for implementing the Act. It was open to the county to set up a union with other counties and boroughs if it so wished.⁴²

⁴¹ GA/DMM/CO/93/1, Statistical Returns, Vernon House, 96/2, Leach to Nicholl, 11 January 1845, 96/3, Nicholl to Dalton, Clerk Quarter Sessions, 29 January 1845.

⁴² 8 and 9 Victoria c 100, Lunacy Act 1845, 8 and 9 Victoria c126, County Asylums Act 1845.

Given this development the magistrates at last engaged someone of authority to advise them and they commissioned Dr Samuel Hitch, then Medical Superintendent of Gloucester Asylum (who had also reviewed the position in North Wales some time before) to advise on a way forward. He was required to take account of the possibilities at Vernon House but when he reported in October 1846 he only envisaged a temporary role for it as a provider of accommodation for 100 chronic lunatics and advised that they should build a public asylum. The committee of magistrates recommended that they should proceed ‘...without the loss of time’ to build an asylum and ‘...relying that before or after it is finished, some of the other counties of South Wales will be anxious to unite in the undertaking.’⁴³ It was now nearly two years since they had announced an intention to discuss the possibility of a joint asylum with other counties. Nicholl had raised the possibility of uniting with Monmouthshire and Breconshire in 1845 arguing that Glamorgan had more in common with Monmouthshire than Carmarthenshire.⁴⁴ As late as July 1847 Nicholl approached the Chairman of Breconshire Quarter Sessions but was told that they were already committed to joining Monmouthshire.⁴⁵ Monmouthshire magistrates had decided the previous year to open discussions with their neighbours and in September 1847 agreed to build an asylum in Abergavenny jointly with Breconshire, Herefordshire, Hereford City and Radnorshire.⁴⁶

Meanwhile, protracted negotiations with the three counties of south west Wales (Carmarthenshire, Cardiganshire and Pembrokeshire) led to an agreement to build, on the further advice of Dr Samuel Hitch, an asylum for 300 patients in the western part of Glamorgan. He produced his report in May 1847.⁴⁷ The agreement between all of the counties was ratified by the Home Secretary in December 1847.⁴⁸ Selecting a location was a key problem given that the large geographical area pointed to somewhere in the western part of Glamorgan, which recognised the pre-eminence of the county as the largest one but equally allowed for the remoteness and poor

⁴³ GA/DMM/CO/94/5, Report of Sub Committee to Quarter Sessions, 16 October 1846.

⁴⁴ GA/DMM/CO96/3, Letter, Nicholl to Dalton, Clerk Quarter Sessions, 29 January 1845.

⁴⁵ GA/DMM/97/26, Letter J Jones to Nicholl, 7 July 1847.

⁴⁶ Gwent Archives, D910.7, *Visitors Committee, First Annual Report, 1853*, p.5.

⁴⁷ GA/Q/L/U/1, *Dr Samuel Hitch's Report and Minutes of Meetings with Sub Committee, 1847*.

⁴⁸ GA/Q/L/U/2/2, Agreement for Joint Asylum, 1847.

communications affecting the others. Problems over Dr Hitch's preferred site (some two miles from Loughor and near the main railway line with a connection to Llandeilo and north Carmarthenshire) emerged before the agreement was signed. Local landowner and prominent magistrate, John Dillwyn Llewelyn did not particularly want an asylum too near his home in Penllergaer especially since there were coal seams in the vicinity waiting to be worked. His main publicly stated concern was that the asylum should be well away from industrial works which was a requirement of the Government in its guidance on siting decisions.⁴⁹ For this reason the agreement did not specify a site. The Visitors' Committee subsequently identified a site at Danygraig between Kilvey Hill and Port Tennant on the eastern side of Swansea and already an expanding industrial area. Again there was a reluctant landlord, Lord Jersey, and a complicated tenancy agreement but such was the persistence of the magistrates that agreement to purchase the site was reached. Unfortunately, they were unaware of a proposal to build a copper works in the vicinity and following an investigation by a Board of Health Inspector the plan was dropped on sanitary grounds in July 1852. The search went on but the impetus had now been lost yet again and Glamorgan showed the least interest of the counties in pursuing an alternative site, which exasperated the Lunacy Commission. Nearly four years later nothing had been done and the Commission took the very unusual step of asking the Home Secretary to formally direct the counties to build an asylum and a direction was issued in March 1856. Relationships between Glamorgan and the other counties broke down when the latter produced a site in Carmarthen which clearly was unacceptable to Glamorgan. It was decided that the union should be dissolved with nothing achieved and this was formally signed in January 1857 getting on for ten years after its inception.⁵⁰

The Glamorgan magistrates decided to appoint a new Visitors Committee in July 1856 to be drawn wholly from their own number and its members were appointed in October with C R M Talbot, Margam Abbey, Liberal MP county and Lord Lieutenant in

⁴⁹ GA/DMM/97/16, J D Llewelyn to Hitch, 8 June 1847.

⁵⁰ Denzil Jones, *The Development of Mental Health Services in South West Wales, 1845-1914*, unpubl. MA dissertation, Trinity University College, 2009, contains more detail. Extensive detail also in T G Davies, 'An Asylum for Glamorgan', *Morgannwg* Vol. XXXVII, 1993, pp. 40-54, T G Davies, 'Mental Mischief: Aspects of Nineteenth Century Psychiatric Practice in Parts of Wales', in Hugh Freeman and German E Berrios, (eds.), *150 Years of British Psychiatry Vol.II, The Aftermath*, Athlone, London, 1996, pp. 374-80, T G Davies, *Who Can Expect Health*, op. cit., pp. 91-134.

the lead. Other notable public figures included Walter Coffin MP and it sent out a positive message that the matter was being given serious consideration.⁵¹ And they soon got to work advertising for sites the following month but it was not until August 1857 that options for further investigation were narrowed down.⁵² The Lunacy Commission were not best pleased with the lack of urgency shown and were keen to point out that their neighbours to the west were already making progress. They wrote in such terms to the Home Secretary in September 1857 asking him to intervene again and remind the county that they had an obligation under the Lunatics Act 1853 (which had superseded the County Asylums Act 1845) to provide an asylum.⁵³ On this occasion the Glamorgan justices emerged on the right side of the argument since unbeknown to the Lunacy Commissioners they were about to approve the purchase of a site three days after their letter was sent and the Home Secretary was able to comment that ‘...the matter appears to be proceeding regularly enough’.⁵⁴ Angel Farm, about two miles north of Bridgend, was a 71 acre farm split by the river Ogwr valued at £5,450. The county subsequently raised £6,000 from the Public Works Commission at an interest of 5 per cent with annual repayments of £485 reflecting capital and interest. About 15 acres of the 53 acres on the west side of the river could be developed to build an asylum for 250-300 patients in the first instance but it was considered that the land to the east of the river was too low lying for building. There were other drawbacks. Bridgend had no public water supply or adequate sewerage and drainage and these matters and others would over time cause serious difficulties for the Visitors Committee.⁵⁵

The Lunacy Commissioners had the shortcomings brought to their attention and meanwhile progress in completing the deal with the landowner was protracted but they did not seek to question the soundness of the proposal perhaps in case it would give another excuse for delay. Nevertheless their advisers were not convinced. One commented ‘...I distrust these people very much. The man Dalton (Clerk of the

⁵¹ GA/Q/S/M/22, *Quarter Sessions Minutes*, 1 July 1856, 14 October 1856.

⁵² GA/Q/A/M/9/1/1, *Visitors Committee Minutes*, 13 November 1856, 27 August 1857.

⁵³ NA/MH/83/345, Letter, Lunacy Commission to Home Office, 26 September 1857, GA/Q/A/M/9/1/1, *Visitors Committee Minutes*, 29 September 1857.

⁵⁴ NA/HO/45/6375, Sir George Grey’s comment on the Commission’s letter of 26 September.

⁵⁵ NA/MH/83/345, Letter Rawlinson (consultant) to Lunacy Commission, 10 October 1857, GA/Q/S/M/22, *Quarter Sessions Minutes*, 5 April 1859.

Quarter Sessions) is the same who acted on the Swansea purchase when the Commissioners were so grossly deceived'.⁵⁶

In terms of the care of people with a mental illness or condition nothing had changed in attitudes over the fifteen year period since the Metropolitan Commissioners had produced their condemnatory report in 1844. As late as 1855 the Cardiff and Swansea Guardians made representations, along with individual ratepayers, to the justices saying that an asylum was unnecessary.⁵⁷ The Swansea Guardians resolved that the '...memorial against the erection of a lunatic asylum adopted by this Board, be forwarded to the Overseer of every parish in the county, together with a short statement of the views of the Lunacy Commissioners with respect to the additional burdens likely to result from such an asylum: and that the Overseers be requested to lay the same before the vestries of their respective parishes with as little delay as possible'. A minority of Merthyr Guardians were also supportive of this view but the majority of Guardians there thought one should be built and called for immediate action.⁵⁸

The beneficiary of the lack of action was Leach who was licensed by the magistrates in 1857 to accommodate 240 patients with 30 private patients.⁵⁹ As the only provider within the county and the recipient of the majority of cases, together with patients from south west Wales, he was in a very strong position. He had kept his weekly charge at 10s-0d since 1846 but raised it to 12s-0d in 1854 to reflect increasing costs.⁶⁰ It was a bridge too far when he raised his charge to 14s-0d in September 1857 and the Cardiff Guardians decided to look elsewhere. Leach immediately tried to recover the position and within a week was able to reduce it to 13s-0d provided all the Glamorgan Unions fell in line but to no avail. The Cardiff Guardians opted for the county asylum at Wells, Somerset where they were charged 12s-10 a week. It was hardly a major saving but they broke their link with Leach and immediately transferred 26 patients from Vernon House and others from elsewhere so that within

⁵⁶ NA/MH/83/345, Letter, Proctor to Lunacy Commission, 14 February 1859.

⁵⁷ GA/Q/S/M/22, *Quarter Sessions, Minutes*, 2 July 1855.

⁵⁸ *Cambrian*, 6 July 1855, GA/UM/1/11, *Merthyr Tydfil Poor Law Union, Board Minutes*, 6 October 1855.

⁵⁹ GA/Q/S/M/23, *Quarter Sessions Minutes*, 20 October 1857.

⁶⁰ GA/UB/1/3, *Bridgend and Cowbridge Poor Law Union, Board Minutes*, 13 May 1846, 11 February 1854.

a year they had 50 patients at Wells.⁶¹ The Swansea Guardians sought an agreement between all the Unions to accept a weekly charge of 13s-0d, but Cardiff decided to go their own way, and Leach accepted that amount from the other Unions.⁶²

In exchanges between the Unions no mention was made of the quality of care provided by Leach. The Commissioners commented adversely on Vernon House but the magistrates, who licensed it, rejected their comments. The Visitors' Committee inspected the place and commented that '...they were much impressed by the cleanliness of the wards, good ventilation and absence of closeness of sleeping apartments, the cheerfulness of the wards, the various amusements and comforts and the general health of the inmates.' The Commissioners had complained that their advice on improvements had been neglected but the justices would have none of this saying the building was not specifically designed as an asylum.⁶³ The Commissioners acknowledged that some improvement had been made and although generally the comments were unfavourable they were not as severe as the ones made about Belle Vue, Devizes which over the years had received many patients from Glamorgan. So bad had it become that, in 1853 they recommended the removal of all pauper patients but the justices in Wiltshire renewed its licence for 180 paupers much to the annoyance of the Commissioners.⁶⁴ Its licence was withdrawn, however, the following year when the county asylum opened in Devizes. While reviewing provision some years later the Commissioners said that '...all the evils which formerly prevailed in licensed houses were found to exist in this establishment' but it continued to accommodate 30 private patients and was suitable, in the view of the Commissioners, for private patients of 'small means'.⁶⁵ The advent of the county asylum in Wells also led to the removal of pauper patients from Bailbrook House which had been used particularly by the Cardiff Union. The Commissioners were also glad to see its role ended commenting that patients had been kept in some of the worst conditions.

⁶¹ GA/UC/7, *Cardiff Poor Law Union, Board Minutes*, 5 September 1857, 3,10,17 October 1857, 27 November 1857, 27 March 1858, 2 October 1858.

⁶² GA/UB/1/7, *Bridgend and Cowbridge Poor Law Union, Board Minutes*, 5 September 1857, 17, 24 October 1857.

⁶³ GA/Q/A/M/9/1/1, *Visitors Committee Minutes*, 5 November 1857.

⁶⁴ PP(1852-3), XLIX, *Lunacy Commissioners: Seventh Annual Report*, p. 26, PP(1854),XXIX, *Eighth Annual Report*, p.15, 19.

⁶⁵ PP(1862), XXIII, *Lunacy Commissioners: Sixteenth Annual Report*, pp. 44-5.

Some of the rooms were below ground level, damp and ill ventilated. There was little in terms of occupation or entertainment for the patients and mechanical restraint and seclusion were used extensively.⁶⁶

The Commissioners' aim was to see the ending of the role of private licensed houses in caring for paupers and returning to Vernon House in 1862 they were reporting that some parts were unacceptable and again said that Leach had failed to put right the structural defects which '... render it so totally unfit for the reception of insane patients...The beds are rarely well filled and the sheets and blankets are too small a size. In dormitories containing 50 patients four washbasins are provided, the same bath water serves for five or six patients, two of whom are on occasion placed in it at the same time... Several of the patients made complaints to us of the tea, which on subsequently seeing it made, and tasting it we are disposed to think well founded'. While the magistrates were deaf to the Commissioners strictures when it came to Vernon House, the latter clearly thought that the magistrates would pay attention when they said that Leach was overcharging and recommended moving patients to any convenient county asylum.⁶⁷

While the Commissioners could comment on private licensed houses and workhouses they had no clear understanding of what was happening to lunatics living in the community in different settings. They suspected that many would fare better in an asylum but their condition was not recorded. The Lunacy Act 1853 tightened up the process and Medical Officers had to be more involved in making returns so that '... more trustworthy and valuable information would be provided.'⁶⁸ The number of insane paupers in Glamorgan in 1847 was 175 made up of 89 lunatics and 86 idiots. In 1861 the number had increased to 357 with 238 lunatics and 119 idiots; an overall increase of 104 per cent. In the meantime the registration county's population increased from 178,050 in 1841 to 326,254 in 1861; an increase of 83 per cent.⁶⁹ Apart from the Commissioners' concern that numbers were under recorded there was

⁶⁶ *ibid.* pp. 33-4.

⁶⁷ *ibid.* pp. 16-17

⁶⁸ PP(1854), XXIX, *Lunacy Commissioners: Eighth Annual Report*, pp.12-13.

⁶⁹ PP(1847), XLIX, *Return of the Number of Pauper Lunatics and Idiots*, p.2, PP(1860), LV111, *Poor Rates and Pauperism: Insane Paupers on 1 January 1861*.p.44, *Digest of Welsh Statistics*, op. cit. p.41.

no definitive definition of insanity in the middle of the nineteenth century. Views on what was acceptable in people's conduct changed from time to time and there were no clear parameters to categorise people. Pamela Michael refers to people being regarded as silly or 'twp'- foolish or being 'half witted' - 'hanner call'.⁷⁰

The statistics inevitably reflected the perceptions of whoever filled them in. Medical Officers would take their cue from the Guardians and as shown here the emphasis in Glamorgan was on keeping costs down and not in considering newer methods of treatment. Additionally, Poor Law doctors would have scant understanding of the conditions they were examining and would not have detailed knowledge of all the possible cases in the community relying instead on what they were told by Relieving Officers and Parish Overseers. As county asylums opened so categorisation of patients became more standardised and Poor Law doctors would gain information from asylum sources. However, in the nearly twenty year period between 1845, when counties were required to build an asylum, and the opening of the one in Glamorgan asylums had gone through a transformation. Early optimism about cures gave way to pessimism as increasingly hopeless cases filled asylums. Asylums also meant different things to different people. They provided not only protection for the patient but also for families and communities generally. Leonard D Smith says that the asylum should be seen as part of evolving administrative structures and that in essence the emphasis constantly changed between the promotion of recovery or rehabilitation and the protection of society and its members from the unpredictable madman.⁷¹ He maintains that asylums continued to look after people whose needs and capacities were incompatible. There was a public desire for protection from the excesses of the deranged and this was a key motivator for committal to an asylum. And the pursuit of a cure by reformers and doctors took second place.⁷² John Walton goes further and considers that even allowing for the efforts of reformers the asylum grew in prominence because insanity was a threat to life and property and thereby a law and order issue. Without this dimension pauper lunatics would probably have been left

⁷⁰ Pamela Michael, *The Care and Treatment of the Mentally ill in North Wales*, UWP, Cardiff, 2003, op. cit. pp. 7, 16.

⁷¹ Leonard D Smith, *Care, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth Century England*, Leicester University Press, London, 1999, p.2.

⁷² *ibid.*, p. 125.

like the sick poor generally to the workhouse infirmary and the occasional charitable foundation.⁷³

John Walton is referring to the period from 1840-70 when the public authorities would be more likely to be concerned with threats to law and order from sources other than lunatics. But his comments strike a chord with practices in Glamorgan, in that there was no enthusiasm for change and the majority of Guardians and magistrate would have been content to send more and more to Vernon House which was heading for 300 patients equalling many public asylums. A sample of admissions for the period 1849-64 reveals a wide range of backgrounds not usually linked with pauperism such as a blacksmith, shoemaker, saddler, nurse, shopkeeper and a tailor. The majority were labourers, servants and the jobless mainly in the 30-40 age group but encompassing people from 15-60s with a somewhat higher female admission rate. In common with asylums generally an early cure was essential to avoid years or even the rest of a person's life in the institution.⁷⁴ In the five year period from 1854-8 Vernon House had a recovery rate of 33.6 per cent set against admissions which compared favourably with that in the new county asylum a few years later. During that period the number of patients at Vernon House varied between 146 and 209 which was a very significant number for a private establishment.⁷⁵

In early 1859 the Visitors' Committee asked the Lunacy Commission for a list of architects experienced in working on asylums which they duly provided although they were unable to make a recommendation. In turn the Committee appointed Richard Bell, who was not on the list, and the Commission's consulting architect was so unimpressed with his proposals which deviated so much from conventional plans that he hesitated in giving any opinion. He thought they were modelled on Redhill Reformatory, which was not a suitable design for an asylum.⁷⁶ And so with this unconvincing start the magistrates entered on yet another venture with no clear outcome. Bell produced new plans at the turn of the year which were approved later

⁷³ J K Walton, 'Casting out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70' in W F Bunyan, Roy Porter and Michael Shepherd (eds.), *The Anatomy of Madness; Essays in the History of Psychiatry*: op.cit. p. 134.

⁷⁴ GA/Q/L/V/N/2, Vernon House Admissions Register, 1849-64.

⁷⁵ PP (1861), XXV11, *Lunacy Commissioners; Fifteenth Annual Report*, p. 212.

⁷⁶ NA/MH/83/345, Letter, Dalton to Lunacy Commission and replies, 14, 17 February, 8 August 1859.

in the year after an extensive number of meetings with the Lunacy Commission. The design was now more in keeping with the standard appearance of an asylum with a main building and two wings overlooking 'airing grounds' facing south as recommended by the Commission. There were also separate buildings for workshops, laundry, bake house additional wards and a chapel. Accommodation would be provided for 313 patients including 138 males and 178 females. Given that the county was among the last to build, experience gained elsewhere should have made the approval process straightforward, but it was not the case and two of the more prominent magistrates, Lewis Llewelyn Dillwyn and H H Vivian called on the Commissioners to vent their frustrations. Matters were not helped when the Visitors' Committee introduced their own changes but with dissatisfaction still in the air they went to tender in August 1860.⁷⁷

The Visitors Committee appointed Messrs Barnsley and Sons, Birmingham, being the lowest tenderer, to build the asylum for £21,288 plus £1,400 for the chapel. It was to be stone built since brick was £200 more expensive. They asked for lead flashings to be used instead of mortar and also lead in ventilations instead of zinc. A well was to be sunk in the northern part of the site at a cost of £35 but unfortunately a year later having reached a depth of 98 feet no trace of water had been found. This had been a particular concern for the Commissioners although the Visitors had favoured a reservoir holding water from the river Ogwr. No progress was made in getting the turnpike road diverted which was a condition of the Commissioners' approval. When they visited in 1861 they were also concerned about the ventilation and location of fire places in some of the rooms which were too near beds. And they still had concerns about flooding. Moreover, the Visitors had their own concerns about the quality of the work especially some verandahs, which were considered to be unsafe, and the use of inferior timber which they attributed to sub-contracting of work and neglect on the part of the builder.⁷⁸ Recriminations followed with the Commissioners claiming that fires had been included in single rooms against their advice but it was

⁷⁷ NA/MH/83/345, Letter and plans, Bell to Lunacy Commission, 9 January 1859. Lunacy Commission, notes of meetings and correspondence, 19,20, January, 25 February, 29,30 March, 2,7, April, 21 August, 5 September 1860.

⁷⁸ GA/Q/A/M/1/9/2, *Visitors Committee Minutes*, 24 January 1861, 4 June 1861, 20 January 1862, 3 February 1862, 1 August 1862.

the wish of the Visitors to make them more homely said Thomas Dalton, the Clerk to the Quarter Sessions, who was not well thought of in the Lunacy Commission. And late in the day other changes were taking place including placing workshops where the chapel should have been located adding to the appearance that not everything was under control.⁷⁹

The exasperated Visitors terminated Bell's contract in May 1863 and appointed William Martin, a Birmingham architect in his place. He was an expert in gaols. He discovered many defects, the worst being the need to strengthen the roofs. Ceilings were needed which would be effective in hot summers and cold winters and would help in keeping the roofs up. Four chimney stacks would have to be taken down and re-built because they were '...so slender as to be dangerous.' Gas pipes had been fixed '...in the most reckless manner'. He came up with a new drainage system at least it was not necessary to replace it since little work had been done. And there was no provision for a 'dead house' or a post mortem room. A subcommittee of the Visitors, chaired by the Venerable Archdeacon Blossie, had plenary powers to decide on essential changes and these were agreed.

The Visitors appointed their Medical Superintendent, Dr David Yellowlees from Edinburgh, in August 1863 and he also had ideas about the layout of the site so more locational changes were made. Work now proceeded apace; the contractor and clerk of the works had been retained claiming that they had only been carrying out orders and had pointed out failings to the former architect. When the Commissioners visited in December 1863 there were 192 workers on site although they commented ruefully that nothing had been done over the summer when conditions were better. The Commissioners were keen for some able bodied patients to be transferred from Vernon House to help with some of the works such as getting the grounds into shape but the Visitors would not agree. In February 1864 the Commissioners were sufficiently confident to write to the Home Office, with considerable understatement, reminding them that the Secretary of State had approved the plans for the asylum but that '...a certain extension of them had been found necessary...which may properly receive his sanction' The Commissioners were still concerned and during a visit in

⁷⁹ NA/MH/83/345, Letters, Lunacy Commission to Dalton, 12, 16 June, 1 August 1862.

May 1864 they found that much remained to be done including putting roofs on the laundry and wash house, building the gas house and only the walls of the bake house had been completed. Archdeacon Blossie said they were also disappointed with progress and added that some of the delay was attributable to a masons' strike. As an indicator of pressure on asylum accommodation generally the Medical Superintendent of the Somerset County Asylum had met the Commission to ask about progress since he was concerned about possible overcrowding. His asylum already had 512 patients against a capacity of 520 and more were arriving rapidly making it necessary to provide some temporary accommodation. They had also stopped taking private patients. Around 50 pauper patients were from Glamorgan. He was somewhat reassured that progress was being made and said that he would keep the patients until the new asylum was ready.⁸⁰

The original building costs (including the chapel) of £22,688 were increased by £28,200 to £50,888. To this was added furniture and fittings costing £4,000 and together with fencing and a water tank costing £1,080 provided a grand total of £55,968.⁸¹ Robert O Jones, Fonmon Castle had been given the opportunity to explain the position to the Quarter Sessions when he asked for extra money concluding that if it was not forthcoming then they would have an unfinished building of no use while their commitments in respect of pauper lunatics would remain. The cheapest option would be to find the money and the magistrates agreed unanimously.⁸²

The Wider Context

The public asylums established in England, at the discretion of local justices, in the period from the 1808 Act were markedly different, in many cases, from the ones opened after the legislation of 1845 made it a compulsory requirement. Some of the early ones were operating in areas where there were already private madhouses or subscription asylums and in some cases the county asylums were in competition. The 1808 Act enabled this to take place by providing for two types of establishment. The

⁸⁰ GA/Q/A/M/9/1/2, *Visitors Committee Minutes*, 27 May, 16 June, 11 August 1863, NA/MH/83/345, Lunacy Commission, Letters to Dalton, 30 June, 10 September, 16 December 1863, 13 February 1864. Notes of meetings, 23, 25 May 1864.

⁸¹ GA/Q/A/M/9/1/2, *Visitors Committee Minutes*, 13 June 1865.

⁸² *Cambrian*, 8 January 1864.

first allowed for the building of an asylum at public cost for paupers. The second option provided for an asylum to be built by the county for paupers, charity patients and private patients. Charitable bodies, who had previously found it difficult to pay for a building, were given a subsidy. This was the model favoured by Sir George Onesiphorus Paul, the Gloucestershire reformer, who had been prominent in seeking change. Four of the early developments, the counties of Nottingham, Cornwall, Stafford and Gloucester, implemented this model. Another four were solely for paupers in the counties of Bedford, Norfolk, Lancashire and the West Riding of Yorkshire. Leonard Smith points out that the early county asylums found that the expected response from parishes did not materialise since they preferred the cheaper option of providing some outdoor relief or in some cases a local workhouse. As for private patients the county asylums were also in competition with private establishments who were not ready to capitulate. The county pauper asylums were also able to attract private patients but in practice the facilities provided were not attractive enough for those who could afford considerable amounts of money. A more lucrative source of money was to accommodate pauper patients from outside the county and, for example, Chester Asylum's rate for parishes within the county was 4s-8d but 12s-0d for paupers from outside.⁸³

Parishes and later Boards of Guardians came under increasing legislative pressure in the first three decades of the nineteenth century to commit lunatics to asylums. It was still, of course, a matter of local discretion whether to do so but with increasing numbers being committed and an absence of public asylums the gap was filled by private licensed asylums. Some of these cared for large numbers including Haydock Lodge in Lancashire, with capacity for over 400 patients. As indicated earlier, Vernon House, Briton Ferry was a significant provider in Glamorgan. Leonard Smith concludes that the 1845 Act compelling counties to establish asylums was a blow for the 'mixed economy' of mental health care which had flourished for over thirty years after the legislation of 1808 in England. Private patients in public asylums declined in number, although they were a continuing source of income in varying degrees, for the rest of

⁸³ Leonard D Smith, 'The County Asylum in the Mixed Economy of Care, 1808-1845', in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society, 1800-1914, A social history of madness in comparative perspective*, Routledge, London, 1999, pp.35-9.

the century. And several of the original asylums, which also admitted charitable patients, were reconstituted in the 1850s, leaving pauper patients behind in increasingly unsuitable buildings.⁸⁴ The county asylum, as a result, became more emphatically a Poor Law institution.

When the asylum in Glamorgan was opened, it was virtually twenty years since legislation requiring one to be built within three years, was enacted in 1845. There was a lack of enthusiasm among the county's establishment with expense and lack of need given as reasons, from the 1830s onwards. The reaction was similar in the North Wales counties other than in Denbighshire. In the absence of support from other counties the chairman of the county magistrates, John Heaton, instigated a charitable subscription account in 1842 with a view to setting up a voluntary asylum and Joseph Ablett donated land in Denbigh. This initiative was overtaken by the requirement to set up a public asylum but progress was fraught with difficulty and reaching agreement, particularly with the other local authorities in North West Wales, was tortuous. Nevertheless, agreement was reached and the asylum opened in 1848.⁸⁵ Events played their part in that Glamorgan and the three south west Wales counties failed to reach agreement but had the site at Dan-y-Graig, Swansea proved to be suitable they might have met with success in 1852 with a possible opening in 1854-5. Apart from the likelihood that it would have proved too small within a very short time they would have achieved a completion date more in line with other counties. In 1845 less than half of the counties had provided an asylum in England and Wales and progress thereafter was not particularly swift. A further dozen or so had been built by 1855. After some cajoling from the Lunacy Commissioners three more followed by 1862 including Cambridgeshire, Durham, a joint asylum in the case of Bedfordshire, Hertfordshire and Huntingdonshire and finally also a joint one for Cumberland and Westmoreland. Apart from Glamorgan, Carmarthen was opened in 1865 leaving the City of London, after intense pressure from the Commission, to open one in 1866.⁸⁶

⁸⁴ Leonard D Smith, *ibid.*, p.43-4.

⁸⁵ Pamela Michael, *Care and Treatment of the Mentally ill in North Wales*, *op.cit.* pp.29-54.

⁸⁶ PP(1888), Lxxxii, *Return of Lunatic Asylums 1887*, pp.2-25.

Finally there is the interesting case of the Northampton General Lunatic Asylum. It opened in 1836 as a charitable hospital not intended originally for pauper patients but in conjunction with the magistrates acted as the county asylum. Continual pressure from the Lunacy Commissioners and differences within the local management ultimately led the Quarter Sessions to build a new county asylum which opened in 1876.⁸⁷ Although not a strict parallel, the ability of the Glamorgan magistrates to claim that their needs were met by Vernon House, which they resolutely supported against the wishes of the Commission, and the helpful decision of the Cardiff Poor Law Union to send patients to the Somerset County Asylum contributed to the delay.

Conclusion

The reasons for the delay in building an asylum have been examined in this chapter and placed in the context of developments elsewhere. In essence the county magistrates were reluctant to spend public money on a development that many, if not a majority, considered to be unnecessary. There was no history of private asylums being established and this is an indication that, in this period, the county was possibly not prosperous enough to attract such investments. The absence of charitable foundations is also a further indication that the county's establishment was not inclined to spend its own money in support of improvements. It was Government legislation and the persistence of the Lunacy Commission which compelled the county to take action but difficulties over a location and problems with a contractor led to significant delays.

Glamorgan was not unique in this respect and until legislation in 1845 compelled counties and certain boroughs to build asylums comparatively little progress had been made in England and Wales as demonstrated. As indicated above there was a significant provision of charitable institutions in England in addition to that provided by the Poor Law. This was not the case in Wales. Fortuitously for the County Magistrates an enterprising businessman provided a substantial private asylum in Vernon House, Briton Ferry which enabled increasing demands to be met in part. The influence of Central Government and the Lunacy Commission was limited in practice

⁸⁷ Catherine Smith, 'Parsimony, Power and Prescriptive Legislation: The Politics of Pauper Lunacy in Northamptonshire, 1845-76'. *Bulletin of the History of Medicine*, Vol.81, No. 2, 2007, pp. 359-385.

even after legislation had been introduced but over time persistence led to compliance. The direct role of Central Government was changing from one being concerned largely with legislation for others to implement, together with law and order, to one of intervention directly in local issues and this was done to greater effect in the second half of the century.

Chapter 3: Managing the Asylum 1864-89

*'There they stand, isolated, majestic, imperious, brooded over by the gigantic water tower and chimney combined, rising unmistakable and daunting out of the countryside – the asylums which our forefathers built with such immense solidity – to express the notions of their day.'*¹

Hopes and Reality

A contemporary directory said,

*The new lunatic asylum for the county of Glamorgan stands a mile and a half from Bridgend on the road to Maesteg. It is the largest institution in South Wales, the area consisting of nearly 60 acres of which the buildings and adjacent airing courts occupy 14 acres. The river Ogmere runs through the grounds a little to the east of the structure and its banks afford pleasant walks for the inmates... It resembles, from the south, a long line of Gothic cottages built in such a way to communicate with each other and this was the idea of its construction... On entering the gate is a very neat Gothic church which stands opposite the centre of the main building... Its internal arrangements, for an asylum construction, are of a superior order.'*²

While this conveys a somewhat genteel, even idyllic, impression of an institution on the banks of a river, lunatic asylums generally had long found their place as part of the growing structure of state intervention. Richard Russell contends that they should be viewed as outcomes of the general reform movement of the early nineteenth century including prisons, workhouses, schools and orphanages; all designed to bring about order in society. People were detained by law in the asylum despite the best efforts of mental physicians to portray it otherwise.³ And they maintained the belief that their

¹ Enoch Powell MP, Minister of Health, 9 March 1961, www.nhshistory.net/waterower.html (Geoffrey Rivett) accessed 25 October 2012.

² Harrod & Co's *Post Office Directory for Glamorganshire*, 1866, pp.361-2, www.historicaldirectories.org (University of Leicester), accessed 23 October 2012.

³ Richard Russell, 'Mental Physicians and their Patients', unpubl. PhD thesis, University of Sheffield, 1984, p.132.

institutions were there to cure those with unsound minds despite growing evidence to the contrary.

Dr David Yellowlees, not yet 30 years of age on his appointment as Medical Superintendent, set out (for the information of the Visitors' Committee about a year after the asylum opened) his 'general principles of treatment' and in case they doubted him added that 'happily they are generally accepted now'. They were:

'To remove, as far as possible, in each case any physical cause of insanity and to promote by every means the general health,

To distract the insane's mind from its morbid thoughts by occupation or by amusement and to present to it new and healthy thoughts,

To soothe by kindness, to control by tact and firmness and to invite confidence by candour and truth,

To share all the sorrow, cares and joys of the patients, to interest them in each other and to make their daily life as comfortable, happy and home like as possible. Harshness, punishment or restraint are absolutely forbidden. There is not a single straight jacket nor anything of the kind in the whole institution'.⁴

Men were occupied in workshops or in the fields while women passed their time in the laundry, kitchen or sewing room. Entertainment or amusements included cards, draughts and dominoes with cricket as the favourite out door game. Regular weekly dances took place and the magic lantern was on display and while not described as entertainment or amusement the chapel (and its chaplain) was a focal point in the asylum with regular Sunday services in English and Welsh which were well attended. While the aims were laudable the pressure of numbers, as indicated in the previous chapter, made it impossible to implement them as intended. Increasingly making sure that order was kept and preventing escapes, that everybody was fed and, as far as possible avoided infectious diseases and suicides and that not many were injured, let alone killed, became the overriding consideration. These were matters which were inspected annually by the Lunacy Commissioners and the Medical Superintendent

⁴ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 26 December 1865.

held accountable. And upwards of 30 per cent of patients (measured against admissions) were actually discharged as 'recovered' in the 26 years up to 1890 compared with about 40 per cent nationally.

Managing the place was a demanding job. In the first year Dr Yellowlees was referring to the difficulty in recruiting suitable female attendants (untrained nurses) and a male attendant on a month's trial was dismissed for striking a patient.⁵ It had taken from the opening of the asylum on 4 November 1864 until 13 September 1865 before all the patients were transferred, mainly from Vernon House Briton Ferry, where 168 were located plus a further 29 at the Somerset County Asylum in Wells and a handful at other public asylums. In addition 30 patients were newly admitted and in total there were 227 patients at Angelton at the end of 1865.⁶ The Lunacy Commissioners commended the management on the lay out of the buildings and were particularly impressed by the airing courts (there was no provision more important, in their view, for the successful treatment of patients) which were nearly perfect.⁷ The first year had been punctuated by difficulties exacerbated by building works continuing while patients were moving in. Some, particularly older ones, found it difficult to adapt to their new abode and a few thought the best course of action was to get out. Usually escapees were recaptured but there was an incentive to lie low for more than two weeks given that would be recorded as a lawful discharge. Dr Yellowlees was reporting in September 1865 that three had escaped in one month and it was decided that wall surfaces would be smoothed making it more difficult to scale them. The buildings and the site were creating problems with the first of river flooding incidents taking place and this became a recurring problem. Already the roof was leaking and much of the remedial work was done by patients while it was decided, for recruitment reasons, to increase the wages of male attendants to £30 and female ones to £16 a year plus board and lodging to attract better quality staff.⁸

⁵ *ibid. Minutes Visitors Committee, 26 December 1865, GA/DHGL/3/2, Annual Report Visitors Committee for 1890, (hereinafter Annual Report), p.25.*

⁶ *GA/DHGL/3/1, Annual Report for 1865, p.23.*

⁷ *PP(1865), XX1, Lunacy Commissioners: Nineteenth Annual Report, pp.2-5.*

⁸ *GA/DHGL/1/4/1, Minutes House Committee, 14 September, 9 November, 14 December 1865.*

This chapter covers the quarter of a century between the opening of the asylum and the transfer of its management from the Quarter Sessions and its Visitors Committee to the newly established Glamorgan County Council in 1889. It deals with the response of the Visitors Committee to the ever increasing demand for more space for more patients involving the addition of buildings on the Angelton site and ultimately the establishment of a new asylum at nearby Parc Gwylt in 1887. Spending more money meant convincing an occasionally reluctant Quarter Sessions that it was necessary and negotiations were protracted not only with the justices in the Quarter Sessions, but also with local landowners. They also needed the agreement of the Lunacy Commission which was often critical of what the Visitors wanted to do and the time taken to get things done.

The asylum reached its capacity of 350 patients within four years in 1868. Between the end of 1870 and 1890 the numbers grew from 406 (212 men and 194 women) to 940 (472 men and 468 females), an increase of 131 per cent.⁹ The population of the registration county of Glamorgan increased from 406,000 to 693,000 between 1871 and 1891; 71 per cent.¹⁰

The number of patients admitted to asylums increased generally across England and Wales faster than the growth in population but the incidence of insanity in Glamorgan was lower than the average. In 1871 the number of pauper lunatics per 1,000 in Glamorgan was 1.6 compared with 2.2 in England and Wales. The comparable number for the more rural counties of Carmarthenshire and Pembrokeshire was 3.0 per 1,000. Similarly Breconshire recorded 2.5.¹¹ In 1891 the ratio per thousand of pauper lunatics to the total population in Glamorgan was 1.89 but 2.68 for England and Wales leading the Medical Superintendent to claim that the county was one of the sanest in the kingdom. In 1883 he had also commented that Glamorgan had a comparatively low level of insanity due to its growing industrial population which had attracted younger and healthier people compared with the more stagnant agricultural areas.¹² The

⁹ Appendix, Table 1, p.157, GA/DHGL/3/2, *Annual Report for 1890*, p.28,

¹⁰ *Digest of Welsh Statistics*, Welsh Office,1985, p.41.

¹¹ GA/DHGL/3/1, *Annual Report for 1871*, p. 13.

¹² PP(1892), XL,*Lunacy Commissioners: Forty Sixth Annual Report*,pp.38-41, GA/DXGC 290, *Minutes Visitors Committee*, 11 January 1883.

problem for the Visitors Committee, nevertheless, was that they consistently underestimated demand and this was made much worse in that a great number was unlikely to leave before they died and in some cases this was to be many years in the future. Dr Yellowlees commented in 1866 that chronic cases were being sent to the asylum whereas before its opening they would be kept at home either, because of a dislike of a private (pauper) asylum or a reluctance to send them to a public asylum far away making it difficult to visit. Admissions, he said, included many who were old and with long standing insanity which had been kept at home or in the workhouse and now were being sent to the asylum for safety or convenience without any expectation of recovery. In that year only 32 of 90 admissions were considered curable and of the total of 278 patients only some seven per cent was considered to have a hope of recovery.¹³

Similar comments were made in respect of the Joint Counties Asylum at Abergavenny which had opened at the end of 1853 and the numbers there soon grew beyond the total of those already in various other asylums. This was put down to the greater care and more comfortable accommodation which made relatives more willing for their dependents to be placed in a public rather than a private (pauper) asylum.¹⁴ At first sight this might imply that the public asylum was now accepted as the natural place to admit people with mental health problems but this was not the case. Medical Superintendents across the country made the point that patients were admitted too late and consequently nothing could be done for them. Dr Yellowlees claimed that relatives thought they could treat family members more kindly and carefully at home and also that they would be disgraced if someone was admitted and thereby the patient became incurable. Boards of Guardians came in for criticism for sending people to the workhouse, initially, and if it worked it saved them a little money but in the event of a failure to recover they would be sent to the asylum when they became a problem. His exhortations may have had some effect and he was reporting a year later that patients were being admitted earlier in their illness. Whether this was sustained is unclear but in 1873 Dr Yellowlees was grimly saying that patients were

¹³ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 19 June 1866, DHGL/3/1, *Annual Report for 1866*, pp.-15-16.

¹⁴ Gwent Archives, D910.7, *First Annual Report*, 1854, p.11.

being admitted to die. This became a recurring theme and, for example, in 1878 his successor Dr Henry Pringle (who had taken over in 1874) was reporting that admissions were largely from the workhouse and together with other admissions were ‘...of a hopeless character’. Yet again in 1885 he reported that the admissions were ‘...hopeless in most cases ...mistaken kindness of relatives to keep them at home.’ For good measure he added that ‘... insane women (like sane ones) are more demonstrative than men and the management of over crowded wards has been very irksome.’¹⁵

This was a common picture. Steven Cherry, writing about the Norfolk Lunatic Asylum quotes the Medical Superintendent as saying, ‘...as usual, many patients were brought to us in a state which precluded all hopes of their surviving more than a few months and there were many aged persons as heretofore.’ This was in 1865, and unlike Glamorgan, Norfolk had had an asylum for decades but the pattern of admissions was similar. In 1875 the Medical Superintendent reported, ‘...the admissions, I am sorry to say, still consist of hopeless cases of dementia, imbecility and senility etc. which occupy space and entail an outlay that might be more profitably employed.’ Similarly, the Medical Superintendent of the North Wales Asylum was saying in 1878, ‘I fear that the Asylum will become less a hospital for the cure of insanity, than of a receptacle for the care and custody of the incurables.’¹⁶

There was much contemporary concern that the Government, by default, encouraged a transfer of chronic cases from workhouses to asylums as a result of the introduction of the four shillings grant in 1874. This was given to every Poor Law Union to offset some of the weekly maintenance costs they had to pay the asylums for keeping their pauper patients. Robert Ellis mentions that Henry Maudsley described it as a ‘bribe’ on the part of the Conservative Party who had promised to relieve local rates when ‘touting for votes’ in the General Election. The implications of the grant at both the England and Wales level and in respect of the West and North Riding asylums in Yorkshire are considered. He refers to the views of the Lunacy Commissioners, which

¹⁵ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 10 January 1867, 9 January 1868, 9 January 1875, GA/DXGC 290, *ibid.*, 6 June 1878, GA/Q/A/M/9/1/3, *ibid.*, 10 December 1885.

¹⁶ Steven Cherry, *Mental Health Care in Modern England, The Norfolk Lunatic Asylum/St Andrew’s Hospital c.1810-1998*, The Boydell Press, Suffolk, 2003, p.88, Pamela Michael, *op. cit.* p. 85.

were clear and often stated in their annual reports, that patients who did not need the specialist treatment available in an asylum were being transferred from the workhouse and preventing the discharge of patients no longer requiring treatment. They canvassed the views of Visitors Committees generally in 1882 and two thirds did not agree. Some prominent medical practitioners claimed that this grant, taken with the Irremovable Poor Act 1862 whereby individual parishes no longer became responsible for paying for their own patients (the cost was met by the Common Fund of the Union) provided a fiscal incentive for increasing the asylum population. Robert Ellis concludes that the evidence does not support such contemporary claims and that over time there was no significant change nationally or within the Yorkshire asylums he examined. The implication was that there was no cost difference between the workhouse and the asylum. But, as an example, in Huddersfield between 1870 and 1883 the weekly maintenance cost in the workhouse was around 4s-0d a week and 10s-0d in Wakefield asylum hence there was still an additional cost to the Poor Law Union after taking account of the grant.¹⁷

Dr Pringle's response was, initially at least, more non committal than some of his medical colleagues elsewhere. He commented that, if the grant would stimulate admissions '...it would be an unspeakable boom (*sic*) if curable cases were admitted early but if it merely empties workhouses of their incurables no good will result. The asylum could become a receptacle'.¹⁸ He was much clearer in his view a year later when said that yet another increase in admissions was partly due to the grant and Guardians were more ready to admit patients. Many, he added, had been in workhouses for years with no hope of curative results and graphically added that some had to be carried into the asylum.¹⁹ In 1875 the Visitors had reduced the weekly maintenance charge from 10s-6d to 10s-0d and Guardians would have to pay 6s-0d from their own funds. During this period, for example, the Swansea Guardians spent 4s-0d a week to maintain a pauper in the workhouse and the costs were in line with

¹⁷ Robert Ellis, *A Field of Practise or a Mere House of Detention? The Asylum and its Integration with Special Reference to the County Asylums of Yorkshire c.1844-1888*, unpublished PhD thesis, University of Huddersfield, 2001, pp.99-110.

¹⁸ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 14 January 1875.

¹⁹ GA/DXGC/290, *Minutes Visitors Committee*, 14 January, 1876.

the example from Huddersfield above.²⁰ Nevertheless, the grant might well have encouraged them to transfer difficult to handle patients and to refuse to accept patients from the asylum who no longer needed any special care. In 1882 when the Lunacy Commission conducted their review the Visitors concluded that the grant did not affect the number of admissions (contrary to Dr Pringle's view) but that they would welcome another grant to enable workhouses to employ trained nurses to care for congenital and senile cases.²¹ In their response they also said that patients could be discharged to workhouses if they had accommodation suitable for the needs of chronic patients and they considered that this was the main obstacle rather than the existence of the grant. However, they considered that imbeciles and the weak minded were better off in asylums. Many of the justices would have had close links with Guardians and some would attend their meetings and probably had a good idea of the problems facing the poor law unions as well. As early as 1875 Dr Pringle had asked the Cardiff Guardians, who had responsibility for about a quarter of the patients in the asylum, if they would accept 15 out of their 121 patients since he considered they would be better placed in the workhouse. The Guardians visited the asylum and clearly considered the possibility seriously before turning it down. They pointed out the financial consequences to them, given that two special wards (for men and women), would be necessary and trained staff recruited together with the extra costs of regular supervision. They also indicated that they had limited space, the workhouse only had two vacant places short of its capacity for 382 paupers, and if they agreed it would only provide short term relief and therefore a county wide solution was needed. They suggested that separate accommodation should be provided for chronic cases in a new building on the asylum's property and managed by the Medical Superintendent.²²

The asylum was an integral part of the Poor Law system and it followed that decisions on what to do with individual cases rested with the guardians and their relieving officers as advised by the Unions' own medical officers. An individual could be assisted

²⁰ Bernard Lewis, *Swansea and the Workhouse, The Poor Law in Nineteenth Century Swansea*, West Glamorgan Archive Service, 2003, p.120.

²¹ GA/DXGC 290, *Minutes Visitors Committee*, 12 January 1882.

²² *ibid.*, 1 June 1882, GA/UC/2/14, *Cardiff Poor Law Union Board, Minutes*, 5 February, 13 March 1875, 28 August 1876.

to stay with relatives or with others, admitted to the workhouse or sent to the asylum. The Medical Superintendent had no part to play in this process. As an example the Neath Guardians decided in 1868 that an outdoor pauper living with his aunt and '.....supposed to be a lunatic' should continue to do so because he was harmless. Another was removed to the Wiltshire County Asylum since the one in Glamorgan was full. Meanwhile the Swansea Guardians decided to check whether the families of any of the people from their Union and in the asylum had the means to contribute towards their maintenance cost.²³ Four years later they again discussed the opportunities to recover money from relatives and there is an example in 1877 when the Swansea Relieving Officer sought a court order against James Holmes, a wheelwright's smith, for neglecting to maintain his wife who had spent seven weeks in the county asylum. He offered to pay 2s-0d a week but could not pay any more on account of poverty but the magistrates ordered that more enquiries should be made into his means. This amount taken with the 4s-0d grant would have reduced the Guardians costs for this individual to the costs of maintaining someone in the workhouse.²⁴

Evidently the Guardians took decisions to admit people to the asylum without necessarily being sure of their financial status. No doubt account was taken of a family's ability to pay, possibly over a long time, and if not paupers when assessed could quickly descend to that status if pressed to make a financial contribution. In 1880 the Clerk to the Visitors wrote to the Lunacy Commission seeking guidance on patients' means on discovering that a patient from the Bridgend and Cowbridge Union had died leaving a substantial amount of money. The Commission replied that the Relieving Officer certified that patients were paupers and that it was in the financial interests of the guardians to ensure that this was done.²⁵

A Parliamentary Return in 1878 sets out the amounts contributed by relatives and others to maintenance costs. The Cardiff Poor Law Union received a total of £210-12s in a year in respect of 28 patients at the county asylum out of a total of 166 they were

²³ *Cambrian*, 22 May, 5 June 1868.

²⁴ *ibid.*, 19 January 1872, 8 September 1877.

²⁵ GA/DXGC 290, *Minutes Visitors Committee*, 10 June 1880.

responsible for. The highest was 9s-3d and the lowest 2s-0d a week. The majority of payments were made by a father, mother, son, husband or wife but the Society of Carpenters contributed in one case and a pension fund did so in another. If the total amount is divided between 166 patients then it would contribute about 5.8d per week. Swansea obtained £203-3s from 15 patients out of its total of 100 at the asylum with three contributing at the rate of 10s-0d a week and the lowest 2s-0d. When spread across the costs of the 100 paupers a contribution of 9.8d was made. Merthyr managed to obtain payment from 29 of their patients out of 145 who contributed £273-2s-8d and they had three cases where 10s-0d a week was paid by fathers and sons. This contributed about 8.7d when divided between the total number. And Bridgend and Cowbridge obtained £80-18s from 11 patients out of 71 with a brother contributing 9s-3d weekly with 1s-0d being the lowest paid by a father. Again when spread across the 71 paupers the amount was 5.3d. The asylum was charging unions 9s-3d a week at that time less the grant of 4s-0d so these unions were receiving a significant saving on the overall maintenance costs bringing it below 5s-0d in each case. Given that it cost Poor Law Unions at least 4s-0d to maintain someone in the workhouse the additional costs of maintaining lunatics would suggest that it was in their financial interest to spend a little more and send them to the asylum rather than build extra accommodation. However, this source of income was not available to every union in the county and Neath with 61 patients at the asylum, Pontardawe 23 and Gower 2 received no contributions.²⁶

Finally, account needs to be taken of the role of workhouses in Wales generally which differed in terms of degree of usage compared with England. Consistently more emphasis was given to outdoor relief. In the case of lunatics less use was made of workhouses compared with England and also significant is the number who were cared for by relatives or others. Between 1871 and 1891 the percentage of lunatics in Glamorgan in a workhouse fell from 11 to 10 per cent (rounded figures) while in England and Wales it fell from 24 per cent to 22 per cent indicating a significant difference in the continuing contribution of the workhouse in England. In this period

²⁶ PP(1878),LX111, *Return of Pauper Inmates of County, Borough and Private Lunatic Asylums and Licensed Houses, in England and Wales*, September 1877, pp.33-4.

the Lunacy Commissioners were pressing workhouses to take more chronic cases and evidently they had an important part accounting for over a fifth of the numbers but their exhortation found no response in Wales.

Until 1864 Glamorgan had no public asylum yet in 1891 a marginally higher percentage of lunatics resided in an asylum than in England and Wales; 73 per cent compared with 71 per cent. (In Monmouthshire, though, the figure was 79 per cent while that for Carmarthenshire was only 55 per cent.) Therefore, it appears that families were placing, or being told to place, relatives in the asylum in Glamorgan, rather than in the workhouse, hence the growing demand for space. If not in the workhouse the rest stayed at home or with relatives and in Glamorgan that number declined from 29 per cent in 1871 to a still very significant 17 per cent in 1891. The comparable figures for England and Wales were 15 per cent and 7 per cent. In essence 90 per cent of lunatics resided in an asylum (the vast majority in the county asylum) or at home in Glamorgan while in England and Wales 93 per cent lived in an asylum or workhouse.²⁷ However, if looked at from a different perspective the pressure for beds in the asylum could have been greater. This was at its worst in the early 1880s and if the England and Wales percentage figure for lunatics staying at home or with relatives, around 9 per cent, had applied in Glamorgan instead of nearly 17 per cent an additional 73 people (based on 951 lunatic paupers chargeable to the Poor law Unions) would have had to be placed either in the asylum or workhouse.²⁸

Managing and Expanding the Estate

The asylum grew in numbers as admissions, discharges and deaths were never in balance. Over the first twenty six years recovered patients, compared to admissions, accounted for 30 per cent of cases, about 17 per cent were relieved (although not recovered they were taken by their families mainly and looked after) and a third died there. Occasionally recoveries reached the mid thirty per cent and only once 40 per cent, although this was a fairly common occurrence in English asylums. At times the prospects were bleak, as in 1867, when only 18 out of 278 patients in the asylum were

²⁷ PP(1871), LIX, *Lunacy Commissioners: Twenty Fifth Annual Report*, pp. 11, 18, PP(1890-91), XXXV1, *Forty Fifth Annual Report*, pp. 32-3.

²⁸ PP(1881), XLV111, *Lunacy Commissioners: Thirty fifth Annual Report*, pp. 134-5.

'probably curable.'²⁹ Andrew Scull, says in *The Most Solitary of Afflictions*, 'Each year...a very substantial proportion of the admissions remained behind to swell the population of long stay chronic patients, and as the size of county asylums grew remorselessly annual admissions formed smaller and smaller part of the whole.'³⁰ This was clearly the case in Glamorgan.

The Visitors Committee had to convince the Quarter Sessions that the expenditure was necessary and at times this proved a frustrating business. They acted as a judicial and administrative body with the latter mainly concerned about the maintenance of gaols and court buildings extended by some highway responsibilities. The Chairman of the Visitors Committee, the Venerable Henry Lynch Bosse, Archdeacon of Llandaff who lived at Newcastle House, Bridgend continued in the role until his death in 1879 and was assiduous in his attendance not only as Chairman but also as a member of other committees dealing with asylum matters. Some of the county's most distinguished personages were members of the Visitors' Committee including the Lord Lieutenant and Liberal Member of Parliament for the county, C R M Talbot, Margam Abbey, Henry H Vivian MP, Rt. Hon. Henry A Bruce MP, Lewis Llewelyn Dillwyn MP and together with other notables were 23 in number. In practice attendance was confined to lesser members of the gentry who found it difficult on occasion to get the Quarter Sessions to fund their wishes. This was made more difficult by a series of problems with the site and buildings which required almost immediate unforeseen spending.

The location next to the river Ogwr proved a major problem and while the Lunacy Commissioners were initially complimentary about the building they did recommend a need to paper and paint walls in a cheerful and pleasing way. A year later on their next visit they were very disappointed to see that nothing had been done. There was a reason. Walls were damp and the chimneys had been poorly constructed with smoke affecting the walls as well and which presumably did not do the patients much good although this was not stated. But there was an even more pressing matter, than just putting the roof and chimneys right, in that they were already running out of space

²⁹ GA/DHGL/3/2, *Annual Report for 1890*, p. 28, PP(1867),XVIII, *Lunacy Commissioners: Twenty First Annual Report*, p.62.

³⁰ Andrew Scull, *The Most Solitary of Afflictions*, op.cit., p. 271.

and plans were being made to accommodate 52 male patients in the workshop block within two years or so of opening. And the river Ogwr had overflowed which provided an opportunity as well for the more able bodied patients to strengthen the embankment which provided a temporary solution.³¹

Happily, Dr Yellowlees was able to report in January 1867 that there had been a great improvement in the appearance and comfort of most of the wards with the damp walls and 'smokey chimneys' rectified. During the course of the year he was also reporting a greater contentment among patients. A library had been opened and a drum and fife band introduced, no doubt inspired by Dr Yellowlees personally, given his Scottish credentials and together with other entertainment, contributed to a reduced number of attempts to escape. The Visitors agreed to build a cottage for the estate farmer and wife, some farm buildings and a piggery for 20 pigs. All of this would have cost £2,100 but the Quarter Sessions refused the funding in early 1868.³² The Visitors went ahead anyway with some modified plans with the patients doing most of the work and an old farmhouse was reconstructed using a sum of £400 earmarked for repairs which did not specifically require the Quarter Sessions' approval. This did not impress the Quarter Sessions and they asked the Attorney General, no less, to adjudicate on the acceptability or otherwise of the Visitors' Committee use of the provision. The outcome is not recorded and the provision, which was available to all asylums, continued to be used.³³

The Quarter Sessions would have a more serious financial proposal to consider when the Committee decided that accommodation was needed for 500 patients given that they were within reach of the asylum's capacity with only fifteen beds available for female patients and five for men by the summer of 1868.³⁴ The plan was to build accommodation for 135 patients with sufficient space for 59 to be completed immediately. The Quarter Sessions settled for 120 patients at a cost of £10,000.³⁵ The Visitors also had some unhelpful exchanges with the Lunacy Commissioners who were

³¹ GA/DHGL/3/1, *Annual Report for 1866*, p.4, PP(1865), XXI, *Lunacy Commissioners: Nineteenth Annual Report*, pp. 2-5, PP(1867),XVIII, *Lunacy Commissioners; Twenty First Annual Report*, pp.137-9.

³² GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 10 January, 20 June, 3 October,1867, 9 January 1868.

³³ *ibid.* 9 March 1868.

³⁴ *ibid.* 12 March, 27 March, 11 June 1868.

³⁵ GA/Q/S/M/26, *Minutes Quarter Sessions*, 30 June 1868.

encouraging them against their wishes to build a third storey on the main block accommodating male patients. The Commissioners were also very concerned about the continuing use of Vernon House to deal with its own overcrowding problems reiterating their view expressed over two decades that the place was not suitable to take patients. The Quarter Sessions, who granted licences to private establishments, had a very long association with Vernon House and ignored the Commissioners' latest objections and granted Charles Pegge (who had succeeded his father in law, R V Leach) a licence for 120 patients with not more than 50 private patients. This enabled the county asylum to place 20 patients there immediately at a cost of 14s-0d a week which was 2s-0d a week more than the asylum charged guardians so the loss had to be borne by the county rates.³⁶

The Visitors' Committee were discomfited with the actions of the Quarter Sessions in amending their proposals and unusually recorded their dissatisfaction in their minutes. They produced a plan at the end of 1868 to increase female accommodation by 35 beds at a further cost of £2,570 which together with the decision to go ahead with a building for 120 patients managed to exceed their original request.³⁷ The Quarter Sessions relented and agreed to raise a loan of £10,000 from the London Assurance Company at a cost of 4.5 per cent annually and repayable over 30 years.³⁸ It took some time to complete this building programme but in 1872 the Visitors Committee obtained approval for yet more female accommodation, this time for an additional 40 patients at a cost of £4,500 (including some other costs such as a Turkish bath) taking the total available beds to 570. There is an apparent flexibility in their calculation of bed numbers no doubt reflecting the fact that more patients could be squeezed in when necessary. By the end of 1874 there were already 505 patients in the asylum.³⁹

In 1870 Dr Yellowlees had pondered the implications of an ever growing population and demand for more beds in the asylum and concluded that this was neither

³⁶ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 9 July, 13 August 1868, GA/Q/S/M/26, *Minutes Quarter Sessions*, 7 April 1868.

³⁷ *ibid.* *Minutes Visitors Committee*, 17 December 1868, 14 January 1869.

³⁸ GA/Q/S/M/26, *Minutes Quarter Sessions*, 5 January, 29 June 1869.

³⁹ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 18 June 1872, 8 January, 14 January 1874.

desirable or necessary. He viewed the asylum as providing care for the curable, dangerous, suicidal together with a certain number of incurables who could do some work. As for the rest, including harmless patients and easily managed incurables, they could be accommodated in their own homes, private houses or in workhouses with separate wards and appropriate attendance and diet. In his view a Medical Superintendent could not treat more than 600 patients satisfactorily. Interestingly the Visitors indicated that they did not necessarily agree with Dr Yellowlees' views on numbers suggesting that they could foresee other provision being costly so that the more that could be concentrated in one institution the better.⁴⁰ He was not speaking in isolation since the Lunacy Commissioners had advocated separate institutions for different categories with special provision for idiots, imbeciles and epileptics and chronic lunatics and to an extent this was implemented in some areas over the last quarter of the century but not in Glamorgan.⁴¹

Early in 1875 Dr Henry Pringle, who had succeeded Dr Yellowlees, proposed that separate accommodation should be provided for chronic lunatics on the site of the asylum but across the river Ogwr. There was also discussion about building an additional asylum in some other part of the county but the Visitors settled on a new block able to take 300 patients, 200 males and 100 females, thereby increasing the capacity by 53 per cent from 570 which itself had only become available a short time previously. There was an immediate need for 190 beds and the Visitors decided that no ward should contain more than 60 patients which is a graphic reminder that the personal treatment advocated by supporters of moral treatment had long disappeared.⁴² The Visitors' Clerk wrote to the Lunacy Commissioners in July 1875 indicating that over the nine years since the asylum's inception there had been an annual average increase in numbers of nearly 32 patients (with female patients increasing more rapidly) and patients were being accommodated in corridors and passages. The proposal he put to them was to build initially a block for 176 patients costing £23,000 upwards of £130 a head which the Commissioners thought was excessive given that, in their view, accommodation for chronic patients should be

⁴⁰ *ibid.* 7 October, 22 December 1870.

⁴¹ PP(1867),XVIII, *Lunacy Commissioners: Twenty First Annual Report*, pp.72-3.

⁴² GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 18 March, 13 May, 10 June 1875.

cheaper. Around the same time the Commissioners approved a new building for 250 patients at the Norfolk asylum in Norwich, also for chronic patients, imbeciles and idiots at a cost of £33,920, or £135 a head which was completed in 1876. The projects were virtually identical but were processed differently. In the case of Norfolk it was duly completed within a year but there were complications in the case of Glamorgan which took another decade to resolve. The Commissioners were concerned that the eighteen acre site on the other side of the river Ogwr could not accommodate the additional building which would be required to achieve the Visitors ultimate wish to have space for 300 patients. More land would be needed to the north east and away from the river, which the Commissioners correctly identified as a potential flood risk. One prominent Visitor, R O Jones, Fonmon Castle, who frequently spoke up for the asylum at the Quarter Sessions when a case for more spending had to be made, told the Commissioners that it had been difficult to get his fellow magistrates to agree the proposal and if turned down could lead to the postponement of any action indefinitely. They were also told that the land had never been flooded. None of this made any impression and the proposal was duly rejected much to the consternation of the Visitors and Dr Pringle.⁴³ The Commissioners felt strongly enough to draw attention to their decision in their Annual Report indicating that the matter was in abeyance until the Visitors came forward with a '...less objectionable scheme for meeting the want of room so strongly felt'.⁴⁴

With 556 patients in the asylum in October 1875 and their plans dismissed out of hand the Visitors considered some temporary measures to bide time. They considered asking Guardians to take some of the chronic patients (and as already indicated this was rejected.) A more extreme option was to refuse further admissions and thereby letting the guardians sort out the ensuing problems. The final option was to board out more patients and create space for new ones. The latter was a very expensive option costing the asylum 14s-0d per patient per week when the asylum itself was reducing its charge to 9s-6d a week. Nevertheless, this was the Visitors' preferred option and they wished to contract with Vernon House for 50 more female patients. No doubt

⁴³ NA/MH/83/346, Correspondence with the Lunacy Commissioners, 17 July, 27 August, 17 September, 24 September 1875.

⁴⁴ PP(1876),XXX111, *Lunacy Commissioners: Thirtieth Annual Report*, p.29.

aware that this would not much impress the Lunacy Commissioners Dr Pringle proposed erecting a temporary building in the airing courts at a cost of £1,800 which the Quarter Sessions agreed to fund. And it was rejected by the Commissioners on the grounds that any building should be permanent and capable of conversion into a hospital for contagious diseases which the asylum did not possess.⁴⁵

Within two days of the Visitors' Committee considering this latest rejection Dr Pringle wrote to the Commissioners accusing them of failing to return chronic harmless lunatics to workhouses (which was, anyway, beyond their powers) and placing all the responsibilities on the Visitors. He ended by saying the temporary building could have been put up in six to eight weeks but given their response Dr Pringle asked them to provide a solution. And they did. They suggested either a permanent wooden building connected to the laundry or dividing the dining hall and using the space as a day room and accommodating 50 female patients in male dormitories which was also not very practicable. Dr Pringle rejected the latter since the Visitors would not contemplate splitting the dining room which was required for eating and recreational purposes and he insisted the best option was a temporary building and the Commission relented. He returned to the charge that they were holding up development on the other side of the river for no good reason and the Commission decided to undertake an independent inspection of the site.⁴⁶

Tenders were invited for the temporary building and then nothing happened. The lowest at £8,000 was considered to be too high (they had funding of £1,800) and Dr Pringle indicated that the number of female admissions had reduced so in line with their policy of expediency they awaited on events. Inevitably, the need for more beds reappeared within a year and a proposal was approved in December 1877, this time for a permanent building to be placed in the kitchen garden, which could be converted later into a contagious diseases hospital, as the Lunacy Commission had always wanted, but again there was a difference of view over its location. The Commission, though, could not identify a spare piece of land having ruled out space used for

⁴⁵ GA/DXGC 290, *Minutes Visitors Committee*, 5 October 1875, GA/Q/S/M/28, *Minutes Quarter Sessions*, 18 October, 1875, NA/MH/346, Lunacy Commission to Home Office, 4 December 1875.

⁴⁶ GA/DXGC 290, *Minutes Visitors Committee*, 16 December 1875, NA/MH/346, Correspondence with Lunacy Commission, 18 December 1875, 5 January, 11 January, 14 January 1876.

recreational purposes which in their view was subject to flooding. The building would accommodate 42 female patients (later reduced to 20) and in the meantime Dr Pringle continued to harangue workhouses for not taking some of the chronic cases out of the asylum. He told guardians in 1877 that 33 females could be placed in workhouses and that no more females, idiots, imbeciles and epileptics could be admitted although it is unclear how far this was implemented. The Lunacy Commissioners reported in 1878 that none had been refused in that year although some had been in the previous year. They also made it clear that extra accommodation was still essential. It was a period of intense discussions but no action on the part of the Visitors. Patients were increasingly boarded out and the Commission said they could not agree to a further contract with Vernon House (their power to do so is unclear) where 40 patients resided, 25 patients were in the asylum in Carmarthen where they had a contract for 80 patients and 10 were in Hereford Asylum. They were paying Vernon House 15s-0d a week per patient, Carmarthen 12s-10d and Hereford 14s-0d.⁴⁷ At the end of 1879 there were 562 patients in Angelton and 75 boarded elsewhere. The need to build was self evident.⁴⁸

Differences of view with the Lunacy Commissioners over the suitability of the site across the river continued in this period with the Visitors convinced there was no danger of flooding. The Local Government Board was asked by the Commission to report and they also concluded that the area, particularly at the southern end, was liable to flooding. That was not good enough for the Visitors so, at their request, the Commission dispatched an engineer, Captain Douglas Galton, to investigate and he also came to the same conclusion. He was able to explain that the course of the river had been changed by the creation of embankments and land on both sides of the river was vulnerable to the highest floods. Some of the higher land on the eastern side could be developed but would have to be supplemented with additional land owned by Lord Dunraven and even then the site would not be adequate. There was also potential for flooding on the western side where Angelton was located. At last the Visitors accepted this advice and spent the rest of 1876 considering a plot of land

⁴⁷ GA/DXGC 290, *Minutes Visitors' Committee*, 1 June 1876, 8 March, 5 June, 4 December 1877, 11 July 1878, 11 September, 18 September, 11 December 1879. PP(1878), XXXIX, *Lunacy Commissioners: Thirty Second Annual Report*, p.174, PP(1878-9), XXXII, *Thirty Third Annual Report*, p.232.

⁴⁸ GA/DHGL/3/2, *Annual Report for 1890*, p.28.

across the road from the asylum which the Commission reluctantly approved for purchase even though it was only eleven acres and in a narrow valley with high cost implications.⁴⁹ The Visitors failed to make any progress on its acquisition and terminated negotiations with the owner, a local farmer, in early 1877 and proposed, again, to utilise the recreation site (mentioned above) which was predictably turned down by the Commission in February on grounds of potential flooding.⁵⁰ On 27 August 1877 the river Ogwr flooded and, when the Visitors met, Dr Pringle referred to the ‘...ensuing calamity’ which ironically included the recreation site.⁵¹ The Commissioners did not miss the opportunity of recording in their Annual Report that but for their intervention a large detached building would have been built in the flooded area.⁵² Dr Pringle asked the Commission for their advice and after expressing their deep regret thought they could no better than ask Captain Galton to return. He recommended remedial works and the Visitors typically implemented only the minimal amount costing £2,000.⁵³

Building Parc Gwyllt

If the Visitors had any remaining thoughts about the possibility of building on either side of the river these would now have been banished. A 25 acre farm, Sarn Fach, some three quarters of a mile to the north of Angelton came on the market and would meet the need to accommodate 250-300 patients which, based on an estimate of likely demand, would be sufficient for nine years. While satisfying the perceived need the Commission decided in October 1877 that it would be better to seek a site for 500 patients presumably, but not stated, on the grounds that a long term approach was preferable given the Visitors’ propensity to seek short term fixes. The Visitors did not find this to be a helpful response so characteristically did nothing until the following summer when an advertisement appeared for a 70-100 acre site. This did not produce a suitable response from potential sellers. A note of desperation

⁴⁹ NA/MH/346, Correspondence with Lunacy commissioners, 13, 17, 29, 31 March, 12 April, 27 July, 1, 19, 24 August 1876.

⁵⁰ *ibid.* 19 February 1879.

⁵¹ GA/DXGC 290, *Minutes Visitors Committee*, 13 September 1877

⁵² PP(1878), XXX1X, *Lunacy Commissioners: Thirty Second Annual Report*, p.49.

⁵³ NA/MH/346, Correspondence with Lunacy Commission, 30, 31 August 1877, GA/DXGC 290, *Minutes Visitors Committee*, 27 September 1877.

entered Dr Pringle's regular reports to the Visitors. He mused that given the pervading industrial recession people would move away in search of jobs thereby reducing the demand. He also thought that people might have less money to spend on alcohol, a contemporary cause of insanity, and also reduce the admission rates. However, the population continued to grow and there was no long term reduction in drinking.⁵⁴

It was not until 1880 that a suitable site emerged and despite pressure from the Commission to complete the purchase, negotiations were not finalised until the summer of 1881. The Quarter Sessions agreed to purchase Parc Gwylt from Lord Dunraven, comprising 127 acres on Cefn Hirgoed Common to the south east of Angelton near Coity. Having started their searches for land to accommodate 250-300 patients the Visitors were now talking in terms of no less than 700 patients.⁵⁵ Their initial plan was to build for 320 patients and the branch asylum would have its own assistant medical officer responsible to Dr Pringle at Angelton. It took until May 1883 before a contract for £62,800 was let to Henry Lovett, Wolverhampton to build the new asylum following protracted negotiations with the Lunacy Commission and others about the details. The Commission approved of the beautiful and extensive views but commented on the openness of the site and its exposure to gales. Its main concern, though, was about the provision of an adequate water supply.⁵⁶

Provision of an adequate water supply had been a constant problem for the asylum at Angelton from the outset and was now being replicated at Parc Gwylt. Water was sourced from a deep well and from the river Ogwr and as early as 1868 an engineer's report recommended that a second well should be sunk to supplement supplies, but as ever, with a careful eye on spending, no action was taken.⁵⁷ Four years later a further report indicated that water could be extracted from two springs in nearby Court Colman but that the more practical solution would be to increase river extraction, create additional filter beds and build a storage reservoir. With patients doing much of the work costs could be contained at £360. There was an alternative. It

⁵⁴ GA/DXGC 290, *Minutes Visitors Committee*, 30 October 1877, 10 January, 6 June, 5 December 1878, 9 January 1879.

⁵⁵ *ibid*, 12 May, 7 July 1881, PP (1881), XLVIII, *Lunacy Commissioners: Thirty Fifth Annual Report*, p.223.

⁵⁶ GA/DXGC 290, *Minutes Visitors Committee*, 12 May 1881, PP(1882), XXX111, *Lunacy Commissioners: Thirty Sixth Annual Report*, p.93.

⁵⁷ Q/A/M/9/1/2, *Minutes Visitors Committee*, 8 October 1868.

would be possible to obtain a supply from the Bridgend Water Company at a capital cost of £600 to lay a pipe plus a continuing water charge. Not unexpectedly this was deemed too expensive and the river extraction proposal was agreed.⁵⁸

Demand for water increased and the asylum resorted to drawing water directly from the river which was heavily polluted by coal workings and domestic sewage. Early in 1879 Dr Pringle was highlighting the need for additional filtration capacity given the risk of typhoid. And inevitably an outbreak of typhoid occurred. Seventeen people, mostly patients, contracted typhoid and four male patients died. Twelve people suffered severe diarrhoea and two male patients died. Three quarters of the water used in the asylum for all purposes came from the river and the rest from the deep well and on analysis this was also found to be polluted and not fit to drink. Sewage tipped in the garden was seeping into the well. Its use was banned so the asylum was left with the river water which was inadequately filtered for drinking purposes. The well was cleaned but subsequently not used for drinking purposes while new settling ponds and filtering beds were introduced to improve the quality of the river water. It was also decided to contract with the Bridgend Water Company for future drinking supplies.⁵⁹ As ever there was a problem and on this occasion connecting the water supply was the issue. An agreement had to be put in place on pumping water to the new asylum in Parc Gwylt but, as stated above, negotiations on acquiring the land were not completed until the summer of 1881. The Bridgend Water Company could not provide water directly to the new asylum because of the gradient so, at the asylum's cost, it was decided to pump water to a reservoir at Parc Gwylt. Following resolution of that problem work also began on connecting Angelton to the Water Company's supply. The contract remained with the Bridgend Water Company until 1889 when it was taken over by the Garw Water and Light Company and this had the significant advantage of not having to pump water from Angelton to Parc Gwylt.⁶⁰

⁵⁸ *ibid.* 11, 25 January 1872.

⁵⁹ GA/DXGC 290, *Minutes Visitors Committee*, 13 March, 5 June, 10 July, 17 July, 11 December 1879, PP (1880), XXIX, *Lunacy Commissioners: Thirty Fourth Annual Report*, p.218, PP(1881), XLVIII, *Thirty Fifth Annual Report*: p.223-4.

⁶⁰ GA/DXGC 290, *Minutes Visitors Committee*, 9 December 1880, 12 May, 2 June, 1881, GA/Q/A/M/9/1/3, *Minutes Visitors Committee*, 10 September, 12 November 1885, 25 April 1889.

The Glamorgan asylum was not alone in finding difficulty with the provision of an essential commodity especially if the price was not right. Pamela Michael mentions that the site of the North Wales asylum in Denbigh was supposed to have a supply of pure water but its adequacy and quality was a continuing problem during the first fifty years of its existence. Similarly, John Crammer refers to the shortage of supply during the summer at the Buckinghamshire Asylum when baths for the patients were cancelled and laundry curtailed. Water was obtained from a deep well in the airing court which was supplemented in times of shortage by storing rain water and ultimately an additional supply was found from adjoining landowners. In 1871 they had an opportunity to obtain supplies from the Chiltern Hills Spring Water Company but, on grounds of cost, it was not taken up until 1903 and then only to provide some of their needs. It was not until 1931 that the asylum decided to contract for the whole of its needs from the water company.⁶¹

The construction of the new asylum at Parc Gwylt was beset with difficulties from the outset including the wrong kind of stone in Cefn Hirgoed Quarry and problems over access to Lord Dunraven's land to lay gas and water pipes. When it was finally handed over in early 1886 it turned out to be a shoddy creation with a leaking roof and surface water entered corridors during a storm. Walls were not water proof and the plumbing was deficient. The Chairman of the Visitors commented at the end of 1886 that '.....many and great difficulties involving considerable delay and expense have been encountered in respect of buildings and works at and connected with Parc Gwylt.' These costs already amounted to over £78,000 against the contract price of £62,800 and a further £11,000 had been earmarked for future spending although this amount did not cover heating for the wards which would have to be provided for separately. At the end of 1885 there were 661 patients in Angelton and no less than 159 boarded out in asylums in Abergavenny, Carmarthen and Vernon House, Briton Ferry.⁶²

⁶¹ Pamela Michael, *op. cit.*, p.63, John Crammer, *Asylum History, Buckingham County Pauper Asylum*, Gaskell, London, 1990, pp.44-6.

⁶² GA/Q/A/M/9/1/3, *Minutes Visitors Committee*, 10 December 1885, 11 February, 9 September, 21 December 1886.

At last on 10 January 1887 Parc Gwylt received its first patients when 40 men and 40 women arrived from Angelton in the snow on a bitterly cold day. It was freezing outside and the temperature inside was no higher than 50-52 degrees fahrenheit. The grill fire grates were soon deemed to be a failure but it took another two years before the buildings were adequately heated. Three blocks for women and one for men had been completed and over the following few months more patients returned from other institutions and towards the end of 1887 there were 260, mostly chronic, patients at the branch asylum. Taking the two asylums together there was room for 986 patients (632 at Angelton and 354 at Parc Gwylt) and when Glamorgan County Council took over management responsibility from the Quarter Sessions on 1 April 1889 there were already 888 patients made up of 435 men and 453 women.⁶³

Given that Glamorgan (with Carmarthenshire, Cardiganshire and Pembrokeshire), were the last to open a county asylum they were having to come to terms with operating a new facility and coping with an unplanned for increase in demand for beds virtually at the same time. This added considerably to the problems of management. Most of the asylums in England and Wales were well established when this programme of expansion started. This was especially true of the large industrial conurbations in England and also in London. For example, Lancashire opened its first asylum, Lancaster Moor, in 1816 and its fourth in Whittingham, Preston in 1873 providing beds for 7,500 patients for a population of nearly 3.5million in 1887. A particular feature from the 1860s onwards was the establishment of borough asylums which took the pressure off county asylums. Bristol opened an asylum in 1861 followed by the City of London, Leicester, Newcastle, Ipswich, Exeter, Portsmouth, Nottingham and Norwich. Birmingham, with a population of 400,000, opened its second asylum in 1882 (the first one opened in Winson Green in 1850) providing beds for 1,200 patients in total.⁶⁴

In Glamorgan the major boroughs of Cardiff and Swansea might have been considered possible places to establish new asylums but they were not eligible to manage them since their Quarter Sessions did not have a recorder. Not that there was any desire on

⁶³ *ibid.* 13 January, 8 December 1887, 12 January 1888, GA/DHGL/3/2, *Annual Report for 1890*, p.28.

⁶⁴ PP(1888), LXXX11, *Return of Lunatics Asylums*, January 1887.

the part of the local justices to take on such a responsibility. There was an alternative possibility of locating an additional county asylum and Dr Pringle suggested that the Poor Law Unions furthest from the asylum would benefit. This would have pointed to a new establishment in Swansea and such an additional county asylum existed in Cheshire and Staffordshire as Dr Pringle indicated. There was a brief discussion in the Visitors' Committee but nothing came of the idea and possibly the additional costs of a totally new asylum with an additional Medical Superintendent and senior staff would have been a factor. In the event it was decided to open a branch asylum at nearby Parc Gwylt.⁶⁵

Conclusion

This chapter deals with the response of the Visitors Committee to the ever increasing demand for more beds. It proved to be a difficult quarter of a century for the Visitors Committee who were being pressed upon by the Lunacy Commissioners to increase the size of the asylum while a reluctant Quarter Sessions sought to limit demands on its funds. In most respects they were no different from all other asylums but they had an additional handicap in that they were late in opening their asylum and it was far too small at the outset given an ever increasing population. In the early days of the asylum the Medical Superintendent promoted the positive aspects of the asylum's work but in reality the curative dimension was already becoming custodial. As we have seen, Ann Digby says that the concept of moral treatment morphed into moral management in the second half of the century with medicine becoming an increasing part of treatment.⁶⁶ And the use of medicine, largely as a sedative, would have benefited only a minority of patients. The numbers of admissions grew and a substantial number remained to swell the population of long stay chronic patients. Not only did they grow old in the asylum they were increasingly arriving in old age, frequently from workhouses, with no hope of cure. The workhouses also had their problems as families were turning to the workhouse (more so in England than in Wales) and asylum to care for people in numbers which had not prevailed in the past. David Wright refers to this '...as a pragmatic response to the stresses of

⁶⁵ GA/DXGC 290, *Minutes Visitors Committee*, 6 June 1878.

⁶⁶ Ann Digby, 'Moral Treatment at the Retreat', *op.cit.* p.8.

industrialisation'.⁶⁷ The problems would have been even worse but for the inward migration of young, healthier people less susceptible to mental health problems. Nevertheless, in the twenty years after 1870 numbers grew by 131 per cent while the population grew by 71 per cent.

The response of the Visitors was to seek to create more space but they met with resistance at times from the Quarter Sessions and, as with the construction of Angelton, problems arose over the selection of a site and more building difficulties ensued. Apart from a brief consideration there was no serious thought given to establishing another asylum in the western part of the county and the search for a suitable site was confined to the locality of the existing institution.

⁶⁷ David Wright, 'Getting Out of the Asylum', op.cit. p.139.

Chapter 4: In the Asylum 1864-89

*'Mr Llewelyn said there was no fear that any lunatics would be kept in the Bridgend asylum a day longer than was necessary. It was in the interest of all such institutions to discharge the inmates as soon as possible in order to make the statistics in the government returns appear as favourable as possible.'*¹

Getting into the asylum

This chapter considers the process of getting into the asylum, the treatment available to patients and the opportunity to get out. It also takes account of wider developments.

There is a plentiful supply of government statistics compiled from annual and other returns from individual asylums supplemented by data prepared by the Lunacy Commission. There are qualifications to be made in respect of such returns and, as implied by the observation above made at a meeting of the Swansea Board of Guardians in January 1872, it would have been tempting for the Medical Superintendent to discharge patients and thereby place themselves in a favourable light. Dr Yellowlees referred in his annual report for 1873 to the '...remarkable variation' in recording recoveries in different asylums. He mentioned, by way of example, someone classified as an 'idiot with epilepsy' being discharged 'cured' because his fits had been temporarily ceased although the underlying condition remained. If such criteria had been applied in Glamorgan then discharges of recovered patients would have been greater. Dr Yellowlees preferred to discharge such patients as 'relieved' indicating a partial recovery. Similarly, someone with an 'unsound mind' should not be discharged as recovered unless certified as of 'sound' mind.² These were, of course, matters of great importance given the pressure to minimise the number of patients in asylums as indicated in the discussion at the meeting of the Board of Guardians. But what mattered ultimately was that the numbers of people

¹ *Cambrian News*, 19 January 1872, Report of a discussion at a meeting of the Swansea Board of Guardians.

² GA/DHGL/3/1 *Annual Report for 1873*, p.12.

remaining in the asylum at the end of every year grew and discharges and deaths were exceeded by admissions.

A patient required a certificate to get into the asylum. A pauper required a medical statement by a doctor supported by background information on the history of the patient provided by the family or whoever sought admission. The signature of a justice of the peace or a Church of England clergyman was also required together with that of the relieving officer or a parish overseer. In the case of private patients two medical statements were required but an endorsement by a justice of the peace or a clergyman was not required. The Lunatics Act 1845 also required detailed information to be kept by the asylum in a prescribed and standardised way setting out the experience of the patient until discharge or death.³

The process of certification is key in understanding the way people were committed to the asylum. Yet, as David Wright points out, little detailed work has been done on this aspect of psychiatric treatment. He concludes that while it was a legal process the '...medical determination was heavily subject to the influence of family members. Thus, ironically, over the course of the nineteenth century power over certification devolved away from the so called experts in the asylum to non-resident medical practitioners and the lay public.'⁴ Only a few of the certifying doctors would have had any specific training in medico-psychology since it was not a required medical course until the end of the nineteenth century. There were a few textbooks together with periodicals providing general pointers as to what constituted insanity and its various manifestations including idiocy. The boundaries, says David Wright, between idiots and the merely weak minded or between the eccentric and the lunatic were open to interpretation by medical practitioners and the lay public alike. The legal definition of 'insanity' in the Victorian era was a broad one which encompassed all those being at some time 'non compos mentis'. In essence, David Wright says that a system of certification arose whereby local medical practitioners with no formal schooling in insanity, no requirement to consult or cite text books on mental disease, and no

³ Kathleen Jones, *Asylums and After* op.cit., p.90.

⁴ David Wright, 'The certification of insanity in nineteenth century England and Wales', *History of Psychiatry*, Vol.9, No. 35, pp.269-70.

background in the institutional treatment of disordered behaviour were required to devise means of legitimating the incarceration of alleged lunatics and idiots.⁵

Richard Russell quotes from a lecture on the pathology and treatment of insanity given in 1855 by A J Sutherland in which he concedes the virtual impossibility of precisely defining 'real insanity'. Sutherland said,

*There are a thousand shades of madness more or less distinct, a thousand variations of colouring more or less vivid but still they are classed under the general term of insanity and the pupil naturally asks, what are the means furnished one for detecting the disease? What is the standard which is to guide one in determining this man to be eccentric, that man mad? It must be confessed that this problem has never satisfactorily been solved, definition after definition has been invented but with little success, eccentricity and passion run so imperceptibly into insanity, that it is sometimes very difficult to say where one ends and the other begins.*⁶

When it comes to a consideration of the causes of insanity Richard Russell refers to the lack of knowledge even though extensive tables giving a range of possibilities were regularly published in the *Journal of Mental Science* and subsequently in the annual reports of the Lunacy Commission. Richard Russell wonders whether,

*...these alleged causes were mere rationalisations of events which popular prejudice held were 'bad' for you and how far doctors believed there really was an element of 'scientific knowledge' behind them... Such causes as domestic troubles, loss of relatives or friends, religious impressions, love affairs and seduction were recurring examples and were taken from the medical certificates completed usually by a Poor Law Medical Officer who had no experience of an asylum.*⁷

It is not surprising that given the virtual impossibility in accurately describing the manifestations of insanity or explaining its causes there was no effective cure. Taking

⁵ *ibid.*, p.280-2

⁶ Richard Russell, *op. cit.* p. 30.

⁷ *ibid.*, p. 40-1.

1870 as an example, there were 114 admissions (47 men and 67 women) with mania (in its several guises) accounting for 49 of the cases, melancholia 23, general paralysis 17, dementia 17, imbecility or idiocy 7, moral insanity 1. The range of causes mirrored the published tables with the single biggest category being 'unascertained' with no less than 29 cases. The next is intemperance with 16 cases followed by 13 cases each for hereditary predisposition and previous attacks.⁸ No medical admission documents are available in the Glamorgan County Archives but detailed case histories of all patients are extant. These provide a short description of the details contained in the medical certificates followed by an account of the patients' time in the asylum. In 1870, for the first time, new admissions (as opposed to transfers from other institutions notably Vernon House) exceeded 100 and in his annual report Dr Yellowlees found it difficult to explain the growth of 29 over the previous year and especially the large number of women. Significantly he indicated that only a third of the cases were showing reasonable hope of recovery. Referring to discharges in that year he drew attention to 14 patients 'relieved' on the grounds that it was not absolutely necessary to keep them in the asylum and it was his wish to increase the number but the indifference of friends, that is families or others, prepared to look after them, made this impossible. Dr Yellowlees conceded that a manageable person in the asylum might become a problem outside and this lends credence to the arguments of some historians, such as Andrew Scull, who have argued that asylums became a '...dumping ground for a heterogeneous mass of physical and mental wrecks...'⁹

An examination of the details of the male patients in 1870 indicate that violence or fear of violence occurred in over half of the total of 47 admitted in that year. Some had identifiable conditions, notably epilepsy which triggered admission. Benjamin Edwards, 24, an unemployed single man from Aberdare was an epileptic who could be sulky and dangerous and was admitted suffering from mania. He was unmanageable in the asylum, suffering fits and on one occasion aimed a chamber pot at an attendant who would not let him light a pipe in a passageway. In turn the attendant broke the

⁸ GA/DHGL/3/1, *Annual Report for 1870*, pp.26-7.

⁹ *ibid.*, p.13, Andrew Scull, *The Most Solitary of Afflictions*, op. cit. p.372.

patient's cheekbone in self defence and was dismissed by the Visitors' Committee. As frequently happened in the asylum patients succumbed to a prevailing disease and Benjamin Edwards contracted typhoid like symptoms and died of pneumonia some eight months after arrival.¹⁰ Patients would be admitted with more than one condition as did Thomas Penney, 26, married and an engine driver from Merthyr who had fallen from his engine and injured his head. He had shown signs of insanity for four months and therefore had been admitted in good time if he was to recover. However, there was a history of intemperance and general paralysis (inflammation of the brain linked with syphilis) was diagnosed and he died two months later.¹¹ Jacob Lewis, 13, was an imbecile with no occupation from Penydarren and had been admitted because he was unmanageable at home. His family were afraid that he might set fire to his home or injure other children. The asylum entry says he was '...a nice looking boy well cared for'. Within a few months he was '... a restless, mischievous urchin' and seven years later he was '...a most offensive, dirty, destructive idiot. Needs much care.' He was still in the asylum when he died in 1907 of pulmonary tuberculosis.¹²

Thomas John, 37, a married collier from Pontlottyn was admitted with acute mania which had lasted only four days. He was described as violent claiming that his wife was insane and that he was the one that required protection. For good measure he had threatened others with a gun and a pistol and was a frequent user of filthy language in a mixture of Welsh and English. The asylum comment was '... these are the facts given' perhaps indicating a slight scepticism. A month after his admission, Thomas John was joined by his wife Ruth suffering from melancholia and in the meantime her husband was getting better while working out of doors. Unfortunately she remained gloomy and despondent but she also got better slowly fortified by a nightly whisky toddy. Eventually they were both discharged together eighteen months after admission.¹³ William Jones, 30, single and a clerk in Cardiff, was suffering melancholia and spent time in bed from alleged weakness but got up at night. Who

¹⁰ GA/DHGL/10/3, Case Notes, Males, Angelton, 1869-71.

¹¹ *ibid.*

¹² GA/DHGL/10/3, Case Notes, Males, Angelton, 1869-71.

¹³ *ibid.*, GA/10/41, Case Notes, Females, Angelton, 1867-70

initiated his admission is not stated but he had been showing symptoms of insanity for two months. He was also threatening people, this time with axes and knives and therefore was described as dangerous. The asylum noted that he was well behaved but lazy although he wrote the programmes for the asylum balls. He was still there four years later when he complained of sickness and was given rhubarb powder. Whether there was any connection is not known but he was soon diagnosed with jaundice, got weaker, had a fit and died. A post mortem examination revealed that he had had a brain disease for about four years.¹⁴

Alcohol was frequently given as a contributory cause of insanity. One of the most extreme cases was William Hill, 42, a Cornish captain based in Swansea and part owner of a boat. He was admitted after an episode lasting twelve days which was put down to excessive drinking on board. He had been put in irons on board after attempting to stab several crew members and subsequently tried to commit suicide by attempting to leap into the sea. Captain Hill was brought to the asylum by two policemen with his legs tied with rope and handcuffed behind his back. He had to be secluded, an unusual practice in the asylum, but he soon made a recovery and was relieved on the understanding that his father would care for him in Cornwall. Alcohol often featured in cases of general paralysis which was a common problem affecting 17 of the 47 male admissions in 1870. That year William Stansfield, 42, a bankrupt German shipbroker living in Swansea who had spent three weeks in Swansea gaol for not maintaining his children, was admitted. It was noted that he had been intemperate in the good times but was now a poor, broken down man, ragged and dirty. Some thirteen years later he died of brain atrophy.¹⁵

Medical Superintendents often berated workhouses for sending them troublesome cases they no longer wished to handle. Four men fitted this description in the admissions list. James Roden, 46, married and an engineer had been in the Merthyr Workhouse for nine months. It was claimed by the workhouse that his first attack of insanity took place four months before they despatched him to the asylum. This was disputed by the asylum since he was clearly in an advanced stage of general paralysis

¹⁴ GA/DHGL/10/3, Case Notes, Males Angelton, 1869-71.

¹⁵ GA/DHGL/10/3, Case Notes, Males, Angelton, 1869-71.

as evidenced by his speech, gait and manner. They noted that he had been brought in because he was of dirty habits and too troublesome. He died within three months. Jeremy Finnigan, 33, a married Irish labourer living in Cardiff had spent some time in the gaol for stealing clothes. Known as 'Jerry the Rack' he had ended up in the workhouse and was described on admission as a violent and restless man but the asylum noted him as a poor, miserable man, mentally confused and lost. Some eight months after admission he died of general paralysis. Similarly, Morris Gogan, 40, also an Irish labourer was transferred by the workhouse to the asylum only to die less than a year later from the same condition.¹⁶

In contrast, William Evans, 15, was admitted from the Merthyr Workhouse where he had been for a few weeks. An imbecile he suffered epileptic fits from early childhood but worked as a puddler when well. When fits occurred he was sent to the workhouse but his condition deteriorated and he had assaulted neighbours and threatened to cut his throat. Clearly he was not an appropriate case for the workhouse (they were required by law to transfer a dangerous lunatic after fourteen days) and he remained in the asylum transferring to Parc Gwyllt in 1887 when it opened.¹⁷

Between 25 and 40 per cent of the patients were discharged as 'recovered' measured against admissions in any given year. In 1870 it was low at only 21 per cent and the Medical Superintendent commented that there were only 25 patients who had recovered due to the '...hopeless character of new cases'.¹⁸ Some, at least, left in a comparatively short time. Frederick Morgan, 17, a single apprentice painter was admitted with acute mania in April 1870 suffering his second attack which had lasted two weeks and was dangerous. One indicator of insanity was that he had seen God. Described as quiet and reserved he was discharged as recovered in November albeit with the less than resounding qualification that he '... was as well as he ever will be'. Edward Morgan, 56, a married Cardiff labourer was admitted with acute mania, which was his first attack and had lasted four months. A fit at work had caused it and the indicators of insanity were incoherence and restlessness. Four months later he was

¹⁶ *ibid.*

¹⁷ GA/DHGL/10/3, Case Notes, Males, Angelton, 1869-71.

¹⁸ GA/DHGL/3/1, *Annual Report for 1870*, p.13, GA/DHGL/3/8, *Annual Report for 1930*, p.28.

relieved given that his family had given an undertaking to look after him. In December 1870 George Hammond, 30, a single billiard marker from Cardiff was admitted suffering from epileptic mania. Evidence of insanity was his refusal to answer a doctor's questions and his attempt to bite him. He was reported to be improving steadily once inside and was discharged within two months.¹⁹

An unusually large number of women were admitted in 1870 totalling 67 and the Medical Superintendent could not explain the sudden increase of 35 over the previous year.²⁰ No particular type of condition dominates but whereas violence was a factor in a significant number of male admissions the workhouse features in a prominent way in the case of females. Around a fifth were admitted from a workhouse reflecting no doubt the larger numbers of women living there compared with men. Lack of money due to the loss of a husband, for example, would have condemned some to a life in the workhouse. However, the women who found their way from the workhouse to the asylum were by no means confined to such cases. Margaret Mountshed, 50, was a widow from Cardiff but was also a tailoress. She had a drink problem and had spent some time in Wells Asylum and was described on admission as maniacal claiming to be Jesus Christ. After six years she sought the consent of the Lunacy Commission, no less, to leave which was denied but the Visitors granted her wish the following year and she was relieved. Nothing is recorded about anyone taking responsibility for her care and possibly she left without the agreement of the Medical Superintendent, the Visitors had the final say, and he chose to say nothing.²¹

Ann Jones, 34, a single charwoman from Aberdare was admitted from the Merthyr Workhouse where she had been for six months. Seven years later she was relieved when her brother undertook to look after her.²² This year, 1877, was a good one for relieved patients when 40 were discharged compared with only 27 were shown as recovered.²³ It indicates that the asylum was content to discharge on this basis if someone was prepared to look after the patient especially given the pressure on

¹⁹ GA/DHGL/10/3, Case Notes, Males, Angelton, 1869-71.

²⁰ GA/DHGL/3/1, *Annual Report for 1870*, p.12.

²¹ GA/DHGL/10/41, Case Notes, Females, Angelton, 1867-70.

²² *ibid.*

²³ GA/DHGL/3/2, *Annual Report for 1890*, p. 28.

space. Annie Bryant, 18, a single domestic servant from St Fagan's had been in the Cardiff Workhouse for a fortnight before being admitted with mania. She thought she was going to marry the Marquis of Bute but soon got over this misapprehension and was discharged recovered three months later only to return in two years.²⁴ Agnes Taylor, 18, also a single domestic servant, this time from Neath Abbey, was admitted from Neath Workhouse following an attempt to jump out of a window. She was also suffering from mania and both her father and mother had died insane from intemperance. The workhouse medical officer said that she was an imbecile and that her language and behaviour were filthy and obscene. She settled down and was discharged as recovered within two months.²⁵

Threats of suicide or attempted suicide sometimes linked with difficulties during childbirth were frequently present. Elizabeth Hutchins, 30, was readmitted from Cardiff Workhouse and had been in Cardiff gaol for attempted suicide. She claimed that there was nothing wrong with her and tried to tear up the admission order. Her mania subsided and she was discharged recovered only to return a few months later.²⁶ Louisa Rees, 32, wife of a Cardiff engineer was admitted with the same condition and was considered to be suicidal. Within a few months she was discharged recovered although a relapse was not ruled out.²⁷ Amelia Bailey, 34, a married woman from Cardiff had a family history of insanity including her mother, sister, and an uncle. She had jumped in the river and was considered suicidal and also a danger to others. After three years in the asylum she died of general paralysis.²⁸

Gemma Williamson has studied the experiences of women at the Glamorgan Asylum between 1865 and 1886 and concludes that many women would have faced difficult situations within their families with no means of redress. Divorce for the majority was out of the question and mental and physical abuse caused many to break down. Emigrating husbands deserting their wives were occasionally cited and in such incidents admission to the asylum followed a period in the workhouse because wives

²⁴ GA/DHGL/10/41, Case Notes, Females, Angelton, 1867-70.

²⁵ *ibid.*

²⁶ *ibid.*

²⁷ GA/DHGL/10/41, Case Notes, Females, Angelton, 1867-70.

²⁸ GA/DHGL/10/42, Case Notes, Females, Angelton, 1870, Vol.2.

would have been left with no means of support and in all likelihood had to care for children. Tragic events within families triggered admission frequently. Mary Griffiths was affected by the death of her favourite daughter and had tried to hang herself. From time to time there were cases relating to religion with patients admitted suffering from ‘...religious melancholia’. Women who were especially vulnerable to poverty were widows having lost their sole source of income in many cases. On the other hand she points out that there was evidence of caring and supportive families and there are many examples in the case histories.²⁹ Such an example was Jane Johns, 37, a sailor’s wife from Swansea who was melancholic on admission. She had become distressed because her husband had failed his mate’s examination and was found wandering the streets and placing extravagant orders in shops. After some improvement she was discharged as recovered ‘... on the desire of friends ready to care for her’.³⁰ It would not be possible to form a view on the extent to which family tensions, were a cause of mental illness on a reading of the case histories alone since they only describe the actions of the person about to be committed to the asylum and were written to justify the admission. However, occasional comments made by a patient on admission contradicting some of the statements indicating that a balanced account was not always given.

In his study of Lancaster asylum, in an earlier period, John Walton concluded that the main behavioural problems shown by patients admitted in the year 1842-3 involved violence, drink or suicide (in some cases there were multiple conditions) and generally this held true of Glamorgan some thirty years later.³¹

Ten years later in 1880 admissions in Glamorgan had increased to 148 from 114 including 87 men and 61 women. In this year 44 were discharged as recovered indicating a recovery rate of nearly a third when measured against admissions in that year. A further 47 patients were discharged as ‘relieved’ and placed with their families or other carers even though they had not recovered. The number of relieved patients reflected the need to limit demand on space and even allowing for 38 deaths there

²⁹ Gemma F Williamson, *The Experiences of Women at the Glamorgan County Lunatic Asylum, 1865-1886*, unpubl. MA dissertation, Swansea University, 2010, pp.33-40.

³⁰ GA/DHGL/10/42, Case Notes, Females, Angelton, 1870, Vol.2

³¹ J K Walton, op. cit., p. 141.

was still a net increase of nineteen leading to more patients being boarded out to make room for them. A critical aspect of these figures is the number of patients being readmitted. In 1880 they amounted to 35 of the total of 148 admissions; 24 per cent. In this period from 1880 to 1889 readmissions fluctuated from a low 13 per cent in 1885 to a high of 18 per cent in 1889.³²

This suggests that treatment was not particularly effective and the deliberate decision to increase the number of relieved discharges would add to the likelihood of readmission. An examination of case notes for patients admitted in 1880 indicates that the conditions presented to the asylum were essentially the same as those prevailing ten years previously but notably more patients were being sent from a workhouse.

James O'Reilly, 25, a single plasterer was admitted from Cardiff workhouse in 1880 following a two week long attack. He had been taken to the workhouse by a policeman who had found him beating his head against railings. In 1884 he escaped but was caught on the road to Bridgend and was transferred to the asylum in Abergavenny where he died of pneumonia a year later.³³ His sister, Catherine was also admitted from the workhouse virtually at the same time but fared better. Suffering from delusions she soon improved and was discharged as recovered early in 1881.³⁴ There were several instances where religion played a part in bringing about illness and more so than a decade earlier. Edward Brodrigg, 45, a single labourer was admitted from the Pontypridd workhouse in a very excitable manner which was put down to drink and the Salvation Army. He was very violent and arrived in a sack with only his head showing and tied hand and foot. His excitement was replaced by a 'degree of dullness' (there is no reference to any drugs being prescribed) but he made no progress and he ended up in Parc Gwylt.³⁵ (Occasionally religion was cited as a contributory factor and this is considered further in Chapter Five in relation to the religious revival of 1904-5). George Salmon, 49, a married Cardiff cabinet maker had a first attack before admission in 1880 and also suffered from excitement (mania)

³² GA/DHGL/3/8, *Annual Report for 1930*, p.28, 30.

³³ GA/DHGL/10/7, Case Notes Males, Angelton, 1879-81.

³⁴ GA/DHGL/10/44, Case Notes, Females, Angelton, 1877-80..

³⁵ GA/DHGL/10/7, Case Notes, Males, Angelton, 1879-81

attributed to drink and the Salvation Army; he had been 'raving about religion'. He had not worked for five months and was a hard drinker. No progress was reported in his case either and he died seven years later of brain disease.³⁶ Edward Evans, 60, a married iron forger from Neath was readmitted following an attack lasting three weeks which was his fourth episode. He had been a 'great drunkard', thought he was a 'great pugilist' but threatened to drown himself. After settling down in the asylum, where he was considered to be harmless, he was discharged as recovered after sixteen months only to be readmitted yet again within four months. Some patients were able to secure their discharge at an early date including Arthur Thomas, 27, a single accountant who suffered from overwork and had become 'excited' in part because his employer was insane. He was teetotal although his step mother was a drunkard but time away from work enabled him to make a quick recovery in two months.³⁷

In the case of women it was unusual to for the case notes to note any ill treatment by a family member. An exception is the case of Mary Roberts, 25, a married Swansea dressmaker whose husband had ill treated her but nevertheless, she refused to answer questions on this and the source of the information is not stated. She remained in the asylum becoming more demented until dying of pthisis (tuberculosis) in 1891.³⁸ Mary Ann Hughes, 35, a labourer's wife from Cardiff was admitted after an attack lasting three months. She had spent two years in Prestwick Asylum and was now considered to be dangerous having struck her husband with a poker. The asylum commented that she appeared to be a 'tartar' and thought that '...her husband was doomed to a very hard life with her'. Yet a year later she was quiet and well behaved and '...at her husband's earnest request' she was discharged as recovered.³⁹ Occasionally a patient with a complex background would be admitted. Mary Baker, 34, was sent from the Cardiff Workhouse. She had been convicted of larceny and sentenced to seven months in gaol where she had become insane and transferred to the workhouse. The notes state that her background history was unsatisfactory and

³⁶ GA/DHGL/10/7, Case Notes, Males, Angelton, 1879-81.

³⁷ *ibid.*

³⁸ GA/DHGL/10/44, Case Notes, Females, Angelton, 1877-80.

³⁹ *ibid.*

her claim that she had spent time in an asylum in Boston was not verified. Drink had influenced her actions when she had stolen goods, she said, but little was known about her. She suffered from delusions about her work in America as a government official and she was also a frequent correspondent with the Queen. When Parc Gwyllt opened in 1887 she was transferred there.⁴⁰

Treatment

As indicated in the previous chapter Dr Yellowlees referred to his treatment regime as consisting of removing physical illness where possible and looking after patients with care and without physical restraint. He ensured that they had plenty of work and 'amusements' to help with their recovery where that could be achieved. In his report for 1867 he expanded somewhat on his approach referring to the '...great emphasis in finding occupations since nothing is so conducive to health of body and mind and nothing tends more to promote contentment and recovery'. Three quarters of the patients were involved in work in some way and as for amusements, he commented that they were much less valuable as a means of treatment than occupation but were very necessary to relieve the monotony and routine of asylum life. He referred to the absence of medical content generally in asylum reports and proceeded to give an insight into the use of drugs in his asylum. The 1860s and 70s marked a significant increase in the use of drugs generally coinciding with the opening of the Glamorgan asylum.⁴¹

Dr Yellowlees said that there was an impression outside asylums that whenever patients became troublesome they would be physically restrained and drugged with narcotics and sedatives. While rejecting this as general practice he indicated that drugs were being used to avoid problems for attendants and annoyance to other patients but he was not an enthusiast. He acknowledged that drugs could be useful in certain circumstances but he considered there was a particular concern about the damage which might be inflicted on some patients. Highlighting patients under 25 years of age he pointed to the possible impact on '...these mysterious and inscrutable brain cells of which we think so much and know so little'. Ordinary remedies such as

⁴⁰ GA/DHGL/10/45, Case Notes, Females, Angelton. 1880-82.

⁴¹ GA/DHGL/3/1, *Annual Report for 1867*, pp. 19-24.

castor oil, a country walk, some hard work or some mental occupation were preferable. As for stimulants, he thought that they had their place, as long as they were not used habitually, in promoting physical health which was a prerequisite of dealing with mental disorder. He gave, as an example, the use of porter or a glass of whisky with arrowroot (starch extract) about 9pm and always taken with food; sometimes the so called stimulants and sedatives were used together which presumably induced rapid sleep. Improving bodily health, he added, was frequently the whole of the direct physical treatment given. This worked, apparently, in cases of melancholia and illnesses associated with child birth. Although he supported the use of alcohol selectively he was against the common practice in asylums of providing beer as part of the regular diet of patients especially those involved in outdoor work.

Dealing with 'destructive' patients was a particular concern and Dr Yellowlees reviewed some of the ways of doing so. At one extreme they could be placed in a warm and padded room with no clothes and thereby do nothing to correct the situation. At the other extreme sedatives could be used. Other methods included prolonged hot baths or 'packing' in wet sheets. He occasionally used digitalis (a foxglove extract) in small amounts, since there were damaging side effects if given in large doses, especially when combined with opium which was sometimes the case. As for hot baths, there was the possibility of exhaustion for the patient and the wet sheet could be described as one of the most severe forms of physical restraint which he did not support. While being careful not to condemn any specific practice he was against the excessive use of any form of restraint. The one he favoured was the use of gloves tied to sleeves so the patient could move while being unable to destroy anything. Dr Yellowlees recognised that he might be violating the 'great principle' of non-restraint but considered that used in a limited way it was justifiable.⁴² He was a frequent contributor to the *Journal of Mental Science* and came in for some criticism for resorting to the use of gloves especially since he was regarded as a prominent supporter of non-restraint but he defended his actions robustly.⁴³

⁴² GA/DHGL/3/1, *Annual Report for 1867*, pp.19-24.

⁴³ T G Davies, 'Some Early Glamorgan Contributions to Medical Journals', *Morgannwg*, Vol. LI, 2007, pp.33-5.

There were equally robust defenders of the use of drugs. 'Our drug accounts will show,' said the Medical Superintendent of the West Riding Asylum in his Annual Report for 1868, 'that we have not been affected by the paralysing influence of that scepticism as to the usefulness of remedies, which has been fashionable of late. On the contrary, the results of our daily trials and observations, stimulate us to the more vigorous therapeutic efforts and convince more and more of the curability of insanity by medical agents.' Another doctor at the West Riding asylum said, 'the brain is soothed, sleep is gentle and happy and the patient awakes restored.'⁴⁴

Five years later in 1872, Dr Yellowlees provided a further medical appendix to his annual report where he returned to the use of drugs. He commented that they were no longer used indiscriminately in asylums but highlighted the over use of chloral hydrate to induce sleep which could contribute to heart failure and 'weakness'. He condemned the '....perilous habit of chloral tipping and he advised that it should only be given at bed time and accompanied by a stimulant for weak patients. Potassium bromide was used for epileptic fits and other 'explosions of nerve' although, again, it had to be used carefully given its capacity for brain damage.'⁴⁵

A House of Commons Select Committee reporting in 1877 said, 'Since the abolition of mechanical restraint there is no doubt that the use of medicines intended to produce sleep has very largely increased, not perhaps those that would send people off into a state of positive somnolency but to quiet them down'.⁴⁶ At this time there was a concern that chemical restraint had replaced mechanical restraint says Phil Fennell. He points out that the Lunacy Commission had no specific guidance on drugs, unlike mechanical (physical) restraint, since they were a matter of medical judgment and consequently are not referred to in reports of Commissioners' visits to asylums. Opium had been the traditional 'sheet anchor' drug but had been overtaken in the 1860s by morphine, which was stronger and more addictive. In 1869 chloral hydrate, a hypnotic drug, overtook morphine and was in use until the 1930s. Potassium bromide was introduced in 1857 and in cases of overuse could create similar

⁴⁴ Robert Ellis, op. cit. pp. 215-6.

⁴⁵ GA/DHGL/3/1, *Annual Report for 1872*, pp.51-56.

⁴⁶ Robert Ellis, op. cit. .p. 216.

symptoms to mental disorder but was prescribed well into the twentieth century. Disruptive patients could be controlled on occasion by the use of purgatives; croton oil, a particularly violent one, was derived from East India castor oil and used widely. In the 1880s additional drugs emerged with hyoscyamine, a poisonous alkaloid, and paraldehyde, which was developed in 1882, proved to be a powerful sedative and liable to be dangerous if over used.⁴⁷ Dr Doreen Annear, a former clinician at Morgannwg Hospital, said that paraldehyde was a safe drug and of short duration. It was widely used and expelled in the breath which accounted for the prevailing odour in mental institutions for the next fifty years.⁴⁸ (This would suggest that it was widely used in the Glamorgan Asylum as Morgannwg was then known but she makes no comment on its use in this period.) Dr F Pritchard Davies, Medical Superintendent of Kent County Asylum wrote in 1881 about his experiences in ending the use of alcohol and drugs; the latter was particularly opposed by staff and some patients. He singled out chloral hydrate and said '...It was thought to be so safe and to leave no unpleasant after effects, that it has been given alone and in combination with almost every known sedative, until it is now the veritable sheet-anchor... It appears to me to have thrown back the rational treatment of insanity for several years...My experience leads me to believe that few things can be worse than this chemical restraint.'⁴⁹

The number of cases where drugs had been used as recorded in case notes in the Glamorgan asylum were very few for the patients admitted in the sample year of 1870. Only three male cases were recorded. Chloral hydrate and potassium bromide were used in two cases with a non-specified 'draught' for a third patient. Five female cases received chloral hydrate and a sixth was given morphine. In 1880 the picture was not different and under a new Medical Superintendent, Dr Pringle, the policy of limited use of drugs was continued. Of the number admitted in that year no male patient received sedatives but one was given croton oil which '...acted rather too freely'. In the case of females two were recorded as receiving potassium bromide. In the case of one it did not have a permanent effect so morphine was tried with better

⁴⁷ Phil Fennell, *Treatment without Consent-Law, Psychiatry and the Treatment of mentally disordered people since 1845*, Routledge, London, 1996, pp.35-46.

⁴⁸ Dr Doreen Annear, *The Story of Morgannwg Hospital*, Cowbridge, 1995, p.9.

⁴⁹ Dr F Pritchard Davies, 'Chemical Restraint and Alcohol', *Journal of Mental Science*, Vol.26, January 1881, pp.526-30

effect. The second patient was given a combination of potassium bromide with chloral hydrate. A third patient received morphine with whisky.⁵⁰ Whether every occasion when drugs were used was recorded in the case notes is open to question but there is no evidence pointing to under recording.

Patients who were receiving specific treatment were recorded in the Medical Journals and these provide a snapshot of the day to day events at the asylum. At the beginning of 1870 there were only 15 patients in this category out of a total of 361. Some were being treated for comparatively minor injuries, often inflicted by another patient, with black eyes being the most common and regularly reported. Many were acquired in a fall against doors or bedsteads especially in the case of epileptics. Occasionally, more vicious incidents took place and in one example a patient had his jaw broken by a fellow patient whom he had attacked with a chamber pot. There were two instances recorded of gloves being used in the year. One female patient suffering chronic mania was restrained for the lengthy period of two weeks, with some breaks, while a male patient wore gloves for two days. There were also instances of patients being secluded for a few hours in each case until they calmed down. The pattern was essentially the same in 1880, a decade later, but with the notable difference that significantly more patients were receiving treatment for illnesses including general paralysis, pthisis (tuberculosis) and heart conditions. Again, there were a few seclusions of a short duration and, as a decade earlier, epileptics featured prominently in the total number under treatment.⁵¹ John Crammer, writing about Buckinghamshire Asylum, says that overcrowding was liable to spread tuberculosis and dysentery in the asylum but perhaps this was not understood at the time.⁵² These conditions certainly prevailed in Glamorgan and may well have accounted for much of the increase in the number of patients receiving treatment for physical illnesses. The Lunacy Commission recorded the numbers subject to restraint and these remained low during this period. In 1887, for example, two men wore gloves; in one case to stop

⁵⁰ GA/DHGL/10/3, Case Notes, Males, Angelton, 1867-70, GA/DHGL/10/41, GA/DHGL/10/42, Case Notes, Females, Angelton, 1867-70, GA/DHGL/10/7, Case Notes, Males, 1877-80, GA/DHGL/10/44, GA/DHGL/10/45, Case Notes, Females, 1877-1880.

⁵¹ GA/DHGL/23/1, *Medical Journal*, 1870, DHGL/23/2, *Medical Journal*, 1880.

⁵² John Crammer, op.cit. p.66.

him eating grass, clothing and rubbish and for surgical reasons in the second. Only two men and one woman were secluded and that was for a total of 11.5 hours.⁵³

Gender Balance

Pamela Michael mentions that the gender balance of admissions in North Wales was fairly even with a slight majority of men from the opening of the asylum up to 1914. She adds that the gender imbalance noted by many feminist writers did not apply there.⁵⁴ Elaine Showalter sparked much debate when she claimed that madness became 'the female malady' in England in the nineteenth century.⁵⁵ Kerry Davies examined patient admissions in Pen y Fal County Asylum in Abergavenny and Vernon House, Briton Ferry in 1885 to test the premise. Her limited study showed that women did not dominate asylum patients in these two institutions.⁵⁶ The picture in Glamorgan was similar and from its opening in 1864 until 1890 only in one year, 1870, did the number of women admitted exceed that of men. In this period the average number of men resident in the Asylum was 289 compared with 265 women. There was a significant difference in the 1880s when men exceeded women by 50 or more in each year but this was due to the fact that so many women were boarded out. Following the opening of Parc Gwylt in 1887, this was put right and at the end of 1890 there were 464 men and 460 women in the county asylum.⁵⁷ Elaine Showalter's conclusion did not go unchallenged and questions have been raised about the statistical validity of her case. Joan Busfield says that her study '... is based on a cursory discussion of statistics'.⁵⁸ Andrew Scull maintains that it could be argued that women have outnumbered men in the ranks of the mentally disturbed over two or three centuries but not to such an extent as to justify calling the disorder a pre-eminently feminine one.⁵⁹ Although more men than women were admitted, for example, to the North Wales Asylum, Denbigh, in terms of recovery, the numbers

⁵³ PP(1888), LII, *Lunacy Commissioners: Forty Second Annual Report*, p.186.

⁵⁴ Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales*, op.cit., p.90.

⁵⁵ Elaine Showalter, *The Female Malady, Women, Madness and English Culture, 1830-1980*, Virago, London, 1987, p.5.

⁵⁶ Kerry Davies, 'Sexing the Mind, Women, Gender and Madness in Nineteenth Century Welsh Asylums', *Llafur*, Vol, 7, No. 1, 1996, p. 29.

⁵⁷ GA/DHGL/3/2, *Annual Report for 1890*, p.28.

⁵⁸ Joan Busfield, 'The Female Malady?' *Sociology*, Vol.28, No.1, 1994, pp. 259-77.

⁵⁹ Andrew Scull, 'Review of E Showlater, *The Female Malady*', op.cit., *London Review of Books*, Vol.9 No.19 29 October 1987, pp.14-15.

were reversed with a higher number of women falling into that category. It is also of significance that, once admitted, men were more likely to die in the asylum.

There is a difference, in North Wales, when account is taken of the numbers recorded as insane under the Poor Law system and women significantly exceeded men in workhouses and at home or boarded out. This may suggest that women were easier to manage at home or in the workhouse and in overall terms more women were recorded as insane in North Wales than men but less of them were in the asylum.⁶⁰ There is also a social dimension in that women patients reflected the norms of contemporary society and, for example, if they defied their husbands or fathers they could be termed as 'mad'. One patient was admitted after attacking her father 'who is in charge of her' even though she was thirty two years of age.⁶¹ Such comments provide superficial evidence of a bias against women in the asylum system but do not make a wholly convincing case.

There are similar examples in the Glamorgan Asylum. Margaret Jones, a forty nine year old mania patient was admitted in 1880 after '...five days of being noisy and violent, throwing stones, disturbing neighbours and going abroad in her nightdress.' And another patient, Elizabeth Moore had '... always been a vain dressy girl.'⁶² As in the case of North Wales, there were more women than men in Glamorgan, who were at home, boarded out or in workhouses and recorded as insane. Taking 1880 as an example, there were 165 women at home or boarded out compared with 103 men but the difference was less significant for workhouses where the number of women was 50 compared with 46 men. The position was similar in Carmarthenshire, Cardiganshire and Monmouthshire. In overall terms (including those in an asylum or outside) all of these counties, including Glamorgan, had more women than men recorded as insane.⁶³

Men and women were, of course, treated differently in the asylum with men working outside or in workshops and women undertaking domestic chores, laundry or kitchen

⁶⁰ Pamela Michael, 'Class, Gender and Insanity in Nineteenth-Century Wales', in Jonathan Andrews and Anne Digby, (eds.), *Sex and Seclusion, Class and Custody*, Rodopi, Amsterdam, 2004, pp.99-101.

⁶¹ *ibid.* pp. 111-12.

⁶² Gemma Williamson, *The Experience of Women at the Glamorgan County Lunatic Asylum*, *op.cit.* p.36.

⁶³ PP(1880), XXIX, *Lunacy Commissioners: Thirty Fourth Annual Report*, pp.125-132.

work. Although not pursued here, certain treatments including seclusion and force feeding with stomach pumps were regarded as primarily ones for women. In his study of Yorkshire asylums Robert Ellis concludes that it is difficult to provide an accurate account of the gender breakdown in force feeding. It was understood that patients suffering from acute melancholia were the most likely to refuse food and more women than men suffered from this condition. In terms of seclusion women did not suffer more than men and in the case of the West Riding Asylum it was hardly used given the reliance on chemical restraint.⁶⁴ Within the asylum men would undertake activities similar to ones undertaken by men generally and, if required to do anything which could be construed as domestic, it would be deemed unmanly. Interestingly, the fact that women were more likely to be cured than men and that they were more likely to be discharged sooner only served to confirm the belief that men were somehow mentally and physically superior. This unlikely conclusion was predicated on another belief that even 'uncivilised' men suffered more serious, deep seated forms of madness.

Suicidal Cases

In common with all asylums Glamorgan was alert to the need to pay special attention to patients described as suicidal. When Dr Yellowlees attended the meeting of the Visitors' Committee on 1 October 1874 before his departure for Glasgow, he reported on his tenure since the opening of the asylum a decade earlier saying that, 'Our most exceptional immunity from suicides and the small number of serious accidents I shall ever regard as cause for life long thankfulness'.⁶⁵ Earlier he had said that such cases, '...baffle treatment; they need liberal support, careful attention, frequently a sedative with toddy at bedtime and above all occupation under kindly personal supervision'. Attempts at suicide were most frequent at night and the fact that attendants slept in the dormitories and not in adjoining rooms was a key factor in avoiding deaths. Dr Yellowlees referred to the large number of suicidal cases; the usual form of insanity being religious melancholia. '...This seems to arise partly from the national

⁶⁴ Robert Ellis, op.cit., pp.223, 229, 233.

⁶⁵ GA/Q/AM/9/1/2, *Minutes Visitors Committee*, 1 October 1875.

temperament and partly from the views of religious truth it affects'.⁶⁶ His successor Dr Pringle elaborated and indicated that religious excitement was a symptom of insanity, although unintentionally, it was described sometimes as a cause.

A notable year was 1876 when no less than 67 patients out of 148 admitted were considered to be suicidal. This was the highest total making up 45 per cent of the admissions with 27 men and 40 women. The year was also notable in that the first suicide was recorded when a man drowned in the river Ogwr; he had been a patient for ten years and was not considered to be at risk of committing suicide. Of those admitted in 1876 six men and two women had cut their throats. One man had inflicted a three inch incision in his abdomen with a scissors and a woman had torn her gums trying to wrench her teeth out.⁶⁷ The following year 123 patients were admitted and 42 were considered to be suicidal; 22 men and 20 women; 34 per cent.⁶⁸ In 1879 there were 49 suicidal cases out of 130 admissions, nearly 38 per cent and in his report for the following year Dr Pringle said that the proportion of melancholic and suicidal patients was always large and much worse than in English asylums.⁶⁹

An examination of the case notes for patients admitted in 1880 show that of the 148 cases 45 were considered to be suicidal with a few doubtful cases included. This was made up of 19 men and 26 women and constituting 30 per cent of the admissions.⁷⁰ The Lunacy Commission conducted a survey of patients admitted in 1880 with suicidal tendencies and this gave a figure of 29.6 per cent for pauper patients in England and Wales. Despite Dr Pringle's protestations Glamorgan was not out of line with the experience generally in that year although higher figures were shown for earlier years.⁷¹

The Lunacy Commission published a list of the number of epileptic and suicidal patients in each asylum in England and Wales at the end of 1882 together with a

⁶⁶ GA/DHGL/3/1, *Eighth Annual Report* 1872, pp. 51-2.

⁶⁷ GA/DXGC 290, *Minutes Visitors Committee*, 11 January 1877.

⁶⁸ *ibid.*, 10 January 1878.

⁶⁹ *ibid.*, 15 January 1880, 13 January 1881.

⁷⁰ GA/DHGL/10/7, Case Notes Males, Angelton, 1880, GA/ DHGL/10/44, 1877-80, /GA/DHGL/10/45 Case Notes Females, Angelton, 1880-2..

⁷¹ PP(1881), XLVIII, *Lunacy Commissioners, Thirty Fifth Annual Report*, p.45.

separate list showing the ones under continuous supervision at night in the presence of special attendants. In the case of suicidal patients Glamorgan returned 142 of whom 109 were under continuous supervision at night. The number under continuous attention at Colney Hatch, London, was 104 but they had some 1,600 more patients than Glamorgan. Pen y Fal, Abergavenny had 65 suicidal patients but none in the latter category. North Wales County Asylum had all 41 suicidal patients under continuous watch and similarly Carmarthen who had 17 cases; both had about a hundred less patients than Glamorgan.⁷² In his annual report for the same year Dr Pringle said that there were no fewer than 142 suicidal cases out of a total of 638 patients and that they were not out of sight by night or day. This was somewhat exaggerated given the figure of 109 provided in the return to the Commission.⁷³ Moreover, subsequent reports by Commissioners on their visits to the asylum revealed a somewhat different picture. In June 1883 they noted that the 'actively suicidal', presumably requiring constant attention, were now 29 patients; 17 men and 12 women. The following year revealed a similar situation when the total of actively suicidal patients was 40 including 30 men and 10 women who, together with epileptic patients, were '...under special night supervision, those of each sex having two night attendants, while they sleep in contiguous dormitories. ...The vigilance of these attendants is tested by the half hourly record of an electric apparatus'. (Attendants had to record that they had made a check. It was known as the 'tell tale' clock). All of the epileptic patients in the asylum who numbered 65, including 39 men and 26 women, were under continuous watch. This was by no means the practice in every asylum and, for example, in the case of Cornwall only 21 out of 67 epileptic patients were subjected to such supervision and 70 out of 105 in Essex.⁷⁴

Dr Pringle's annual reports up to 1889, in contrast to earlier ones, no longer highlighted the number of suicidal patients but he did say at the end of 1885 that 30 per cent of admissions were suicidal cases, which was in line with the average for

⁷² PP(1883), XXX, *Lunacy Commissioners: Thirty Seventh Annual Report*, p.399.

⁷³ GA/DHGL/DXGC 290, *Minutes Visitors' Committee*, 11 January 1883.

⁷⁴ PP(1884), XL, *Lunacy Commissioners: Thirty Eighth Annual Report*, p.200, *Thirty Ninth Annual Report*, p.210.

England and Wales, and that ‘...many would need continual and anxious watching’.⁷⁵ It is significant that he did not claim that all required constant monitoring but nevertheless he and his predecessor Dr Yellowlees had an excellent record in managing suicidal cases with only one death in the asylum in the twenty five years since its inception. The asylum was commended by the Lunacy Commissioners on their record in 1874, ‘There has been no suicide or fatal casualty. The freedom from accidents during the night which has happily prevailed here, must, we think in great measure, be attributed to the arrangement, unusual in county asylums, but the rule here, of placing the attendants to sleep in the dormitories with their patients’.⁷⁶ In the North Wales Asylum protection of suicidal cases against their own self destruction tendencies was hailed as an important role for the institution. Freedom from suicide provided a benchmark to judge the efficiency of the asylum.⁷⁷ The fear of suicide was a key determinant in the take up of institutional care and maintaining a watch over suicidal patients at home could be an awesome task and the asylum could offer a more effective means of preventing suicide. It was also a more rational use of time and resources than the alternative of domestic care.⁷⁸

The large number of patients designated as suicidal reflected what was said in the medical certificates and attached background information accompanying the patients. The Poor Law doctor would have no specific medical training to equip him to decide whether someone was likely to attempt suicide, and in the absence of seeing the results of such action, he had to rely on what he was told apart from his own observations. Margaret Thomas, a fourteen year old, single, domestic servant from Cardiff was admitted in March 1880 having threatened to kill herself and had got hold of a knife and a rope. The first attack had taken place two months previously caused by fright. She had seen five dead men carried from a shipwreck. Apart from looking melancholy she turned out to be quiet, cheerful and industrious; all qualities much valued in the asylum and contributing to good order. She was discharged as recovered

⁷⁵ GA/Q/A/M/9/1/3, *Minutes Visitors’ Committee*, 10 December 1885.

⁷⁶ PP(1874), XXVII, *The Lunacy Commissioners: Twenty Eighth Annual Report*, p.158.

⁷⁷ Pamela Michael, ‘From Private Grief to Public Testimony: Suicides in Wales 1832-1914,’ Anne Borsay, ed. *Public Service or Private Commodity? Medicine in Wales, c 1800-2000*, UWP, Cardiff, 2003, p. 53.

⁷⁸ *ibid.*, p.55-6.

in two months.⁷⁹ Ann Lewis, a 57 year old collier's widow was readmitted after her fourth attack. This had lasted two weeks and her niece had reported how she tore her clothes and threatened violence with a knife. She was both suicidal and dangerous. Within two months she had taken a knife from the kitchen where she was working and scratched her neck saying that 'something had come over her'. Evidently not considered at risk, otherwise she would not have had access to a knife, she remained in the asylum transferring to Parc Gwylt in 1892.⁸⁰

Joseph Radford, 17 years of age, a single coal miner from Pontypridd, was admitted in March 1880 having had his first attack two weeks previously and had threatened to hang himself. He was discharged, as recovered, in four months but readmitted in 1894. Finally, John Jones, a 21 year old single footman, was admitted from the workhouse in Bridgend and had tried to commit suicide on two occasions. He had only recently arrived from Hereford and his first attack had lasted seven days. The medical certificate said he had a wild look and suffered from religious mania. Within four months he was discharged recovered but readmitted in 1906. In three of these four cases discharge was obtained in a few months, albeit two of them returned but many years later.⁸¹

The connection between suicide, a criminal offence until 1961, and insanity was something which was debated throughout the nineteenth century. This centred on whether suicide was related to emotional upheavals and should not be linked with insanity. Sarah York says that the notion that all suicides were insane had largely been dispelled by the late century. There was, though, a minority view among psychiatrists that all suicides were due to insanity. The psychiatric profession generally favoured broader definitions of both insanity and suicide and this allowed psychiatry to define and take ownership of suicide as both a medical and social problem.⁸²

Medical and Nursing Staff

⁷⁹ GA/DHGL/10/44, Case Notes, Females, Angelton, 1877-80.

⁸⁰ *ibid.*

⁸¹ GA/DHGL/10/7, Case Notes, Males, Angelton, 1879-81.

⁸² Sarah York, *Suicide, Lunacy and the Asylum in Nineteenth Century England*, unpubl. PhD thesis, University of Birmingham, 2009, p.55-6.

Dr Yellowlees is quoted at the beginning of this section as saying that apart from dealing with physical illnesses he could only offer a caring establishment and finding something to occupy patients in terms of work and entertainment. It was not that medical staff in asylums were not well educated. Dr Yellowlees was a graduate of Edinburgh University and studied in Paris and was resident physician and surgeon in the Royal Infirmary of Edinburgh. He was President of the Royal Medical Society of Edinburgh in 1857-8 and would have probably been as well educated any of his medical colleagues in South Wales. But insanity would not have been included in his studies. Later he was to become Physician Superintendent of the Glasgow Royal Asylum and Lecturer in Insanity at the University of Glasgow.⁸³ Dr Thomas Bewley, a former President of the Royal College of Psychiatrists, says there were concerns about the side effects of drugs in use. 'Diagnosis remained incomplete and unsatisfactory since there was little firm understanding of the causes and underlying pathology of the various illnesses...but this was beginning to change...There were virtually no treatments of any value apart from good nursing for concurrent physical illness and little was known of the causes of mental illness...asylum doctors remained a relatively stigmatised group in the eyes of their medical colleagues and the public'.⁸⁴

The medical staff at the asylum was minimal with an assistant medical officer supporting the Medical Superintendent. A chief attendant for male patients and chief nurse for female patients also reported to the Medical Superintendent together with a chief engineer responsible for the buildings and estate. It was not until the opening of Parc Gwylt in 1887 that any significant change took place when Dr Pringle had two assistants at Angelton and a third based at the new asylum who was in contact with the former by telephone.⁸⁵ The nursing staff had the key role in caring for the patients and maintaining good order and yet not a great deal is known about them. Attendants (male nurses) and female nurses looked after their respective patients in the ratio of about 1:12 in the day time. In 1888 when Parc Gwylt was fully operational there were

⁸³ Glasgow Digital Library, *Who's Who in Glasgow*, 1909.

⁸⁴ Thomas Bewley, *Madness to Mental Illness A history of the Royal College of Psychiatrists*, RCPsych Publications, London, 2008, pp.38, 44.

⁸⁵ PP(1888), LII, *Lunacy Commissioners: Forty Second Annual Report*, p.186.

110 nursing staff including 51 men and 59 women and three head attendants looking after nearly 850 patients of whom about 250 were at Parc Gwyllt.⁸⁶

The nursing staff were most frequently referred to when there was a calamitous incident involving the death or serious injury to a patient. In 1872 a patient died from lung disease accelerated by a self-inflicted injury to the throat and an attendant was dismissed for giving him a knife although he knew that the patient was suicidal.⁸⁷ One of the worst instances happened in 1875 when a man with a history of violence including attacks on attendants was scrubbing a floor along with four other patients in the presence of two attendants. He was sent to pick up a mop from an adjoining store room but availed himself of a spade and in an unprovoked attack struck a passing patient who subsequently died. The patient was charged with murder and ended up in Broadmoor. The attendant was dismissed because he had left the spade, which he had used on the previous day, in the storeroom and not in the locked cupboard designed for that purpose.⁸⁸ This illustrates the fraught working conditions in the asylum in that it was never safe to take a chance with the set routines and this applied, for example, to utensils, especially knives, which had to be accounted before patients were allowed to leave after meals. It also indicates how the asylum was prepared to take a risk in allowing a patient with a history of violence to work alongside other patients and attendants. However, to do otherwise would create an even more custodial institution making it impossible to function as a curing and caring hospital.

A measure of multi-skilling was an inherent part of the job of nursing. In 1879 when John Carson, the head attendant, died he was eulogised by Dr Pringle who said that a memorial would be erected in his memory. His chief claim to this was his successful supervision of tradesmen on the estate and ‘...there was not a drain pipe he did not know’. His successor, William Davidson, came from the Royal Asylum, Glasgow (possibly recommended by Dr Yellowlees then the Medical Superintendent) and much in the same vein became clerk of the works on a building project in 1879 getting a pay increase from £65 to £70 a year. Whatever their qualifications in the building trades or

⁸⁶ PP(1889),XXXVII, *Lunacy Commissioners: Forty Third Annual Report*, pp.204-5.

⁸⁷ PP(1873), XXX, *Lunacy Commissioners: Twenty Seventh Annual Report*, p. 152.

⁸⁸ PP(1875), XXXIII, *Lunacy Commissioners: Twenty Ninth Annual Report*, pp.24-5.

any other the one skill they did not need was nursing.⁸⁹ There is no extant information for the Glamorgan asylum on how staff were instructed. While training initiatives were in place in some asylums it was well into the next decade before some rudimentary attempt was made to introduce an element of formal training for attendants and nurses and in its absence the staff relied on the rules of the institution which set out what they should do. In the 1880s evidence emerged that trained attendants had a demonstrable effect on the outcome of mental illness. This encouraged the medical profession to publish in 1885 *The Handbook for the Instruction of Attendants on the Insane* and interest subsequently increased leading later to formal qualifications.⁹⁰

Some tradesmen, notably carpenters, were included as attendants since male patients were in their charge and some laundry staff were included as nurses given that they supervised female patients. One proposal was to build some cottages on the estate to attract married tradesmen which was supported by the Lunacy Commissioners who commented that high wages generally in the area were leading to the departure of some of the best attendants.⁹¹ Two years later in 1877 the Commissioners pointed out that 21 of the 50 or so male attendants had less than a year's service and, as with many asylums, they commented that the staff changes were too frequent for the patients' welfare. In the understated language of the Commissioners they trusted that the Visitors' Committee would either increase the wages or find some other means to attract attendants but this exhortation drew no specific response from the Committee.⁹²

Whatever their shortcomings, and they were many, the attendants and nurses ensured that the asylum functioned. Apart from their work on the wards they were responsible for a range of activities. When the Commissioners visited in 1882 they reported that 385 patients out of a total of 617 were employed on the wards or outside. No less than 65 men and 50 women cleaned wards, 70 men worked in the

⁸⁹ GA/DXGC 290, *Minutes Visitors Committee*, 9 March 1876, 11 September 1879.

⁹⁰ Peter Nolan, *A History of Mental Health Nursing*, Chapman and Hall, London, 1993, pp.60-8.

⁹¹ GA/Q/A/M/9/1/2, *Minutes Visitors Committee*, 19 March 1874, PP(1875), XXVII, *Lunacy Commissioners: Twenty Eighth Annual Report*, p.134.

⁹² PP(1877),XLI, *Lunacy Commissioners: Thirty First Annual Report*, p.212.

gardens and fields, 49 women worked in the laundry, 18 women helped in the kitchen and about 30 men assisted in various trades while the rest undertook a range of occupations. And they commended the attendants for the personal appearance of the patients which provided some balance to the negative comments they often received. Patients were regularly taken for walks in the countryside and about a 100 men played cricket while over 200 men and women attended weekly balls and six theatrical performances had taken place over the winter.⁹³

The chapel was an integral part of the asylum and the Church of England resident chaplain was one of the highest paid members of staff. He conducted daily prayers in addition to the main services on Sundays. On one Sunday in 1880 66 per cent of the 581 patients attended. In 1889, coinciding with the establishment of county councils, nonconformist ministers were allowed to conduct services and in 1895 a full time paid appointment was made. Additionally a Roman Catholic priest was appointed on a part time basis. The Lunacy Commission reported in 1900 that 66 per cent of the 1,658 patients attended a Sunday service.⁹⁴

Only seventeen patients could not speak English in 1887 but doubtless a far larger number were more familiar with the Welsh language. Every ward had a Welsh speaking attendant and crucially, in the absence of a Welsh speaking doctor, attendants would have a critical role in explaining patients' concerns to the Medical Superintendent and his assistants. In the previous year the Visitors Committee had had representations from the Cymmrodorion Society and the Welsh Sunday School Union about Welsh speaking staff and they resolved to appoint a future medical officer able to speak the language provided all other qualifications were met.⁹⁵

Robert Ellis refers to the frequent poor reports of the work of attendants by contemporaries and especially the concentration on acts of violence committed by them. There was also a distinction between general nursing and asylum staff whereby

⁹³ PP(1883), XXX, *Lunacy Commissioners: Thirty Seventh Annual Report*, pp.200-201.

⁹⁴ GA/Q/A/M/9/1/3, *Minutes of the Visitors Committee*, 27 June 1889, GA/DHGL/3/3, *Annual Report for 1895*, p.12, PP(1901), XXV111, *Lunacy Commissioners: Fifty fifth Annual Report*, p.266.

⁹⁵ PP(1880), XXIX, *Lunacy Commissioners: Thirty Fourth Annual Report*, p.219, PP(1888), LII, *Lunacy Commissioners: Forty Second Annual Report*, p.186, GA/Q/A/M/9/1/3, *Minutes Visitors Committee*, 14 October 1886.

the former was being transformed from a ‘...superior form of domestic service to a vocation attracting the more refined middle classes but at the same time, the menial staff employed by the asylum remained stubbornly working class’. He adds that while the historiography concentrates on the shortcomings of staff the support attendants received as a body from their employers is overlooked.⁹⁶

Getting out of the Asylum.

Getting out of the asylum depended largely on meeting essentially pre-set conditions on entry. These preconditions did not vary over the first twenty five years of the asylum’s history and were common to all public asylums in England and Wales. Medical Superintendents reiterated their mantra throughout this period that patients should be admitted as soon as their conditions became apparent. The best hope of recovery was to be admitted within three months of the onset of illness. This was designated ‘First Class’ while ‘Second Class’ was an illness between three and twelve months and ‘Third Class’ related to those patients who were suffering their second attack (or more) but still within the twelve month limit. Anyone above twelve months had a markedly reduced chance of recovery. In addition age was a factor and Dr Pringle reminded the Visitors’ Committee in 1879 that patients over the age of 40 were at a disadvantage. He said that of the 156 patients admitted in 1878 no less than 80 were in that category and their ‘chances of recovery are greatly lessened’.⁹⁷ A year later he reported a recovery rate of 29.4 per cent but gloomily added the ‘...sad truth that the majority relapse and die insane. The best outcome was to prevent the occurrence of a condition so little amenable to treatment.’ The recovery rate for England and Wales in that year was 40.85.⁹⁸ This was close to the average percentage of recoveries over a quarter of a century or so but in the case of Glamorgan it was only 30.4 per cent although there were significant annual variations; for example, recoveries were 38.5 per cent in 1886.⁹⁹ The significant difference between Glamorgan and the national average might, in part, be attributable to the way discharges were often inaccurately recorded as indicated by Dr Yellowlees and

⁹⁶ Robert Ellis, op. cit. pp. 262-76.

⁹⁷ GA/DXGC 290, *Minutes of the Visitors Committee*, 9 January 1879.

⁹⁸ *ibid.* 15 January 1880, PP(1889), XXXVII, *Lunacy Commissioners, Forty Third Annual Report*, p.28.

⁹⁹ GA/DHGL/3/2, *Annual Report for 1890*, p.28.

referred to at the beginning of this chapter. There may also be a statistical influence in that Glamorgan had a lower incidence of lunacy per head of the population (as set out in the previous chapter) than the average for England and Wales but had its share of chronic cases beyond recovery entering the asylum.

These percentages showed recoveries in a particular year measured against admissions in the same year and was the preferred measurement of the Lunacy Commissioners. An alternative measure is to show the number of recoveries against the total number in the asylum and in the case of Glamorgan that would have been 6.4 per cent in 1879.¹⁰⁰ Andrew Scull quotes a figure of 8.3 per cent for England and Wales in 1880 and adds that the number of recoveries declined in the period up to 1890 until more left in coffins '...than were restored to their senses.'¹⁰¹ In the case of Glamorgan this was true in most years since its opening. While the statistics can be presented in different ways it cannot be denied that the vast majority of patients were beyond hope. In 1885 only 33 patients out of 642, 5.1 per cent (15 men and 18 women) were 'deemed curable' in a return to the Lunacy Commission. This compared with 23 patients, 4.2 per cent in Carmarthen, 75 patients, 14.2 per cent in North Wales, 75 patients, 4.4 per cent in Lancaster and 61 patients, 5.3 per cent in Durham.¹⁰²

However, Andrew Scull acknowledged later, in the light of other studies, that looking at admissions was a better indicator of turnover of patients.¹⁰³ As stated in Chapter 1, David Wright says that based on analyses of six asylums two thirds of new admissions stayed for two years or fewer but this number would include patients 'relieved' and therefore not 'recovered'.¹⁰⁴ This presents the asylum in a better light but nevertheless one third stayed more than two years even on this calculation and added to the numbers of long stay sick.

¹⁰⁰ *ibid.*

¹⁰¹ Andrew Scull, *They Most Solitary of Afflictions*, op. cit. p.276.

¹⁰² PP(1884-5),XXXVI, *Lunacy Commissioners, Thirty Ninth Annual Report*, pp. 158-9.

¹⁰³ Andrew Scull, *The Insanity of Place, The Place of Insanity*, op.cit p.82.

¹⁰⁴ David Wright, 'Getting Out of the Asylum: op. cit. *Social History of Medicine*, Vol. 10, Part 1, 1997, p. 143.

In the case of Glamorgan in 1888 when Parc Gwylt was fully operational and all the boarded out patients had returned there were 66 recoveries; 28.2 per cent based on admissions of 232 in that year taking the total to 888 patients. Of the total 59 patients had been there for up to two years and 21 or 35.5 per cent, only 3-6 months. A total of 58, 87.8 per cent had suffered an attack within a year of being admitted confirming the prevailing medical view that early admission was essential.¹⁰⁵ The pattern was similar to the one in 1868, twenty years earlier, when there were 38 recoveries, 32.7 per cent of admissions. Of this number 37 patients, 97.3 per cent had been there for up to two years and 15 or 39.4 per cent 3-6 months. No less than 34, 89.4 per cent of the recoveries were admitted within a year of their first attack.

This indicates that no significant progress had been made to improve the rate of recovered patients against admissions over the first quarter of a century of the asylum's existence. As described earlier there was no successful treatment other than taking people out of their domestic or workhouse surroundings and looking after them in the hope that some got better.

The asylum 'relieved' patients in much higher numbers in the early 1880s when pressure on space was at its peak with well over a hundred patients boarded out. In 1884 the largest number in a single year, 63 patients, were discharged 'relieved' together with 51 'recovered' patients and 64 patients died. This amounted to 178 matching the number admitted so equilibrium was achieved for that year alone but once Parc Gwylt was open the number of 'relieved' patients reduced to 25 in 1888. In that year the number of patients who got out of the asylum as 'recovered' and 'relieved' amounted to 91 which was 39.2 per cent of the admissions totalling 232. After allowing for 90 deaths, a high number for a single year, there was a net increase of 51 patients taking the total to 888. Twenty years previously in 1868 the recovery rate was somewhat higher, (32.7 per cent compared with 28.4 per cent) and however the figures are presented there was a remorseless increase in numbers remaining in the asylum.¹⁰⁶ Responsibility for the management of asylums transferred to the newly created county and borough councils in 1889 and in the following year new legislation

¹⁰⁵ Cardiff Central Library, (hereinafter CCL), *Annual Report for 1888*, pp.26-7.

¹⁰⁶ GA/DHGL/3/2, *Annual Report for 1890*, p.28.

came into effect which would embed even further the custodial nature of mental health provision.

Conclusion

This chapter considers the process of getting in to the asylum, the treatment available and the opportunities for recovery. A patient required a medical certificate to get in and the stigma attached to a custodial process stayed with the individual. The likelihood of recovery was conditional on being admitted at a very early stage of an illness and generally up to a third of patients would leave (although a significant number were readmitted.) Additionally, a lower number were discharged as 'relieved', although they were no better, provided that they were of no danger to themselves or to others and had somewhere to go. The remainder stayed there, many for the rest of their lives, and even after allowing for deaths there was a net increase in patients hence the remorseless growth in numbers.

The rate of increase in admission numbers was greater than the growth in population. The county benefited in one respect in that the incidence of mental illness was lower than generally given the number of younger and healthier people working in the industrial areas. The impact of industrialisation and urbanisation, however, also led to more people being admitted compared with rural areas, where families continued to look after sick relatives, as demonstrated earlier. A further factor was the practice of workhouses to send chronically sick elderly patients to the asylum even though they were not going to benefit from any specific treatment. Finally, the incidence of certain medical conditions increased as indicated in Chapter 1; Edward Shorter refers to neuro-syphilis, alcoholic psychosis and, less certain, schizophrenia.¹⁰⁷ In 1885 only 33 of the 642 patients, some five per cent, were deemed curable.

Treatment was confined to rest, daily work and the removal, where possible, of physical illness. Drugs were increasingly in use, although not approved by all doctors, and mainly given to ward off unnecessary disturbances but some patients may have benefited from their sedative effects. In this period down to 1889 there was no

¹⁰⁷ Edward Shorter, *A History of Psychiatry*, op. cit. pp.48-50.

imminent hope of change in the regime, given the lack of medical advancement, and the managers of the asylum concentrated on building more wards.

Life on the wards meant engaging patients, where possible, in work on the asylum farm and workshops for men and domestic work for women. Much discussion has centred on gender balance but in terms of numbers alone there was no significant difference. Given the absence of medical innovation the number of doctors were few and the nursing staff were not as well trained as in general hospitals although improvements were to take place. Much of their time was spent in ensuring patients came to no harm, either from themselves or from other patients, given that violent incidents were a frequent occurrence. The numbers of patients admitted as potentially suicidal were significant and much care was taken in ensuring that no suicides took place. The Glamorgan Asylum had a good record in this respect. Dr Thomas Bewley's comments, earlier in this chapter, reflecting on asylums generally are worth repeating '...There were virtually no treatments of any value apart from good nursing for concurrent physical illness...asylum doctors remained a relatively stigmatised group in the eyes of their medical colleagues and the public.'

Chapter 5: The Growing Problem 1889-1914

*'On Thursday morning the members of the Glamorganshire County Council met a number of the county magistrates at Bridgend to take over the county asylum. Three carriages full of county councillors left Bridgend for the place of joint meeting, and councillors and magistrates then went through the necessary formalities. The asylum will henceforth be under the control of the county council. Committees were appointed and arrangements for future meetings made. There are from 800 to 900 patients at the asylum.'*¹

Introduction

This chapter considers the impact of two key pieces of legislation; the Local Government Act 1888 and the Lunacy Act 1890. In Glamorgan it will be shown that the former had more significance than the latter. The impact on patients will also be considered together with the effectiveness of treatment and the progress or otherwise in improving recovery rates. The 'long century' which had begun with optimism about the potential of mental health treatment was ending on a gloomy note with overcrowded institutions and limited success. The 'growing problem' reflects the doubling of patient numbers in the decade or so after 1889 and the difficulties arising over the responsibilities of Cardiff and Swansea, as county boroughs, which had not existed previously.

New legislation

Responsibility for the Glamorgan County Lunatic Asylum transferred seamlessly and without rancour from the old order of county justices of the peace to the newly elected county council. Kenneth O Morgan considered that the county council elections held in January 1889 (which followed the passing of the Local Government Act 1888) created a profound social and political revolution throughout Wales and brought about a more striking social transformation than the extension of democracy

¹ *Cardiff Times*, 20 April 1889

at the national level.² It was also, in terms of local government structure, innovative in that the Act created two new county boroughs in Glamorgan given that Cardiff and Swansea had a population of over 50,000 each. This population threshold was a trigger for the establishment of subsequent county boroughs in Newport in 1891 and, more significantly for the management of the Glamorgan County Asylum, Merthyr Tydfil in 1907. An important provision of the Local Government Act was to transfer the powers of the former Visitors Committees to the new ones whereby the Visitors, although all councillors, had a degree of independence from the County Council and could not be treated as just another committee.³ There was much debate within and outside Glamorgan about the interpretation of the legislation but this was soon resolved when Law Officers' advice was received via the Local Government Board that the Visitors were constituted under the Lunatic Asylums Act 1853 and not a 'mere committee of the County Council'.⁴ In practice it meant that the Visitors, for example, appointed staff and accounts had to be distinct from the three Councils' accounts. Armed with this information the Visitors promptly resolved to send their minutes to the Councils only when necessary. This was a somewhat euphoric, if ill judged, reaction, particularly given the demands they would be making on the Councils for funds.⁵

A year later in 1890 the Visitors were complaining that Glamorgan County Council were not paying bills sent to them.⁶ But that was only one side of a complex problem which was a legacy of the creation of Cardiff and Swansea County Boroughs each with identical powers to Glamorgan County Council. The 1888 Act did not change the fundamental funding arrangements; the councils retained responsibilities for the buildings and their capital maintenance while the Poor Law Unions paid for the weekly costs of maintaining patients. There was no difficulty with the latter and the Visitors' Committee received payments unchanged from the Guardians. The three Councils were required by the 1888 Act to agree a formula to establish their respective contributions for capital expenditure, and in the event of failure, to seek arbitration

² Kenneth O Morgan, *Wales In British Politics 1868-1922*, UWP, Cardiff, 1963, p.107.

³ 51 and 52 Victoria c.41.

⁴ 16 and 17 Victoria c.97.

⁵ GA/Q/A/M/9/1/3, *Minutes Visitors Committee*, 26 September 1889.

⁶ *ibid.*, 14 October 1890.

from Commissioners appointed for that purpose. This caused one of the first inter council disputes in the country and within the year, in 1890, the Chairman of the Visitors, John Cory, was pressing the urgent need for new accommodation at Parc Gwyllt while regretting the failure to reach agreement on apportionment of expenditure. Adding to the complexities was the failure of Swansea to even appoint members to the Visitors' Committee, a foretaste of the attitude of the Council to the needs of the asylum.⁷ This was by no means unique to Swansea, as will be illustrated later in the chapter, and English borough authorities were in some cases very reluctant to take on the responsibility of being directly involved in asylum management.

The legislation envisaged the continuation of the previous funding arrangements whereby magistrates in the Quarter Sessions decided contributions according to rateable value and when the matter finally went to arbitration in 1891 this was the outcome. The costs would be divided on the basis of Glamorgan, 63 per cent and Cardiff and Swansea 22 and 15 per cent respectively. Glamorgan County Council had put forward a case, unsuccessfully, for changing this formula to one based on the use made of the asylum given that Cardiff in particular had proportionately a larger number of patients than the county. Swansea was subject to the same proposal, although with less validity, and the County Borough successfully argued against it in the arbitration hearing. The victory was hailed as a very significant outcome by the *Cambrian* newspaper, 'It is highly satisfactory to find that the case for Swansea was so well worked up ... That we have scored a victory of a most appreciable kind...'⁸ The arbitrators also set the total membership of the Visitors Committee at 24 with Glamorgan entitled to 12 places, Cardiff 8 and Swansea 4. The lunatic asylum was at the centre of the negotiations between the three authorities as the two new county boroughs sought to establish their positions as fledgling authorities. The *Cambrian* was in no doubt about its significance saying that '...by the raising of the boroughs of Swansea and Cardiff into County Boroughs, these two towns have shaken off the old control which used to be exercised over them by the County magistrates. Now the

⁷ GA/DHGL/3/2, *Annual Report for 1890*, pp. 6-7.

⁸ *Cambrian*, 3 April 1891

county councils of Swansea and Cardiff hold the same dignity as local administrative bodies as the County Council of Glamorgan.⁹

Civic pride was evident, and not unexpected from the Swansea based *Cambrian*, but it did not lead to any identifiable enhancement in concern for the patients now within the care of the three councils. Some years later in 1897 the Lunacy Commissioners drew attention to the lack of ward visits by members of the Visitors' Committee and the complaints made to them by patients who had the right to ask members to discharge them. Moreover, this was a statutory right and the Commissioners said that visits in Parc Gwyllt were 'rare in the extreme...and even at Angelton the whole of the Asylum is only visited at long intervals.'¹⁰

The second piece of major legislation was the Lunacy Act 1890.¹¹ This was a consolidation measure including some fifteen previous Acts and parts of a further thirteen. Its significance is owed to the inclusion of the Lunatics Law (Amendment) Act 1889 which implemented some of the recommendations of a House of Commons Select Committee Report presented in 1878. At its core was the protection of the individual from being confined without good reason in an asylum against his or her will and was concerned primarily with the rights of people with substantial wealth who might find themselves committed to private licensed houses. A county court judge or magistrate had to sign an order accompanied by two medical certificates. Pauper patients already required certification before admission but the right of a clergyman and relieving officer to sign a reception order was abolished. The Act did require the reception order to state that the patient was a pauper in receipt of relief or required relief for proper care and maintenance. As indicated in the previous chapter there were many patients who were not necessarily paupers in the asylum and some made partial contributions towards their maintenance costs. Public asylums were given powers to provide accommodation specifically for private patients which

⁹ *Cambrian*, 26 December 1890

¹⁰ PP(1897), XXXV111, *Lunacy Commissioners: Fifty First Annual Report*, p.252

¹¹ 53 Victoria c. 5

could be an additional source of income although they already accommodated a few on ordinary wards.¹²

There were a number of changes which added to the bureaucratic chores of the system including a requirement to renew the certificates detaining all patients, private and pauper, at regular intervals by sending them to the Lunacy Commission. The Commission had objected, unsuccessfully, to the certification process for private patients (about ten per cent of the total confined) on the grounds that it would deter early treatment. Asylums were now faced with this additional work for all patients whether in private or public asylums which they did not think was necessary.¹³ Dr Pringle, the Medical Superintendent, commented that the Act had failed in its aim to promote recovery or to protect the interests of insane people and pointed to the perpetual certifying claiming that the tone of the Act was one of suspicion and vindictiveness.¹⁴ Kathleen Jones commented that such prescriptive law could forbid illegal detention, forbid brutality to patients and require the completion of documents but could not cure patients, manage an asylum, ensure patients were treated with humanity or improve staff morale. She claimed that the issue of illegal detention was fifty years out of date and that the threat of custody cramped the possibilities of care and treatment.¹⁵

Managing the Asylum

The first quarter of a century of the asylum's history had been dominated by the growth in the number of patients and the ever present problems of coping with inadequate space. The second quarter was no different. There was one significant change in that Parc Gwylt had been planned to take more patients and the common facilities for patients were sufficient to cope with a larger number. All that was required therefore was the money and will on the part of the three councils to build more accommodation and employ extra staff. But it proved to be a protracted and at times acrimonious process. The issues were not straightforward and whatever new

¹² Clive Unsworth, *The Politics of Mental Health Legislation*, op. cit, pp.86-93

¹³ PP(1890),XXXV, *Lunacy Commissioners: Forty Fourth Annual Report*, pp. 1-3.

¹⁴ GA/DHGL/2/3, *Annual Report for 1891*, p.11.

¹⁵ Kathleen Jones, *Asylums and After*, op.cit. pp.114-5.

accommodation was put in place seemed to be insufficient given the ever increasing numbers in the asylum. This can be illustrated by looking at the decade from 1891 to 1901 when the population of the county (including the two county boroughs) increased from 687,218 to 859,931, some 25 per cent and the number of patients in the asylum (Angelton and Parc Gwyllt) increased from 970 to 1,841, some 90 per cent.¹⁶ Given the volume of statistics published on asylum activity it is remarkably easy to draw conclusions based on a flawed understanding of what was taking place particularly when comparing the performance of particular asylums. Such was the 'trade' in patients that account has to be taken of 'boarders' from outside the county. In the case of Glamorgan, given the pressure on space, these were few in number and only took place when a new building was erected and there were some vacancies for a short period. This happened in 1895 when sixty six male boarders were taken in from London. The Medical Superintendent proposed this as a good source of income given that they could charge 14s per week per patient when they had just reduced the charge to the Unions within the county from 8s-9d to 8s-5d.¹⁷

The number of admissions per year ranged over the decade from around 308 patients to 485 in 1900. There was an excess of admissions over discharges and deaths in every year throughout the decade from 1891 to the end of 1900 ranging from a low of 14 in 1899 and a high of 154 in 1895. Inevitably there was no pattern and the low figure in 1899 was soon followed by a huge excess of 183 in 1901. The low figure in 1899 came about because the asylum was forced, due to overcrowding, to board out some 130 patients from Cardiff in other institutions, these appearing in the tables under 'not improved discharges'¹⁸

The pattern was different in the decade from 1901. The 1911 census showed that the county's population (including the county boroughs) had increased from 859,931 to 1,120,910, an increase of 30 per cent, similar to that of the previous decade. However, the number of patients in the county's asylums (including Cardiff Mental Hospital which opened in 1908 and male patients from Swansea now boarded outside the

¹⁶ *Digest of Welsh Statistics*, op. cit. p. 17, GA/DHGL/3/4, *Annual Report for 1914*, p.33

¹⁷ GA/Q/A/M/9/1/3, *Minutes Visitors Committee*, 25 April, 29 August, 28 November 1895

¹⁸ GA/DHGL/3/4, *Annual Report for 1914*, p.33.

county) increased from 1841 to around 2,550, an increase of 39 per cent and much lower than the 90 per cent in the previous decade. The number in the Glamorgan Asylum at the end of the decade had reduced to 1,684. Cardiff Mental Hospital accommodated 694 and 152 male patients from Swansea were removed in April 1909, again due to overcrowding, and placed in several institutions outside the county.¹⁹

In seeking an explanation for the high number of admissions, particularly in the decade from 1891 to 1901, account has to be taken of the total number of paupers identified as insane. This number includes people living with relatives and others or in a workhouse as well as those in the asylum. In 1891 this amounted to 1,312 with 73 per cent accommodated in the asylum. In 1901 the number had increased to 2,129 an increase of 62 per cent, much less than the 90 per cent increase in admissions to the asylum. A contributory factor was the significant increase in people admitted to the asylum instead of staying with relatives or being admitted to the workhouse. In 1901 patients in the asylum accounted for 83 per cent of those identified as insane. But this is not the sole reason for the pressure on the asylum to admit an increasing number of patients.²⁰

Medical Superintendents said from time to time that the incidence of insanity was substantially lower in Glamorgan than in England and Wales generally. This is discussed in Chapter Three. Dr Pringle made the same point again in 1891 when he reported to the Visitors that compared with the figures for England and Wales the county had around 28 per cent less people identified as such but added that the difference was not as great as in 1887. It continued to narrow. Following the census of 1901 the Medical Superintendent was reporting that a more stable population meant that Glamorgan had gravitated closer to the England and Wales average, ‘...the influence of new blood was decreasing...’ helping to explain the large increase in admissions. Two years later he was reinforcing the point but drew some comfort that

¹⁹ *ibid.*, *Digest of Welsh Statistics*, op. cit. p.17, GA/Q/A/M9/1/5, *Minutes Visitors Committee*, 18 February 1909, CCL/948.2, *Annual Report for Cardiff Mental Hospital, 1913*, p.41.,

²⁰ PP(1890-1),XXXV1, *Lunacy Commissioners: Forty Fifth Annual Report*, p.33, PP(1901), XXV111, *Fifty Fifth Annual Report*,pp.92-7

the position in Cardiff was notably worse.²¹ It is evident that the growth in admissions in this decade was primarily due to the increasing similarity of rates of insanity between the county on one hand and England and Wales on the other together with the greater use made of the county asylum instead of caring for people at home or in the workhouse. On the latter no less than 50 chronic cases were transferred by the Swansea workhouse to the asylum in 1901 which was in the words of the Medical Superintendent '...most inopportune'.²²

As indicated above the increase of 39 per cent in the number of patients admitted in the decade 1901-11 was much closer to the population increase of 30 per cent. It also reflected the number of people identified as insane which increased by 31 per cent from 2,129 to 2,802 in that period.²³ There was a further reduction in the number cared for at home or in the workhouse and at the end of the decade no less than 90 per cent of people identified as being insane were in the asylum. A much larger increase might have been expected in the overall total of people with a mental health problem but this was kept down due to yet another surge of immigration into Glamorgan's coalfield. Between 1900 and 1914 the mining workforce increased by 58 per cent (from 148,000 to 234,000) and 63 per cent came from England.²⁴ Reflecting what happened in earlier decades younger people arrived in search of work, and for a time at least, were mentally healthier than the resident population.

The county authorities were faced with the problems arising from increasing admissions very shortly after they took over responsibility in 1889. There were three broad avenues they could pursue. Firstly, they could react by admitting patients into overcrowded buildings and erect more when it became the only option, secondly, Glamorgan County Council could ask Cardiff and Swansea County Borough Councils (and later Merthyr Tydfil) to build their own accommodation, thirdly through improved care and treatment they could discharge more patients. The first two options were within the control of Glamorgan County Council and their fellow

²¹ GA/DHGL3/2, *Annual Report for 1891*, p.10, GA/DHGL3/3, *Annual Report for 1901*, pp.16-17, *Annual Report for 1903*, p.11.

²² *ibid.*, *Annual Report for 1901*, p. 15.

²³ PP(1901), XXV111, *Lunacy Commissioners, Fifty Fifth Annual Report*, pp.92-7, PP(1910), XL1, *Sixty Fourth Annual Report*, pp. 206, 226-8,

²⁴ John Davies, *A History of Wales*, Allen Lane, London, 1993, pp. 475-6.

authorities. But the latter was a more fundamental issue. The Medical Superintendent had no means of limiting the type of patient admitted, although in exceptional circumstances could refuse admission if the asylum was full, so the number of incurable cases grew. The significant number of patients discharged as recovered after a comparatively short stay were increasingly being overshadowed by the number of patients remaining in the institution. Andrew Scull refers graphically to ‘... this spectre of chronicity, this horde of the hopeless, which was to haunt the popular imagination, to constitute the public identity of the asylums and to dominate Victorian theorising and practice’.²⁵ The Medical Superintendent reported in 1889 that 75 of the patients admitted, constituting 34 per cent of the admissions in that year, had been ill for over a year and would in all probability ‘... go to swell the ever accumulating chronic and incurable cases’²⁶

Parc Gwylt which had only opened in 1887 continued to be a miserable place and the Chairman of the Visitors remarked in 1893 that much still needed to be done given that it had been handed over without any decoration. The Medical Superintendent mentioned in the previous year that those who complained about ‘...building palaces for the insane should visit Parc Gwylt.’ He pointed out that new ideas on health, comfort and safety including heating prevailed generally. Ten years after it was opened the Lunacy Commissioners were pressing for improvements. There was no fire alarm and no fire drill. The rough brick walls, they said, were still not plastered making them unsightly and unhealthy although some improvements had been undertaken making the asylum somewhat more agreeable.²⁷ The pressure on accommodation forced the councils to build two new wards each for 126 men and women which opened in 1895 and 1896 respectively. This development took Parc Gwylt to its original planned capacity but this was still insufficient for the growth in numbers. Two temporary wards for 50 men and women were set up the following year and the

²⁵ Andrew Scull, *The Most Solitary of Afflictions*, op. cit., p.272.

²⁶ GA/DHGL3/2, *Annual Report for 1889*, p.14.

²⁷ GA/DHGL3/2, *Annual Report for 1892*, p.15, *Annual Report for 1893*, p.7. PP(1897), XXXV111, *Lunacy Commissioners: Fifty First Annual Report*, p.252.

Visitors' chairman complained that the three councils did not appear to realise the gravity of the situation.²⁸

In 1900 a further temporary ward for 150 men, this time in Angelton, was completed followed shortly in 1901 by yet another temporary building at Parc Gwylt for 100 women. When the Lunacy Commissioners visited in 1903 there was a total of 1,917 patients. At Parc Gwylt there were 1,140 including an excess of 120 over the allocated number. There were 777 patients in Angelton where the overcrowding only amounted to sixteen in a male ward.²⁹

In the nearly fifteen years since the county councils had taken over responsibility for the asylum numbers had grown by around 1,100 at the end of 1903 to a total of 1,933. At the end of 1904 this number fell to 1,636 due to the removal of patients from Cardiff County Borough Council. It had agreed to build its own asylum which would not be opened until 1908 and in the meantime patients were boarded out in a number of asylums.³⁰ A consequence of elevating Cardiff and Swansea (and also later Merthyr Tydfil in 1907) to the status of county boroughs inevitably meant that there would be a demand for them to establish their own asylums. Despite their wishes to make the most of their newly acquired positions neither Cardiff nor Swansea were keen to take any steps in this direction and no mention was made of it in the early years. The Lunacy Commission, in response to the ever growing demand on space at Angelton, suggested in 1893 that Cardiff should probably consider doing so given the increasing population.³¹ Such a moderate sounding comment had no effect on the councils and the following year the Commissioners met some of the Visitors Committee including the chairman, a Cardiff councillor, and the Town Clerk '...and expressed as strongly as we could...' the need to have a separate asylum for Cardiff.³² It took a further eighteen months before a meeting of the three councils was convened in April 1896, when it was decided that Cardiff would erect its own asylum

²⁸ GA/DHGL3/3, *Annual Report for 1895*, p.16, *Annual Report for 1896*, p.7. *Annual Report for 1897*, p.9. 15.

²⁹ PP(1904), XX1X, *Lunacy Commissioners: Fifty Eighth Annual Report*, pp.28-9, 294-5.

³⁰ GA/DHGL3/5, *Annual Report for 1914*, p33.

³¹ PP(1894),XL111, *Lunacy Commissioners: Forty Eighth Annual Report*, p.204.

³² PP(1895), L1V, *ibid.*, *Forty Ninth Annual Report*, p.230.

and its interest in the Glamorgan asylum would be acquired by the County Council and Swansea County Borough Council.³³

While the principle had been decided there was no agreement on how it should be taken forward until finally the County Council referred the matter to the Local Government Board given that the parties could not even agree on an arbitrator. The arbitrator, Henry David Greene QC MP, held the first meeting in July 1898 but adjourned proceedings until the autumn because of major differences between the parties. He finalised his award in February 1899 and it took effect a matter of weeks later on 31 March. Cardiff obtained compensation of £71,183 from Glamorgan and Swansea with the latter contributing £8,870. Cardiff county Borough Council also secured the right to place 430 patients in the county asylum for a further five years until April 1904. And for three years they were allowed to send an additional 45 patients, although not more than fifteen in any one year. An annual rental charge of £2,185-10s was payable by the Council plus the usual weekly maintenance charge paid by the Poor Law Union. However, 14s-0d per week maintenance for each patient had to be paid for the 45 additional patients. This was much more than the 8s-5d a week charged by the asylum for patients in the Cardiff Poor Law Union originating from outside the boundaries of Cardiff County Borough Council and the Council had to compensate the Union for the difference. (The boundaries of Cardiff Poor Law Union and the Council were not coterminous.) In effect this comparatively small group of patients from Cardiff were to be treated as 'boarded out' patients in the county asylum.³⁴

Cardiff immediately started in 1899 to reduce their dependence on the county asylum and within a year or so were 66 below their ceiling. As the deadline for removing all patients approached Cardiff were offered the opportunity to retain 200 patients at a charge of 16s-4d; an offer they refused since they could obtain cheaper accommodation elsewhere. Nevertheless, given the growth in patients from Cardiff numbers in the county asylum fluctuated and towards the end of 1903 there were 400 or so patients still there. But all Cardiff patients, other than a few too frail to move,

³³ *Cardiff Times*, 25 April 1896

³⁴ GA/GD/C/49, Arbitration Award, 14 February 1899.

had left the county asylum by the due date of April 1904.³⁵ In May 1904 Cardiff had contracts with nine asylums for 640 patients with only 40 vacancies to meet growth in admissions. They were Brecon and Radnor, (Talgarth), Brighton (Haywards Heath), Bristol, Carmarthen, Chester, West Sussex (Chichester), Gloucester, Hereford and Leicester. The largest number, 189 patients, were in Brighton and the smallest, 25, in Chichester. Contracts changed and when the Cardiff Mental Hospital was finally opened in 1908 patients were also in Abergavenny, Exeter, Plymouth and Cotford, Somerset.³⁶

Cardiff County Borough Council, like many authorities across England and Wales, were boarding out patients wherever they could find the cheapest accommodation. In principle this contravened the advice of the Lunacy Commissioners who maintained that boarders should be restricted to those who had no friends or relatives to visit them.³⁷ No doubt many authorities fulfilled this criteria but given the numbers of boarders involved it is most likely that the majority would have contacts but were placed so far away that visits would be a rare occurrence. But the Commissioners would have placed overcrowding and possible fire risks with attendant loss of life ahead of the benefits of family visits. There is no reference to the effect on patients in any of the Minutes of the Asylums Committee for Cardiff but a Mr Pritchard was commended in May 1904 for successfully removing all the patients which had taken him fifteen journeys to complete instead of the planned ten. His payment was increased from fifteen to twenty guineas as a result.³⁸

This would prove to be a costly exercise for Cardiff. In 1904 the maintenance charge in the Glamorgan asylum was 9s-4d per patient per week for 'in county' Poor Law Unions but now the charges for 'boarders' ranged from 17s in Brighton for some patients (and 15s for others), to 14s in Carmarthen and Leicester. In 1904 Cardiff County Borough Council and Cardiff Poor Law Union agreed that the Union would pay a standard rate

³⁵ GA/ Q/AM9/1/4, *Minutes Visitors Committee*, 7 April, 1 June, 8 June, 31 August, 23 November 1899, 31 May, 30 August 1900, 9 May 1901, 20 February, 28 August 1902, GA/ Q/AM9/1/5, *ibid.*, 28 May 1903, 15 January, 18 February, 26 May 1904.

³⁶ CCL/BC/C/6/29 and 36, Cardiff CBC, *Reports and Minutes Asylums Committee*, 19 May 1904, p.69, 23 April 1908, p.713.

³⁷ GA/Q/AM9/1/4, *Minutes Visitors Committee*, 23 November 1899.

³⁸ CCL, Cardiff CBC, *Reports and Minutes Asylums Committee*, 19 May 1904.

of 10s-9d. The Council then had to make up the difference in the case of every asylum contracted to take patients, in the case of Brighton 6s-3d per patient, although it was also a significant increase of 1s-5d in each case for the Poor Law Union.³⁹ The Union had no role in contracting with the asylums to take 'boarders' and while the Council had been open to discussion about sharing the costs they ultimately set the charge. When the Cardiff Mental Hospital opened in 1908 (it was never called asylum) the charge to the Union was 13s-5d so in four years it was paying an extra 4s-1d per patient per week. The Chairman of the Visitors Committee claimed it was the lowest charge that had been made in the first year of a new borough asylum in the previous ten years. And, as a source of some comfort the charge in the second year was reduced to 13s-1d.⁴⁰

The Cardiff Mental Hospital was built in Whitchurch, located outside the city boundary, on around a 100 acres of land bought from the Velindre estate at the end of 1899. A further 87 acres was purchased to the north of the railway line which was under construction. Both the Llandaff and Dinas Powys Rural District Councils and Whitchurch Parish Council extracted their concessions; the latter securing some land potentially for a fire station and library in exchange for diverting a footpath.⁴¹ The buildings cost upwards of £350,000, partly funded by £71,000 obtained on leaving the county asylum and the rest was borrowed. It was planned to accommodate 750 patients initially, with the capacity to expand further, and designed in a horse shoe style with the main attraction being the 150 foot high water tower. Dr Edwin Goodall, Medical Superintendent at the Carmarthen Asylum, was appointed as its first Medical Superintendent in 1906 and he was able to influence the latter stages of construction which had started in 1902. There was some criticism of the costs, notably over the Medical Superintendent's house and other staff accommodation but especially about farm buildings which the Lunacy Commissioners commented on and which were subsequently reduced from £4,000 to £2,500. A newspaper cartoon ridiculed the

³⁹ *ibid.*, 21 July 1904.

⁴⁰ CCL, (948.2), *Annual Report for Cardiff Mental Hospital, 1908*.

⁴¹ NA/MH83/349, Establishment of Cardiff CBC Asylum, Correspondence with Lunacy Commission.

proposals depicting a piggery with its occupants lying on couches.⁴² It was a requirement to have sufficient land for patients to undertake outdoor activities and recreation so farm buildings were an integral part of the estate. For this reason, and not because they were 'out of sight, out of mind', developments took place beyond populated areas.

Early in 1902 and some two years before Cardiff was to remove all their patients the Glamorgan Visitors' Committee recommended to the two constituent councils, Glamorgan and Swansea, that the latter should remove its patients given the increasing pressure on numbers. It was not in the gift of the Visitors to initiate any action but only to recommend. However, the County Council supported the proposal but received no reply from Swansea. In November of that year the Committee again discussed the matter and reaffirmed their wish that Swansea should leave.⁴³ Glamorgan County Council acted and so informed Swansea, who agreed to enter into discussions about severance terms.⁴⁴ There was no enthusiasm on the part of Swansea Council to take any action and doubtless they would have noted the considerable financial and administrative burden placed on Cardiff as they simultaneously went about finding homes for over 400 patients and locating a site for and subsequently building a new asylum. The numbers were not as large but they were approaching 300 and were a significant proportion of the total of 1,636 at the end of 1904, when Cardiff patients had left. Glamorgan County Council persisted and Swansea decided to seek a meeting with the Local Government Board to seek their support to continue the existing arrangements. This was at the end of 1903, a year after the initial proposal from the County Council. Alderman Lewis said at a meeting of the county's Finance Committee that '...Swansea people had for a long time been trying to "burke" (avoid) this question. It was a question of great urgency'. The Lunacy Commissioners commented that they had been pressing for a resolution since 1901, when they reluctantly agreed for the erection of a temporary block for 100 women patients at Parc Gwyllt for five years. They said that this and other temporary

⁴² Hilary M Thomas, *Whitchurch Hospital, 1908-1983*, South Glamorgan Health Authority, Cardiff, 1983, pp.4-11.

⁴³ GA/Q/AM9/1/4, *Minutes Visitors Committee*, 20 February, 27 November 1902.

⁴⁴ *Cambrian*, 12 December 1902,

buildings ‘...continue to menace the safety of the patients...’ and they welcomed the County council’s request for an arbitrator to be appointed.⁴⁵ While Swansea had sought to retain the status quo they were clearly of the view that they were unlikely to be successful and made some tentative contacts in early 1903 with the Brecon and Radnor Asylum at Talgarth but Cardiff stepped in and took up to 100 beds. With the arbitration hearing looming Swansea had some discussions with the Brecon and Radnor County Councils with a view to developing a partnership which initially interested the two counties. But as the two county councils obtained more detail they realised that in a few years’ time the growth in Swansea’s population compared with a stagnant one in their area would inevitably mean they would have a minority interest in their own asylum as numbers of admissions from Swansea would grow more rapidly. Swansea had offered to share building costs on a 50:50 basis so the balance of financial advantage rested with them. Several variations were considered, involving some concessions on the part of Swansea, but negotiations petered out at the end of 1904.⁴⁶

The arbitrator, Sir Hugh Owen, held a meeting in May 1904 and agreed to the dissolution of the union between Swansea and Glamorgan and the County Council had to pay the former compensation of £44,200. From 29 September 1904 the County Council became the sole owner of the asylum on the understanding that Swansea could retain their patients until April 1909 at a weekly charge fixed at 12s-9d compared with 9s-4d paid by Poor Law Unions in the county in that year. Swansea Council had to make a contribution to the Swansea Union’s extra costs to maintain their patients from within the county borough. (Under the terms of the Lunacy Act 1890, however, the Poor Law Union had to pay 75 per cent of the charge.)⁴⁷ There was less than five years to deal with the major issue of building an asylum but following their unsuccessful discussions with Brecon and Radnor they began to look into the possibilities of building their own asylum. They set up an Asylums Committee but it was more noticeable for its lack of activity than positive action. However, it did

⁴⁵ PP(1904),XX1X, *Lunacy Commissioners: Fifty Eighth Annual Report*, pp. 28-9, *Cambrian*, 11 December 1903.

⁴⁶ Powys County Archives (PCA hereinafter)/B/H/2/Ac/1, *Minutes Visitors Committee, Joint Lunatic Asylum*, 27 February 1903, 26 March 1904, 27 April 1904, 5 November 1904, 31 December 1904.

⁴⁷ GA/GD/C/49, Arbitration Award, 30 May 1904.

investigate some possible sites and concluded that one in May Hill would meet its purposes. It also had the conditional support of the Lunacy Commission. But in December 1906 it decided to defer any action. Working on the premise that a problem shelved was a problem nearly solved they proceeded to do nothing. A year later the Lunacy Commission wrote to the Council asking them about the fate of 320 patients in the Glamorgan Asylum who were due to leave in less than eighteen months' time. The Committee decided to look at some other sites including ones on Clyne and Fairwood Commons and in the following year at Cefn Coed and Hendrefoilan but came to no firm conclusions. In February 1908 the Town Clerk had to remind the Committee that the date for removing the patients was looming and some action was essential. So they decided to write to the Glamorgan Visitors to ask whether they would be prepared to extend the contract set out in the arbitration award.⁴⁸

There was no room for any male patients since the asylum was 129 over its capacity but there were vacancies for females and consequently Glamorgan agreed, in November 1908, to extend the contract for 150 females by five years, the maximum permissible level, until April 1914. The Lunacy Commission approved the agreement, reluctantly, saying that Swansea '...should have taken some definite steps to provide separate accommodation for its own pauper lunatics...' a long time previously. They added that it was better for the patients in that they would not have to go further from their homes as had happened to other patients. This was the first time that a public body had recorded any specific concern about the destination of the people taken from the Glamorgan Asylum. Patients from Glamorgan, over the first five years or so of the twentieth century, were dispersed to over a dozen institutions. Swansea councillors acknowledged that relatives faced additional costs in travelling and asked rail companies to provide cheaper fares, but in vain. The male patients removed by

⁴⁸ West Glamorgan Archives, (WGA hereinafter), TC4/Mental Hospitals/1, *Minutes Asylum Committee*, 10 December 1906, 15 October 1907, 3 February, 1 April, 10 July 1908.

Swansea were placed in asylums in three places; Cheddleton, Staffordshire, Bromsgrove, Worcestershire and Talgarth.⁴⁹

A third major organisational change soon got underway but which ultimately, after much procrastination, led nowhere. Merthyr Tydfil Borough Council had been elevated to the status of a county borough in May 1907 with effect from April 1908. It only took until November 1908 for the Glamorgan Visitors to recommend that they should remove their 170 patients although, unlike patients from Cardiff and the majority of Swansea's patients, they were still there at the outbreak of the First World War.⁵⁰ Merthyr asked the Brecon and Radnor Asylum in 1909 whether they would be interested in establishing a joint arrangement thereby repeating Swansea's approach five years previously. Initially this interested the Brecon and Radnor Visitors since the population and number of patients matched. However, two new blocks for men and women would be needed and Brecon and Radnor would have to pay half the cost of construction even though they would have no need for the facility. They also feared that Merthyr's boundaries would be extended and their Council would have a majority interest as patient numbers grew so nothing came of that initiative.⁵¹ In 1912 the Glamorgan Visitors noted that the Lunacy Commission were '...repeatedly asking what is happening to the Merthyr lunatics and when are they going...'. Their own Medical Superintendent was asking the same question in 1913 when he said that the 99 male patients from Merthyr accounted for the majority of the overcrowding in the male division of the asylum which then amounted to 123. A new permanent block for 120 male patients, which the Commission had approved in 1908 but subsequently had been deferred by the County Council, got underway when overcrowding forced patients to be accommodated '... in passages, lavatories and shortly in general stores in Parc Gwyllt...' according to the Medical Superintendent. Nevertheless it was not

⁴⁹ PP(1910), XL1, *Lunacy Commissioners; Sixty Fourth Annual Report*, p.328. GA/Q/A/M9/1/5, *Minutes Visitors Committee*, 26 November 1908, WGA/TC4/ Mental Hospitals/1, *Minutes Asylum Committee*, 14 July, 14 September 1909.

⁵⁰ GA/Q/A/M9/1/5, *Minutes Visitors Committee*, 26 November 1908.

⁵¹ PCA, B/H/2/AC/4, *Minutes Visitors Committee*, 18 January 1909.

operational until 1917 and the timing of its building was affected by the County Council's borrowing powers being exceeded.⁵²

Swansea, ever eager to share the burdens of building an asylum, inquired whether Merthyr would be interested in establishing an asylum jointly with them even before Glamorgan had invited them to take their patients elsewhere. This was in 1907 and some three years later agreement was reached between the two councils to form a union for the purposes of establishing an asylum. A Swansea and Merthyr Tydfil Visitors' Committee was established and a two thirds/one third split was agreed between them based on probable number of patients (as opposed to rateable value in the case of Glamorgan.) Early in 1911 Swansea had decided on Cefn Coed as a site for the asylum, then outside the county borough boundary, at Sketty. The land was around 89 acres together with a separate purchase of 20 acres adjoining. The total purchase price of £16,200 was split with Swansea accounting for £10,800 and Merthyr Tydfil £5,400. The latter would not pay their contribution until Glamorgan County Council had paid them their share in the value of the asylum buildings, as part of their settlement on leaving. The intention was to provide an asylum for 600 patients with the capacity to expand to 800 patients.⁵³ Having acquired a site and appointed a consulting architect the two councils then were reluctant to do much else. In response to an exasperated architect the Town Clerk of Swansea could only say, 'I quite appreciate what you say about the long delay but I have the greatest difficulty in getting the Committee together and obtaining instructions...'⁵⁴

This was in 1912 and in the following year with the end of their contract with Glamorgan in 1914 to care for 125 women in sight Swansea sought an extension but at a reduced cost. They were offered a three year extension for 100 women with the possibility of renewal for a subsequent three years. The number would reduce to 75 if the pressure on space grew. Not happy with the refusal to reduce the weekly charge of 14s-0d a week they even sent a deputation to argue the matter but without success

⁵² GA/Q/A/M9/1/5, *Minutes Visitors Committee*, 21 November 1912, GA/DHGL/3/5, *Annual Report for 1913*, pp.15-16, GA/DHGL/3/6, *Annual Report for 1917*, p.10.

⁵³ WGA/TC4/Mental Hospitals/1, *Minutes Asylum Committee*, 15 October 1907, 9 March, 18 October 1910, TC/4Mental Hospitals/2, 28 June 1911, TC/4Mental Hospitals/3 18 January, 31 May 1912.

⁵⁴ T G Davies, *A History of Cefn Coed Hospital*, West Glamorgan Health Authority, Swansea, 1982, p.13.

although it was agreed they would only be charged for beds occupied and not for the contracted number. At the same time the Council was approaching Brecon and Radnor Visitors to renew their contract to care for 75 men and hoped to increase the number to 90 for a further five years with a request for a reduction of 3s-6d in the weekly charge of 14s-0d a week. This was not offered and eventually in December 1913 they agreed the terms with the addition of 25 women patients to compensate in part for the loss of beds in the Glamorgan Asylum.⁵⁵

Evidently the increased cost of weekly maintenance costs was preferred to the outlay of capital expenditure in building an asylum. Eventually a contract for foundations work was granted in March 1914. Work began only to be affected by the War effort but after many problems it was deemed completed in October 1917 when it was agreed that nothing more would be done until after the War.⁵⁶ Thereafter there was no progress until 1927 when the Visitors' Committee instigated some action and Swansea took on the whole cost since the Minister of Health decreed that Merthyr's poverty was too great for them to contribute. It was not until November 1932 that the first patients entered Cefn Coed Hospital. In January 1933 Merthyr Tydfil's agreement with Swansea was ended but they had access to 150 beds for ten years together with some seats on the Visitors' Committee.⁵⁷ It was a union which lasted over twenty years but neither council could claim that they were in the vanguard of developments in the care of mentally ill people.

The pressure on the new county boroughs of Cardiff, Merthyr Tydfil and Swansea to make their own provision for mentally ill people came from the Lunacy Commission and from the outset in the mid 1840's they pressed, with varying degrees of success, to get asylums built not only by the Quarter Sessions covering counties but also by boroughs who had a statutory duty to do so by virtue of having a Quarter Sessions with a recorder. None of these existed in Glamorgan so the pressure was delayed until county boroughs were created. Cardiff, while initially reluctant to do so, did not

⁵⁵ GA/DHGL3/5, *Annual Report for 1914*, p.10, GA/Q/A/M9/1/6, *Minutes Visitors Committee*, 28 August, 9 October 1913. PCA/B/H/2/AC/5, *Minutes Visitors Committee*, 27 September, 20 December 1913.

⁵⁶ WGA/TC4/Mental Hospitals/5, *Minutes Asylum Committee*, 27 March 1914, 16 March, 15 April 1915, 18 October 1917.

⁵⁷ T G Davies, *A History of Cefn Coed Hospital*, op.cit. pp.13-16.

mount a significant case against when it came to arbitration, being more concerned with the exit terms from the existing arrangements. However, Swansea fought strongly against having to provide their own establishment claiming they were not responsible for the overcrowding at the Glamorgan Asylum.

The Lunacy Commission had limited powers of compulsion so they made the most of the requirement that boroughs should build their own asylums even when, on occasion, this did not appear necessary. An example is Exeter which had a population of 47,000 at the turn of the century. After a long period of attrition the borough opened an asylum in 1886 located just outside its boundaries and only four miles from the Devon County Asylum at Exminster. It had a capacity of over 300 beds and was intended to relieve the overcrowding at the county asylum which had around a 1,000 patients. Joseph Melling and Bill Forsythe say this is a good example of the Commission exercising a decisive influence even if it took decades. They contrast their evidence with the conclusions of Peter Bartlett and Nicholas Hervey who argue that the Commission was of limited effectiveness in dealing with strong local interests.⁵⁸

There is some similarity with Swansea who were very reluctant to implement their duty and it was nearly thirty years from the date of the arbitration award in 1904 before the asylum opened. But there was one major difference in that Exeter had too much accommodation for its own needs. Just under half of the patients were from the borough at the turn of the century. This led to contracts with other authorities, including Cardiff, to board patients from overcrowded institutions and it also developed a lucrative private patient base which accounted for around a fifth of the patients at that time. On occasion the Commissioners reported that they had received from patients '...complaints of hardship of being sent so far from their homes.'⁵⁹ On the other hand they could be dismissive, describing the transfer of some patients from Banstead Asylum as the '...rough element' and the '...bad material drafted here from other asylums.' Barbara Douglas says that patients viewed their experiences in very different terms and with a deep sense of helplessness and resentment. A patient who

⁵⁸ Joseph Melling and Bill Forsythe, *The Politics of Madness, The state, insanity and society in England 1845-1914*, Routledge, London, 2006, pp. 14-15, 44-5.

⁵⁹ Barbara Douglas, *In the Shadows of the Asylum: Narratives of Change and Stagnation, c 1890-1930*, unpubl. PhD thesis, Exeter, 2008, pp. 65-71.

had been classified as a wandering lunatic, wrote a letter about her transfer in 1890 saying, 'Yesterday morning I was called early and sent away with patients for Exeter against my will...The others were all strangers to me...I am unknown and ought not to have been brought so far from London where I had many friends to set me free if only they had known but my letters had been stopped.' Five years later she was transferred to the Plymouth Asylum. This, of course, cut across the Commission's avowed policy that only patients with no family or friends visiting them should be transferred.⁶⁰

There was an issue in relation to English boroughs in that the Lunacy Commission was insisting that they took on the responsibility of building separate asylums, which were not always suitable for their needs, and in some cases admitted substantial numbers of patients from outside their area. Nevertheless, the Lunacy Commission stuck to their views and ultimately were successful in getting their way despite local concerns.⁶¹ Swansea had no case of substance for not providing an asylum and while the Commission never suggested that Merthyr Tydfil should establish its own asylum, although it had a similar population to Exeter, it was keen to encourage a joint arrangement with Swansea.

In North Wales, where there were no boroughs with a responsibility to build an asylum, the Commission adopted a different stance and pressed for a branch asylum to be built in Caernarfon. This would have had a major impact on journey times for patients and also for visitors from Angelsey, Caernarfonshire and Merioneth but the Visitors decided to expand the existing facilities in Denbigh. A bitter dispute ensued which lasted until 1894 after Caernarfonshire declared their wish to leave the North Wales alliance and establish their own asylum but were not supported by Angelsey and Merioneth. They were unsuccessful and Pamela Michael commented that '...Concentrating resources on one site did facilitate the development of a modern hospital with a wide range of resources. However,... the question of the distance and remoteness of some areas from the service was to remain a contentious one.'⁶²

⁶⁰ *ibid.* 102-3.

⁶¹ *ibid.* pp.45-7.

⁶² Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales*, *op cit.*, pp.97-9

Differences between authorities took a different course in South West Wales where Cardiganshire pursued a twenty one year long dispute, starting in 1893, with Carmarthenshire and Pembrokeshire over the formula for calculating each county's contribution to asylum building costs repairs and improvements, contributions from the historic boroughs of Carmarthen, Haverfordwest and Kidwelly and representation on the Visitors' Committee. As a result little was done to improve the Carmarthen asylum in this period and by 1914 it had some 720 patients, well beyond its capacity of 600. The Lunacy Commissioners commented that it was impossible to list all that was needed to be done to maintain the asylum in a condition approaching modern requirements.⁶³

Following the removal of patients from Swansea the total number in the Glamorgan Asylum fell by about a 100 at the end of 1909 but it soon grew again reaching 1,852 at the end of 1914, fifty years after its opening. About a 1,000 people were in Parc Gwylt and the remainder in Angelton and overall there was serious overcrowding. Upwards of 300 patients were the responsibility of Merthyr Tydfil and Swansea County Borough Councils and some 50 were private patients. The total of 1,852 included 1,021 men and 831 women. At that time only eight patients were there as the result of the First World War but this was soon to change with the conversion of Cardiff Mental Hospital into a hospital dealing with war casualties.⁶⁴

Care and Treatment

Who was in the asylum during the early twentieth century? The Medical Superintendent reporting in 1913, virtually 50 years after the asylum opened, said that the majority of admissions had been of a hopeless character; epileptics, imbeciles or chronically insane.⁶⁵ The same categorisation was in use in the early days of the asylum although along the way the emphasis on different types of patients changed somewhat. In 1894 there were four times as many maniacal cases as melancholic ones. The latter had been the more prominent and the Lunacy Commissioners attributed the change to the increasing number of English born patients given that

⁶³ Denzil Jones, unpubl. MA dissertation, op.cit. pp.58-9, 66.

⁶⁴ GA/DHGL/3/5, *Annual Report for 1914*, pp.11-23.

⁶⁵ GA/Q/A/M9/1/6, *Minutes Visitors Committee*, 29 May 1913.

Welsh asylums contained patients more likely to suffer from melancholia. This also had a side effect in that wards became noisier. Patients suffering from general paralysis, though, were the most troublesome and the Medical Superintendent deplored the self-indulgence and excesses generally including alcohol which contributed to their condition. The Commissioners added that the misuse of good wages was also a contributory factor which led to an increase in their numbers. They did not elaborate but, presumably, had the purchase of alcohol in mind. The numbers stood at around six per cent of the total which was, in the words of the Commissioners, a very high proportion.⁶⁶ Some ten years later the number of general paralytic patients stood at five per cent and epileptics at twelve per cent which was usually the proportion during this period.⁶⁷

In 1900 patient case notes did not read significantly differently from those of previous decades. All patients were admitted to Angelton initially and only after an assessment there was it decided whether to refer them to Parc Gwylt which tended to receive the ones with little hope of recovery but not exclusively so. The following include a sample of male cases admitted in May 1900. Thomas Roberts, a colliery stoker, aged 33 from Treherbert arrived after displaying symptoms of acute mania, his first attack, attributed to heavy drinking for twelve years. He had threatened his father with a poker and thrown a large stone at him. He suffered from phthisis and while in Angelton he experienced delusions and hallucinations. His stay was short and after four months he transferred to Parc Gwylt.⁶⁸ In contrast Henry E, a seaman aged 47 from Cardiff and a native of Ramsgate also entered in May 1900 with acute mania caused by drink. He was said to be not under proper care and control and imagined people stole his clothes. However, he recovered and was discharged in July only some two months later. Walter Tamplin, a 32 year old master mariner from Cardiff (his parents were from Cheltenham and Bristol) was admitted in the same month after his first attack and was diagnosed with general paralysis. His wife had left him. He had no drink problem but was found wandering by the police and he laughed inanely. At night he

⁶⁶ PP(1894),XL111, *Lunacy Commissioners: Forty Eighth Annual Report*, p.204-5, GA/DHGL/3/4, *Annual Report for 1893*, p. 15-16, *Annual Report for 1894*, p.16.

⁶⁷ PP(1903),XXV11, *Lunacy Commissioners: Fifty Seventh Annual Report*, p. 286.

⁶⁸ GA/DHGL/10/27, Case Notes, Males, Angelton, 1900.

was given chloral and sometime sulphanol as a sedative. He died in January 1901. Another seaman was Charles Hedland, aged around 50 years admitted after showing symptoms of acute mania aboard ship. He was from Stockholm and had spent 30 days in the Cardiff workhouse before admission. Within a few months he had epileptic fits. He was also given chloral and sulphanol but gradually declined and died in January 1901 from general paralysis. Yet another Cardiff seaman was Robert Kemp, aged 18 and an imbecile. He was born in Hong Kong of English parentage and within a few months was removed to Stafford Asylum as part of Cardiff Council's programme to remove their patients from the asylum. However, he was to return to Parc Gwylt in 1903. Throughout the year there were a number of admissions of seamen with a Cardiff connection, but not born there, mainly showing signs of acute mania but sometimes also having general paralysis as an underlying problem.⁶⁹

One Englishman living in Cardiff who suffered from melancholia was Thomas Culbertson, age 61 whose wife had left him 20 years previously and his children were not in touch. He was described as lonely and had spent four months in the workhouse before admission. In November 1900 he was transferred to Parc Gwylt. Other patients arrived from Pontypridd such as Richard Rees, aged 33 years and suffering from mania caused by fright. An epileptic, originally from Llanelli, he was admitted because he was unmanageable and had 31 fits in six months before being transferred to Parc Gwylt. Frank Deverill, a 49 year old married Swansea labourer was admitted with general paralysis but no history of drinking. He had been found wandering and taken to the workhouse. There he said he was going to drown himself and was sent to Parc Gwylt within a few days.⁷⁰ The oldest person admitted was David Morgan, aged 76 from Pontypridd who was living with his daughter in law on relief and suffered senile dementia. He thought the Queen was looking for him and was transferred to Parc Gwylt within three months of admission.⁷¹

A sample of female admissions in July 1900 reveal a number of different conditions. Mary Bartlett, aged 39, the wife of a Pontypridd collier was admitted with acute

⁶⁹ GA/DHGL/10/27, Case Notes, Males, Angelton, 1900.

⁷⁰ *ibid.*

⁷¹ GA/DHGL/10/27, Case Notes, Males, Angelton, 1900.

melancholia and had a history of pthisis. Her parents were English and had three children. She was poorly nourished and miserable and was given sulphanol. After showing signs of improvement she relapsed and was transferred to Parc Gwylt in February 1902. It was noted that her brother was admitted in the following year. Anne O'Connell, age 17, was imbecile and an epileptic from the age of four. Cardiff born she had Irish parents and was the second in a family of ten, all of whom were well. Taken by police to the workhouse after she was caught stealing in a shop she was transferred to the asylum after a day. A noisy and violent patient she was soon transferred in July to Parc Gwylt. Harriet Savours, aged 50 lived with her brother in Swansea and was single. Suffering from mania she had no work and had a history of pthisis and intemperance. Her father also had a drink problem and had been sent to Vernon House Asylum. She showed no signs of improvement and died in 1904 with the post mortem examination attributing her death to an atrophied brain.⁷²

There were many instances of patients being admitted, as these were, with serious physical conditions as well as mental ones with pthisis a significant one. Gertrude Jones, aged 27 from Cardiff, with no job, was admitted with acute mania, having been a patient before for six months four years earlier. She had survived well until her relapse but now was very depressed and prone to destruction and violence. After receiving antimony tartrate she was quieter but within a few months this drug was found to be ineffective. She was transferred to Parc Gwylt in November, evidently having failed this time to show signs of recovery. Elizabeth Selinger, from Cardiff, aged 42, married to a ship's cook had acute mania and general paralysis both caused by drink. The police wanted to take her to prison due to her shoplifting but she ended up in the asylum. Alcohol was a family problem and her father had died in Angelton. After she was calmed down with sulphanol she did not show much sign of improvement and in August went to Parc Gwylt. On the other hand Annie Christesen, from Cardiff, aged 38 and married to a sailor had a happier outcome. She was admitted with acute mania suffering from pthisis and had a drink problem. She was low spirited and depressed and had tried to poison herself. Of Irish parentage she was born in Cardiff and her father had died of drink and a paternal cousin had died in Angelton. A mother

⁷² GA/DHGL/10/61, Case Notes, Females, Angelton, 1900-1.

to six children, of whom two had died, she had been affected by her husband's admission to a hospital and had spent two days in the workhouse. After being given sulphanol she became less violent and restless. Over time she proved useful on the ward and in the kitchen and within six months she was very cheerful and full of humour and was discharged as recovered in February 1901 seven months after admission.⁷³

Parc Gwylt patients had similar conditions but tended to be more advanced. David Thomas, a 45 year old coal miner from Neath, was an epileptic who had suffered his first attack when he was 26 years old. His maternal uncle had died in Angelton. David had become very violent and threatened to knife people. In the asylum he often assaulted patients. However, he calmed down but did not improve and died in 1909, nine years after admission. Frederick Marshman, aged 49 from Pontypridd, a married collier, had his first attack of mania seven years before admission. He also had fits which were partially controlled by drugs. An uncle had died in Wells Asylum, Somerset and he was also to die in the asylum in 1907. On a more positive note John Pickett, a single 31 year old labourer from Cardiff, entered the asylum suffering from acute mania attributed to drink. His father had died in Angelton and his first attack had taken place over two years previously. On the face of it his chances of recovery were remote in that he had a heredity condition and had not been seen within three months of his first attack. Nevertheless, he worked steadily in the stores, always a good indicator, and was allowed out on trial in August 1901, a year after his admission, and discharged the following month having recovered. Alfred Hopkins, aged 15 was an assistant to a Cardiff pawnbroker and had had acute mania for five months before admission on the grounds that he was out of control; he had attempted to strangle his mother. While in a ward he also attacked a fellow patient. He was given sulphanol, a treatment which continued for some time and ultimately he was allowed out on trial and discharged as recovered in October 1901, virtually a year after his admission.⁷⁴

⁷³ GA/DHGL/10/61, Case Notes, Females, Angelton, 1900-1,

⁷⁴ GA/DHGL/10/77, Case Notes, Males, Parc Gwylt, 1900-3.

Finally, the pattern of conditions continued with female admissions to Parc Gwylt at this time. Fanny Western, aged 49 and married to a Cardiff labourer, suffered from chronic mania and had been a patient since 1897. There was no real change in her condition but she was discharged as relieved in February 1900; in other words she was considered to be harmless and the asylum was content that she would be looked after. Similarly, Ann Owen aged 62 years and a seamstress from Swansea, had also been in the asylum since 1897 with chronic mania. There was no insanity in her family history but she suffered from delusions. However, she was a good worker and assisted a housemaid. During the early part of 1900 she had become troublesome but at the end of the year she was discharged as relieved. She was re-admitted to Angelton in January 1905 and then sent to Parc Gwylt at the end of that year. Nora Rudd, aged 18 years, single and from Pontypridd, was an imbecile. She was also epileptic (she suffered over 300 fits in one year in the asylum) and had a history of intemperance and pthisis. Polio had affected both legs and her right arm. Her mother had sixteen children of whom thirteen had died. Mary Gould, aged 44 years and a labourer's widow from Cardiff was admitted with general paralysis. She had been intemperate and was said to be in a 'shocking state' when she was taken initially to the workhouse. About a year after her admission she was showing signs of physical improvement but was very demented, took no interest in her surroundings and died two years later.⁷⁵

The impact of significant events do not appear to have influenced admissions to a great degree. In this period the religious revival of 1904-5 was a notable occurrence but the Medical Superintendent indicated that only one per cent of admissions could be attributed to religious causes. It is also notable that admissions in 1904 and 1905 were substantially lower than in 1902 and 1903.⁷⁶ From time to time references would be made to the prevalence of religious influences and for example, 'religion' and 'possession of the devil' were included in medical certificates for patients on admission. While they may have been the immediate cause of insanity '...underneath they had led dissipated lives' maintained the Medical Superintendent.⁷⁷ While the link with the revival was considered to be small in admissions to the Glamorgan Asylum a

⁷⁵ GA/DHGL/10/86, Case Notes, Females, Parc Gwylt, 1900.

⁷⁶ GA/DHGL/3/3, *Annual Report for 1904*, p.18, DHGL/3/8, *Annual Report for 1930*, p.28.

⁷⁷ GA/DXGC 290, *Minutes Visitors Committee*, 13 January 1881.

study of admissions between 1902 and 1907 to the North Wales Asylum (by the Department of Psychological Medicine at Bangor University) indicated a threefold increase of patients with transient mental disorder in 1904-5 before returning to the normal pattern in 1906-7. There was no evidence, however, that this reactive psychosis led to chronic mental illness.⁷⁸ In 1905 the Medical Superintendent reported that an exceptional number of patients had been admitted suffering from 'religious mania' attributed to the revival affecting around eleven per cent of male patients and four per cent of females ones.⁷⁹

The effects of industrial strife was another potential source of increased admissions but there is no evidence that there was a substantial effect in 1910-11 when there were strikes in the coalfield including Tonypany, the Cynon Valley and also in Cardiff Docks and on the railways.⁸⁰ No doubt some patients were admitted with symptoms of mental stress but presumably not in such numbers as to warrant the Medical Superintendent to draw the Visitors' attention to them. Occasionally a reference would be made, as in 1898, when he expected a lower number of male patients due to a coal strike on the grounds that miners would have less money to spend on alcohol. In the event the number of male admissions did not immediately reduce although over the year as a whole there was a reduction.⁸¹

In terms of treatment it appears that the use of sulphanol and other drugs had increased over the previous two decades; this was probably linked with the need to reduce noise levels in overcrowded wards. There were no major advances in the care and treatment of patients in the late nineteenth and early twentieth centuries. Pamela Michael, referring to the position in North Wales in 1905, said that there were practically no changes in the diagnoses given to patients and the small medical team had no pathology laboratory. She adds that much depended on the expertise and

⁷⁸ David Healy, 'Religion and Psychosis: the effects of the Welsh religious revival in 1904-5, *Psychological Medicine*, 2010, Vol.40, Issue 8, Cambridge University Press, pp. 1317-23.

⁷⁹ Pamela Michael, *op.cit.* p.103.

⁸⁰ John Davies, *A History of Wales*, Penguin Press, London, 2007, p.478.

⁸¹ GA/DHGL/3/3, *Annual Report for 1898*, pp. 16-17.

willingness of the nursing staff and on basic care and provision of food, warmth and shelter.⁸²

The position was much the same in Glamorgan and, as late as 1911, the Medical Superintendent was debating the merits of appointing a pathologist. It would be necessary to have an up to date laboratory able to cover the traditional work related to post mortems and the latest developments in bacteriology and biochemistry. He was not keen given the costs and wondered whether a Welsh research institute for mental disease would be preferable.⁸³ In principle it appears to be a positive proposal but at the beginning of the twentieth century each institution was very self-contained and while there was collaboration, particularly in European centres, the norm was for each place to develop its own expertise. The asylum depended on its staff of attendants and nurses and, as indicated in the previous chapter, the turnover was frequent and their nursing knowledge was limited. There was some improvement in terms of training during this period but due to the attraction of higher wages elsewhere there was a high turnover in good economic times. In 1890 the Lunacy Commission commented that ‘...the attendants, especially the nurses, are of an inferior sort to those generally employed in asylums, and, if they were more intelligent and more alive in their duties, the habits and appearance of the patients would be very different’.⁸⁴ In 1894 the Visitors Committee were contemplating increasing the starting salaries to attract more staff and to discourage the ones they had from leaving. An additional complaint from staff was about the quality of their food. Both issues would have been connected with the lower than average weekly maintenance charge to the Poor Law Guardians of 9s-8d when the average for England and Wales was 9s-11d.⁸⁵ At the turn of the century the Visitors were being told that staff were leaving and it was proving difficult to get replacements. And the

⁸² Pamela Michael, op.cit. p. 102.

⁸³ GA/Q/A/M9//1/5, *Minutes Visitors Committee*, 31 August 1911.

⁸⁴ PP(1890-1), XXXV1, *Lunacy Commissioners: Forty Fifth Annual Report*, p.165.

⁸⁵ GA/Q/A/M9/1/3, *Minutes Visitors Committee*, 22 February 1894.

Commissioners commented in the same year that no less than 32 per cent of the staff had had less than a year's service and only 25 per cent had over five years.⁸⁶

A decade later a further issue was emerging which had a bearing on staff retention and that was obtaining nursing qualifications. From the mid-1890s staff had been entered, on a voluntary basis, for the Medico Psychological Association's nursing qualification and in 1897 it was reported to the Lunacy Commissioners that around a third of the staff had been successful. However, by 1912 large numbers, particularly nurses, were failing the examinations and consequently resigning although it was not a condition of their job that they should have the qualification. The Medical Superintendent attributed this to the increasing difficulty of the course which had now been extended to three years.⁸⁷

The work was demanding and carried immense personal responsibilities which could lead to dismissal in the event of failure. In 1892 Charles Mercier produced a manual setting out a job description in minute detail. It is interesting to note that the initial chapters are devoted to safety issues and looking out for suicidal cases, which had to be watched at all times, and opportunities for acts of violence or destruction. For example, a patient should never be allowed to light a fire in a grate or allowed in a bathroom alone in case of drowning. Violence took many forms but most frequently patients would attack fellow patients by striking them with a poker or similar instrument so all such items, including shovels and brooms had to be kept locked. It is only half way through the manual that a chapter on the welfare of patients appears. In this it is made clear that the 'asylum exists for the welfare of the patient' and that no harsh language or behaviour should be used. Specific attention is drawn to attendants with military experience and the need to avoid words of command. The advice given is that '... the attendant who is the most civil and pleasant... will not only have his

⁸⁶ GA/Q/A/M9/1/4, *ibid.*, 9 May 1901, PP(1902), XL, *Lunacy Commissioners: Fifty Sixth Annual Report*, p.275.

⁸⁷ GA/Q/A/M9/1/4, *Minutes Visitors Committee*, 27 May 1897, GA/DHGL/3/4, *Annual Report for 1912*, p.23.

patients the most cheerful and contented, but will get the most work out of them and have his ward in the best order.’⁸⁸

Recovery and discharges

The sample of cases described earlier in this chapter indicate that there was little hope of a high rate of success in discharging patients as ‘recovered’ given the treatment available. In the published statistics the Glamorgan Asylum touched 40 per cent recoveries over ‘direct admissions’ once in the quarter of a century down to the First World War. The rate for England and Wales was in the mid- thirties at that point with a similar rate for Glamorgan. ‘Direct admissions’ had entered the calculations to exclude patients arriving from other asylums, namely ‘indirect admissions’, since they would be chronically ill people with little hope of recovery. It did not matter much in Glamorgan’s case given that they took in comparatively few patients from other asylums over the years due to overcrowding but they had to deal with admissions from workhouses as they arose.

The recoveries were greater on the female side virtually in every year, and equally in every year, more men entered the asylum as ‘direct admissions’ than women.⁸⁹ If relieved patients are included, that is people who were not improved by their stay but were considered harmless and had somewhere to go, the success rate is improved. For example, in 1899 there were 109 recovered discharges and a further 51 patients were relieved making 160. This gave a 35 per cent success rate in terms of discharges over all admissions which totalled 454.⁹⁰

It is interesting to note that of the 109 patients discharged as recovered in 1899, 22 patients recovered in under three months and nearly half, 53 patients, were discharged within six months of admission. A further 36 were discharged within one year and 12 within two years. The final eight patients were in the asylum for periods

⁸⁸ Charles Mercier, *The Attendant’s Companion, A Manual of the Duties of Attendants in Lunatic Asylum*, London, 1892, (reprinted by Kessinger Publishing), pp.23-4, 68-9.

⁸⁹ GA/DHGL/3/5, *Annual Report for 1914*, .p.33.

⁹⁰ *ibid.*

of up to seven years. It is also worth noting that 59 of the recovered patients had been admitted within the first three months of symptoms arising.⁹¹

No real progress was being made and when account is taken of the numbers of relapsed cases which re-entered the asylum the total picture is not a positive one. The number of relapsed cases in the Glamorgan Asylum remained fairly consistent over the years; in 1889 it was eighteen per cent of admissions, in 1899 it was fifteen per cent and in 1914 it was also 15 per cent.⁹²

There were some differences in recovery rates between asylums generally but there was a common factor in that the rate of recovery was declining by the First World War. The Norfolk County Asylum, a rural area with a declining population, had more than a 1,000 patients in 1910 for the first time and had some 350 more patients than in the 1880s. In the 1880s the asylum had recovery rates of between 46 and 52 per cent, rates never reached in Glamorgan's history, but these were not sustained and by 1914 they had declined to 32 per cent and were similar to Glamorgan. Steven Cherry attributes the higher rate of recoveries in the 1880s to lower than average numbers of general paralysis, alcohol related illnesses and epilepsy patients in the asylum at that time. These characteristics of the patient population persisted into the twentieth century and in contrast to Glamorgan where the levels were higher. In common with asylums generally, the Medical Superintendent placed increasing stress on hereditary causes of mental disorder, which came second to 'unknown' in the classification produced in his annual reports. In one respect, however, there was a major difference between the two institutions; patient numbers grew by 50 per cent in the period 1887-1914 in Norfolk while the figure for Glamorgan was 120 per cent.⁹³

Similar problems were faced by smaller asylums. Buckinghamshire County Asylum had room for some 600 patients in 1904 having just completed its second expansion required by increasing number of admissions. The number of identified insane had grown out of all proportion to the county's population growth at the turn of the

⁹¹ GA/DHGL/3/3, *Annual Report for 1899*, pp.29-30.

⁹² GA/DHGL/3/5, *Annual Report for 1914*, p.35.

⁹³ Steven Cherry, *Mental Health Care in England*, op. cit., pp. 112-29, GA/DHGL/3/8, *Annual Report for 1930*, p.28.

century and a greater number were coming into the asylum instead of staying at home or entering a workhouse. The Medical Superintendent drew attention in 1909 to the numbers of senile people over 65 years old, who would not have been certified previously, entering the asylum and also an increase in the number of idiots and imbeciles. Additional space was, again, inevitably required and in 1913 building plans were put in place only to be held up by the War. Families were invited to take back relatives who were harmless chronically sick people, but there was not one recipient. An attempt was made to transfer some of the chronically sick to workhouses but this was also unsuccessful. Most workhouses refused and the few patients that were removed were soon back in the asylum.⁹⁴

Developments outside the asylum

There are frequent references to the custodial nature of the 1890 Lunacy Act and as early as 1894 Charles Mercier, who had worked as a clinician in a public asylum and owned a private licensed asylum, referred to the way the Act was being interpreted. The Act required patients to be detained under care and treatment and Mercier maintained that this was generally understood to mean that no patient should leave the asylum, other than in some cases for exercise purposes, or on 'trial' before being discharged. He thought that this was a restrictive interpretation, which was common in all public asylums, and that the legislation did not refer to keeping patients 'under safe custody'. Mercier thought the restrictions, in practice, exceeded what was authorised by law. As an example, a harmless imbecile who could look after himself but could not earn a living need not be kept in close confinement. In the case of someone suffering intermediate bouts of mania which could be foreseen there was also no need to have close supervision by attendants and nurses. He also made the very interesting point that many patients were there simply because they were paupers and had no means of support. There were people who had been deprived of the right to manage their 'property' on account of their mental condition but had not lost their personal liberty and placed in an asylum. He advocated a system of parole on an extended scale which, he recognised, would place '...a vast increase in the care and minuteness with which the patients would have to be studied'. In his small asylum

⁹⁴ John Crammer, *Asylum History*, op. cit. pp.72-5.

up to half of the patients were treated in this way and while it would be impossible to replicate this in large public asylums he thought that considerable numbers would ‘...enjoy this modified degree of freedom.’⁹⁵

It has been noted above that there were no major developments in the treatment of patients in this period and this coupled with the numbers of people admitted inappropriately meant that inevitably ‘stagnation’ became a generally held view of the condition of asylums generally at the turn of the century. Daniel Hack Tuke published a *Dictionary of Psychological Medicine* in 1892 attempting to classify mental diseases but it did not prove authoritative in the long run. Henry Rollin, a consultant psychiatrist, referring to this period says that there were three recognisable and frequently diagnosed psychoses, namely, dementia, general paralysis of the insane and psychoses associated with alcohol abuse.⁹⁶ There was a great deal of research work taking place especially in Germany and France and this showed increasing academic success in the first decade of the century. In neuropsychiatry much work had been done in attempting to understand epilepsy. In the case of dementia Alois Alzheimer demonstrated how cognitive decline affected younger people and was apparently surprised to have a disease named after him. General Paralysis of the insane had long been thought to be associated with syphilis and advances were made in understanding its causes although it was not until 1917 that malarial therapy was introduced and later penicillin. This was also the period when Sigmund Freud’s ideas on psychoanalysis were coming to full fruition and much of it attracted the scepticism of the established psychiatric and neurological establishment.⁹⁷

Cardiff Mental Hospital undertook a significant programme of research under its Medical Superintendent, Dr Edwin Goodall, including the link between syphilis and general paralysis and some work was undertaken in conjunction with German research establishments. Dr Goodall’s interest was in the links between the physiology

⁹⁵ Charles Mercier, *Lunatic Asylums Their Organisation and Management*, London 1894, pp.120-3.

⁹⁶ Henry R Rollin, ‘Psychiatry in Britain One Hundred Years Ago’, *The British Journal of Psychiatry*, 2003, Vol. 183, Issue 4, pp.295-6.

⁹⁷ Trevor Turner, “The Early 1900s And Before”, in Hugh Freeman (ed.), *A Century of Psychiatry*, Harcourt, London, 1999, Vol. 1, pp.3-17.

of the body and disorders of the mind and is covered in detail by Ian Beech.⁹⁸ Research was only carried out in a small number of hospitals and the Glamorgan Asylum was not one of them. That is not to say they had no interest in participating in debates on current issues and Dr Stewart, Deputy Medical Superintendent, produced a paper in 1896 indicating that the most rapid increase in general paralysis was in urban areas with Newcastle and then Cardiff at the top of the list while the lowest in was in rural counties.⁹⁹

Finally, in this period there were developments in dealing with 'idiots' and 'imbeciles'. These were generally accommodated in lunatic asylums although for more than half a century a small number of institutions had been established to care for their needs and education. In 1904 a Royal Commission chaired by the Earl of Radnor was established to investigate care for the feeble minded. Given that the description had no specific meaning the early deliberations covered a broad canvass and was much influenced by the 'eugenic school' which emphasised the importance of heredity. In the end the Commissioners concentrated their efforts on mental deficiency and decided to build on the Idiots Act 1886 which enabled institutions to be established on a permissive basis. The Commission considered sterilisation but rejected it in favour of the protection and happiness of the defective. The Mental Deficiency Act 1913 incorporated their recommendations. 'Mental deficiency colonies' run on educational lines were to be established so that permanent segregation could be achieved and they were intended as a move away from the institutionalised asylum system.¹⁰⁰

Conclusion

The management of the asylum was dominated by the need to accommodate more patients despite the opening of a new facility in Parc Gwylt. The protracted negotiations with Cardiff and Swansea County Borough Councils together with Merthyr Tydfil over their responsibilities arising from the Local Government Act 1888

⁹⁸ Ian Beech, *Minding the Medicine and Medicalising the Mind: Investigating the Cultural and Social History of Cardiff City Mental Hospital 1908-1930*, unpubl. PhD thesis University of Glamorgan, 2011, pp.138-149.

⁹⁹ R S Stewart, 'The Increase of General Paralysis in England and Wales: Its Causation and Significance'. *Journal of Mental Science*, 1896, 42, pp.760-777.

¹⁰⁰ Kathleen Jones, *Asylums and After* op.cit. pp.120-3.

shows that this particular Act had a greater impact than the Lunacy Act 1890. In England, as indicated in Chapter 3, developments had taken a different direction. The Lunacy Commission were able to press certain boroughs in England to establish asylums while in Glamorgan boroughs were not subject to the relevant legislation and none would have wished to do so if the opportunity had been available. When discussions were still taking place about building Parc Gwylt Birmingham City Council, for example, was opening their second asylum in 1882, having built the first one in 1850. However, both Cardiff and Swansea were reluctant to take on the responsibility and overcrowding persisted.

While the opening of a new mental hospital in Cardiff in 1908 was a major relief to the County Asylum it continued to have problems especially given that much of its accommodation needed to be updated. As for treatment there was no evidence of major changes and, in common with most similar institutions, the period down to the First World War can be summed up as one of stagnation. Nevertheless, a great deal of research was underway, especially in Germany and France, and this included the new Cardiff Mental Hospital where significant investment took place. The Deputy Medical Superintendent at the Glamorgan Asylum also took a keen interest in research and published articles but this was peripheral activity given the need to deal with the ever increasing problems of managing Angelton and Parc Gwylt.

Chapter 6: The War and After 1914-30

'We are sorry to hear that the recommendations of our colleagues at the last visit with regard to malaria treatment of general paralysis have not been adopted and in other respects this large and important hospital is not keeping abreast of modern developments of medicine. There is no effective laboratory and specimens cannot be properly examined. There are no continuous baths, the open air verandahs are inadequate so that tuberculosis patients are nursed with other patients and comparatively few patients can be nursed in the open air in bad weather'.¹

Overview

This chapter examines the performance of the hospital during the First World War and after and considers it in the context of developments in similar institutions, including the Cardiff Mental Hospital, and wider developments both in legislation and practice concluding in 1930. It also has to be borne in mind that pressures and privations of War were soon to be followed by the impact of economic depression coinciding with reductions in public expenditure which had a devastating effect on communities within Glamorgan and the hospital was not spared their effects.

The Board of Control Commissioners who visited in November 1930 and reported as above were not blind to the economic conditions but even after taking them into account they felt it necessary to offer a blunt condemnation. While their predecessors, the Lunacy Commissioners, whom they had replaced in 1913, might have crafted their views in a more restrained way the message would not have been unexpected. A whole decade before, the Commissioners said in November 1920,

...We could not help feeling that the arrangements for the admission and treatment of patients on modern lines require alteration. Neither of the admission wards (Angelton and Parc Gwyllt) has any clinical room for the medical staff or means for hydrotherapy or for open air treatment ...We recognise the inherent difficulties especially those attaching to the high cost of

¹ GA/DHGL/3/8, Report of Visit by Board of Control Commissioners, November 1930, *Annual Report for 1930*, pp.20-1.

*structural alterations but we suggest that the deficiencies should receive immediate attention.*²

Taken together the conclusions of the Commissioners point to a decade of failure between 1920 and 1930 to adopt up to date practices. This period followed the War when the institution faced severe pressures both on its staff and buildings and the additional burden of inadequate funding contributed to the difficulties which continued into the 1920s.

Coping in the War

In 1914 there were 97 county and borough asylums with around 140,000 patients and overcrowding, a common feature in the majority, became worse in many instances when nine hospitals including, Cardiff Mental Hospital, were requisitioned by the War Office as emergency military hospitals. Patients were moved to make room for war casualties adding to the problems of the receiving hospitals. Moreover, there were staffing difficulties and no less than 42 per cent of the medical staff had volunteered for war service and were replaced in many cases by retired or medically unfit doctors often with no experience of working in an asylum. No figures were kept of the number of nursing staff volunteering but the Board of Control estimated it was higher than the percentage of medical staff. It was generally impossible to replace mental nurses and even the recruitment of inexperienced staff proved extremely difficult. Inevitably the absence of medical staff and lack of space contributed to ever worsening conditions and a direct consequence was an increase in the number of patients suffering from tuberculosis. From 1916 the numbers of admissions reduced somewhat until the usual pattern returned around 1920. Kathleen Jones considered that this was a likely consequence of doctors being reluctant to certify patients when asylum conditions were so poor adding that the War years probably marked the lowest point of the overcrowded and stagnating asylums.³

² GA/DHGL/4/1, Report of Visit by Board of Control Commissioners, November 1920, *Visitors Book*, 1897-1933.

³ Kathleen Jones, *Asylums and After*, op.cit. pp. 124-5.

In the case of Glamorgan there is no specific evidence that there was a significant decrease in admissions, although the numbers included transfers from elsewhere, or any evidence of a reluctance on the part of doctors to certify patients. However, the Visitors Committee did request Guardians ‘... to keep as many as reasonable in workhouses given the exceptional congestion in the asylum’. And later the Medical Superintendent was reporting that there were 161 less patients from within Glamorgan present at the end of 1918 compared with the beginning indicating that there might have been a certain amount of restraint in committing people to the asylum during wartime. In February 1915, when the Medical Superintendent was reporting the presence of increased rates of tuberculosis, the Visitors agreed to take 100 patients, (30 males and 70 females) from the Cardiff Mental Hospital as part of the evacuation of patients given its designation as the Welsh Metropolitan War Hospital.⁴ By May already 90 patients had arrived and overcrowding was 239 with males accounting for 174 together with 65 female patients.⁵

This was eased when the long delayed new block for 120 male patients in Parc Gwyllt finally opened in 1917, although it was not fully utilised because of staffing difficulties.⁶ Staffing, in line with the position generally, proved to be a difficult problem for the Visitors throughout the War. Initially they took a hard stand telling two attendants who had immediately joined the forces that they should have given a month’s notice so they forfeited a month’s wages. Within a month they changed their stance and another two enlisted without further notice but they were not subjected to any penalty and the Visitors decided to continue paying the wages of staff enlisting during their absence less the War Office’s contribution.⁷ A ‘war bonus’ was introduced in the following year in attempt to retain staff and they stopped two attendants from enlisting given that the asylum was short of 19 male attendants. The pressures increased and in May 1918 there was as a shortage of 30 male attendants, upwards of

⁴ GA/MH/1/5, *Minutes Visitors Committee*, 18 February 1915, GA/DHGL/3/6, *Annual Report for 1918*, p.13.

⁵ *ibid.* 27 May 1915.

⁶ GA/DHGL/3/6, *Annual Report for 1917*, p.10, GA/GC/MH/1/6, *Minutes Visitors Committee*, 23 May 1918.

⁷ GA/GC/MH/1/5, *Minutes Visitors Committee*, 13 August, 3 September 1914.

a third of the total.⁸ Such was the need for more servicemen it became necessary to obtain the approval of the Board of Control for any refusals, which was not lightly granted. In 1916 the Visitors sought agreement to declaring asylum work as 'certified employment' enabling them to retain all staff but this was rejected. In the event the Board agreed to exclude four attendants but the Visitors were not satisfied with the response.

The Visitors claimed that they could no longer vouch for the safety of the institution and, for example, they feared that they would not have the capacity to deal with a fire at night; the shortage of attendants had now reached twenty seven and the Visitors threatened to resign. The Board's response was to suggest they should attempt to employ older people or utilise female staff on male wards.⁹ Dr Finlay, the Medical Superintendent, was unsuccessful, initially, in getting any of the female nurses to work on male wards and, moreover he failed to recruit any new ones to do so and two wards had to be closed due to shortages. There was no shortage of female staff for work other than nursing. In 1918 he managed to get two experienced female nurses to work on a male ward in Parc Gwylt and also to recruit twelve probationary female nursing staff for Angelton.¹⁰

Patient welfare was affected by overcrowding, staffing reductions and also by the quantity and quality of food. Appropriate amounts of food were laid down in guidance from the Board of Control and were assessed by them during their annual routine visits. At the outbreak of the War they commented, for example, on the good quality of the roast mutton which was provided in plentiful amounts for dinner when they visited. They considered that it was better than the Irish stew which had been served on the previous night. As the War progressed efforts were made to reduce the amount of food consumed and by 1917 the Food Controller was laying down specific quantities. The Commissioners on their visit commented that the patients seemed to be satisfied with their dinner of boiled beef, potatoes and cabbage in Parc Gwylt but a meal of pea soup with vegetables they had witnessed in Angelton did not meet with a

⁸ *ibid.*, 13 May, 2 September, 1915,

⁹ *ibid.*, 2 March, 16 November 1916.

¹⁰ GA/DHGL/3/6, *Annual Report for 1917*, p 9,17, GC/MH/1/6, *Minutes Visitors Committee*, 23 May 1918.

great deal of enthusiasm from patients or the Commissioners. Staff raised objections when the size of portions were reduced but the Commissioners pointed out that in overall terms reductions would have to be introduced to meet levels set down under compulsory rationing which some asylums were already implementing. It was certainly a major issue and the Medical Superintendent referred (in the Asylum's Annual Report for 1917) to the anxious problems over food supply. While quantities could be measured the quality of the food on a daily basis was a different and more subjective matter but one which would have contributed to the physical health of patients and staff.¹¹

The number of patients who recovered from their mental illness fluctuated during the four years of the War from 1914. After achieving a recovery rate of 32.8 per cent in 1914, one of its highest on record it dropped to 21.3 per cent at the end of 1918. However, the most notable development of the war years was the increase in the number of deaths due to tuberculosis and in 1918 influenza. In that year the percentage of deaths against the average number in the asylum reached 23 per cent which was more than twice the national average and exceeded the 17 per cent who died in 1917, which was itself significantly higher than the average of around 10 per cent since the opening of the asylum in 1864. The number of patients in the asylum dropped by virtually 200 to 1,658 compared with the end of 1914; this was its lowest total since 1909 when Swansea removed their male patients. Once the War was over the number dying declined and reached the average for the asylum at the end of 1921 when it stood at 9.5 per cent.¹²

The death rate in the Glamorgan Asylum in 1918 was a little higher than the average for England and Wales which stood at 20.3 per cent. The pattern was by no means uniform ranging from 38.3 per cent in Northumberland to 9.0 per cent in Cumberland and Westmoreland Asylums. The Board of Control published a list of the fourteen asylums with the highest rates. Glamorgan was not included but Carmarthen, recording 24.8 per cent deaths, was in fourteenth place. Although tuberculosis, made

¹¹ GA/DHGL/3/5, *Annual Report for 1914*, p.20, GA/DHGL/3/6, *Annual Report for 1917*, pp.11, 17, 25, 30.

¹² GA/DHGL/3/8, *Annual Report for 1930*, p.28.

worse by overcrowding, was the most common disease accounting for some 25 per cent of the deaths nationally and 20 per cent in Glamorgan, it does not provide the full explanation. Moreover, high death rates could not be associated exclusively with poorer industrial areas. Middlesborough, for example, recorded 12.3 per cent while the Buckinghamshire Asylum at Aylesbury, in a rural and more prosperous setting, had the second highest return at 34.6 per cent. It was possibly partly due to the amount, variety and quality of the food on offer. The Board of Control commented that restrictions in milk and fats meant that weaker patients were susceptible to illness and subsequently death in greater numbers than had been seen before. Asylums were also hit by a virulent type of influenza which spread throughout Europe attacking both patients and staff. As the latter were already stretched, because of shortages, standards of care dropped even further. In the five years before the start of the War there were around 170 deaths a year in the Glamorgan Asylum but this rose to 238 at the end of the first year culminating in the largest figure in the asylum's history in 1918 when it stood at 399.¹³

J L Crammer, a former psychiatrist, wrote scathingly of the performance of the Visitors' Committee of the Buckinghamshire County Asylum in terms of feeding their patients. He maintained that from the time of their appointment in 1889 they had approached their duties on the basis that paupers '... had no right to more than the barest of existences...' and their first act was to cut expenditure on food by 20 per cent. When the Board of Control told them before the War that they had twice the rate of tuberculosis compared to asylums of their size they had taken no action even though it was known at the time that plenty of food would help recovery. The War, of course, brought new pressures and John Crammer considers that the Asylum management cut the diet too far, especially in 1916, resulting in a sharp increase in deaths in 1918. Bread provision was increased, however, from 39 oz. per patient weekly to 84 oz. at the end of 1917 and there was a recovery in patient health in 1919

¹³ PP(1919), XXV, *Board of Control: Fifth Annual Report*, pp.21-2, 59, GA/DHGL/3/8 *Annual Report for 1930*, p.28.

and 1920. He concludes, 'The rise in tubercular deaths in this asylum was consistent with food deprivation'.¹⁴

Exeter Asylum had one of the highest death rates during the War. A poor diet was combined with other factors. Even though it had not been built until 1886 the fabric of the building had been neglected and it had poor sanitation. Staff illness was endemic and typhoid outbreaks took place while it had its highest level of dysentery in 1915.¹⁵

Service Patients

In addition to the patients transferred from Cardiff Mental Hospital in 1915 'Service Patients' were admitted in the latter part of the War and afterwards and numbered around a 100 men. This was a special category of patient suffering from the traumatic consequences of fighting frequently described as 'shell shock' and was in common usage early in the War. It was not a precise definition of a medical condition and it was used for the first time in an official capacity, it is thought, by Sir Charles Myers, a Cambridge academic and consultant psychologist to the British Expeditionary Force in 1915. Fiona Reid says that Myers developed a sophisticated understanding of shell shock as a psychological condition but the idea that shell blasts made men mad clearly endured. Myers soon realised that it was a misnomer and totally unsuccessful attempts were made to discourage its use. The army devised a category called 'Not Yet Diagnosed Nervous' (NYDN) and added (W) if it was due to enemy action entitling the soldier to a pension but if a (S) was added then it was considered a sickness with no pension entitlement.¹⁶

If understanding the condition was a problem, treating it became a major conundrum and the increasing numbers of soldiers presenting health problems of a mental nature exceeded the resources available. Early attempts to treat them in the Royal Victoria Hospital, near Southampton, a military hospital, were soon overtaken by the need for more places and general hospitals acquired neurological sections. The use of lunatic

¹⁴ J L Crammer, 'Extraordinary Deaths of Asylum Patients During The 1914-18 War', *Medical History*, 1992, 36, pp. 430-41. See also J L Crammer, *Asylum History*, op.cit.

¹⁵ Barbara Douglas, *In the Shadows of the Asylum*, op.cit. pp.279-83.

¹⁶ Fiona Reid, *Broken Men, Shell Shock, Treatment and Recovery in Britain 1914-30*, Continuum, London 2010, pp.26-9.

asylums was avoided. Importantly, the Government, in 1915, decided to exclude servicemen from the stigma of certification and they would receive free treatment if their nervous breakdown was due to 'wounds, shock, disease, stress exhaustion or any other cause' and it was separate from the asylum system. Fiona Reid mentions that '...images of the incarcerated pauper lunatic clashed unsettlingly with that of the British combatant who was engaged in the fight to save civilisation. In this context, shell shock served a useful function because it created a respectable, masculine category for nervous breakdown'.¹⁷

The intention was to utilise civilian hospitals to treat these patients and also some former lunatic hospitals now under military control. This included the Welsh Metropolitan War Hospital, Cardiff and from 1917 the beds were equally divided between orthopaedic and mentally ill casualties. This hospital was therefore still carrying out its original function to a large extent but now under the control of a Lieutenant Colonel; its former Medical Superintendent, Dr Edwin Goodall, in disguise.¹⁸ But the number of casualties rapidly put pressure on these facilities forcing the Government to admit that while every opportunity would be given for servicemen to recover there would be a need to accommodate them in other institutions. The Ministry of Pensions announced as early as the middle of 1916 that '...that they were most anxious to safeguard nerve-shaken uncertified soldiers from any avoidable depression'. But where it became necessary, '...it is better for them and their relatives that they should go into the regular asylums but we are trying to see that they shall have the comforts and privileges and shall not in any way be graded with pauper lunatics or, indeed, even with ordinary lunatics. We shall try to get them special treatment if we can'. Given the huge number who had volunteered for service there were also included servicemen who might have ended up in a lunatic asylum if they had remained in civilian life. It meant that soldiers suffering from general paralysis or epilepsy, for example, might end up in military hospitals.¹⁹ It was left to the Board of Control to come up with a solution and they took account of '...the strong, widely

¹⁷ *ibid.*, pp. 30-1,

¹⁸ Sara Brady, *Nursing in Cardiff During the First World War*, unpubl. PhD thesis, University of Lampeter, 2004, p.24.

¹⁹ Peter Barham, *Forgotten Lunatics of the Great War*, Yale University Press, London, 2007, pp.100-5.

prevalent feelingthat soldiers and sailors who have lost their mental balance while on active service in the course of the present War, should not be classed as paupers.²⁰

A new category called 'Service Patients' was created with the status of 'private patients'. They were to have distinctive clothing and an allowance of 2s-6d a week for 'additional comforts' and if they were to die in an asylum they would be spared the asylum's cemetery or a pauper's grave.²¹ At a stroke the Board of Control had squared the circle with an ingenious plan which appeared to resolve the concerns of both politicians and the wider population. The Government would claim from time to time that no one suffering from shell shock would end up in an asylum and that only incurable cases would be placed in these institutions but the reality was different.²² As shell shock was an imprecise term, and often applied by the sufferer or relatives themselves, it meant that the destination was selected more haphazardly. The numbers were growing and, of course, the problem did not end with the cessation of hostilities. Ben Shephard says that by the early 1920s it was felt that the ones who were going to recover had done so and that the remaining cases were hopeless and doomed by heredity or bad habits. Of the 11,600 in asylums (as opposed to military and other hospitals) 1,500 had died by 1922 and some 3,800 had recovered, leaving a hard core of some 6,000 psychotics. Men who showed no signs of recovery after nine months were transferred to asylums but retained their status as 'private patients'.²³

It was not until November 1917 that the Glamorgan asylum was asked to take service patients and nine with connections with the county were received. The Ministry of Pensions paid their maintenance cost at the somewhat higher, 'out of county' rate charged for patients from Swansea (an extra 4s-0d per week) but short of the private patient rates.²⁴ During 1918 a substantial increase took place when 111 patients were admitted with 70 being transferred from the Welsh Metropolitan Hospital with no links with the county of Glamorgan. Only ten were discharged as recovered indicating that Glamorgan, in line with the Board of Control's plan, was receiving patients

²⁰ *ibid.*, p.105.

²¹ *ibid.*

²² *ibid.* p.237-8.

²³ Ben Shephard, *A War of Nerves Soldiers and Psychiatrists 1914-94*, Pimlico, London, 2000, pp.159-60.

²⁴ GA/GC/MH/1/6, *Minutes House Committee*, 8 November 1917.

notably from the Cardiff Military Hospital who were considered to have little chance of improving. The Medical Superintendent commented that 25 soldiers were showing signs of primary dementia. Eight died and a further 35 left 'not improved' probably to institutions nearer their homes or some were taken into care by families. This left 58 patients in the asylum at the end of 1918 when the War ended. At the end of the following year the number of service patients had grown to 80 followed by an increase to 101 in 1920.²⁵

The service patients were visited by Dr E L Forward from the Ministry of Pensions in November 1920. He commented that they were well looked after in Angelton, where 86 were located, and at Parc Gwyllt where he saw eighteen patients. Most had chronic forms of insanity, he recorded, and few showed signs of possible recovery. As for their status as 'private patients' there was no evidence since they were all dressed in the normal clothes of pauper patients while usually private patients were better dressed. And, as there was no separate accommodation for private patients anyway, they were placed in wards in line with their condition. He was satisfied with the distribution of the weekly comfort payment of 2s-6d and had seen details of each distribution and noted that some had spent it on extra food such as bacon at breakfast time and jam at tea. While there was no suggestion the patients were treated badly it was some distance from the rhetoric of looking after them as private patients set apart from paupers. Their status was in effect pauper plus some minor, but no doubt welcome, privileges.²⁶ When Dr Flood returned two years later 45 new patients had been admitted and 19 had been discharged as recovered and after allowing for deaths and discharges as 'relieved to families' there remained 95 patients. This time he noted that the service patients had serge suits of a superior quality obtained specially for them but since ordinary patients were clothed in serge suits as well the former were not especially distinctive. He considered that the patients were getting sympathetic consideration and they were generally satisfied with the distribution of the 2s-6d weekly bonus.²⁷

²⁵ GA/DHGL/3/6, *Annual Report for 1918*, pp. 13-14, *Annual Report for 1919*, p.7, *Annual Report for 1920*, p. 7.

²⁶ *ibid. Annual Report for 1920*, pp.26-9.

²⁷ GA/DHGL/3/7, *Annual Report for 1922*, p.30-1.

Three years later in 1925 Dr Forward was back to check on the care given to the 100 patients still there. Nothing had changed in the pattern of care and he thought good provision was being made for recreation while the wards were clean and well heated.²⁸

A significant number of service patients were to remain at Glamorgan Asylum and 97 were present in 1930. There was little movement and only five new patients were admitted in that year and five were discharged as recovered. The majority were now demented and some were showing signs of congenital mental defect.²⁹

Post War

Poor conditions in mental hospitals, as asylums were becoming generally known, focused attention on them subsequently. Dr Montague Lomax, a family doctor who had joined the staff of Prestwich Mental Hospital, wrote a scathing condemnation of conditions there including allegations of neglect and even cruelty. The medical establishment and the Asylum Workers' Union were very hostile to the report's contents and a Government inquiry set up in 1922 was not attended by Dr Lomax on the grounds that he was unlikely to be given a fair hearing. The Inquiry, chaired by Sir Cyril Cobb, largely dismissed Dr Lomax's case on the grounds that he had no relevant qualifications. However, it did acknowledge that patients were poorly clothed and fed during the War. Moreover, it recommended that new hospitals should have no more than a thousand beds housed in small units which would improve staff and patient relationships. In addition, it suggested admission and convalescent wards should be established, which the Commissioners had already recommended in the case of Glamorgan. Dr Lomax pressed for a Royal Commission and given the wide support he received, the Government established one in 1924, chaired by Henry Pattison Macmillan, Lord Advocate for Scotland. This reported in 1926 and a number of its recommendations were included in the Mental Treatment Act 1930.³⁰

²⁸ GA/DHGL/3/7, *Annual Report for 1925*, p. 20.

²⁹ GA/DHGL/3/11, *Annual Report for 1927*, p.22, GA/DHGL/3/8, *Annual Report for 1930*, p.22

³⁰ Kathleen Jones, *Asylums and After*, op.cit. pp.130-36.

The first two years after the War produced welcome improvements in the number of recoveries in Glamorgan. In 1919 a recovery rate of 31 per cent over 'direct admissions' was recorded which was significantly better than in the War years and in 1920 it reached 33.4 per cent which was the highest since 1906. Given that there was no dramatic change in treatment it is likely that improved conditions at the hospital including better food, would have been responsible for the upturn in fortunes. The Medical Superintendent stressed the importance of early treatment, yet again, and of the 122 recoveries in 1919 no less than 50 per cent had been admitted within one month of the onset of illness and of these 50 per cent, some 30 patients had been discharged in less than six months. There was a further positive development when the last of the patients from Cardiff Mental Hospital, there were 87 of them, returned to Whitchurch in 1920. Dr Finlay estimated that the removal of Cardiff patients, a reduction in admissions (more than 60 fewer in 1919 than in the last year of the War) and an improved recovery rate would create vacancies which could be filled by transfers from other hospitals on financially advantageous terms.

This was a welcome outcome for the hard pressed Visitors Committee but Dr Finlay's optimism was premature in that the 393 patients admitted in 1919 increased to 425 in 1920, the highest in the decade. Numbers fluctuated in this period with the lowest in 1929 when admissions reached 363. It is important to note that the number of admissions in the 1920s did not increase at the rapid rate experienced in the period up to the War. Dr Finlay's optimism was also misplaced about the recovery rate and following its high point in 1920 it fell away generally over the decade and stood at 24 per cent in 1930. Combined with a lower than average rate of deaths in some years the number of patients grew by 23 per cent from 1640 in 1920 to 2018 in 1930, thus worsening overcrowding.³¹

Dr Finlay expected the unfavourable industrial conditions in 1921, when there was a three month coal strike following a pay reduction of up to 50 per cent, to affect the level of admissions but, on the contrary, indications of mental stress were lower than

³¹ GA/DHGL/3/6, *Annual Report for 1919*, p.12, *Annual Report for 1920*, pp.12-13, *Annual Report for 1921*, pp.13-14, GA/DHGL/3/8, *Annual Report for 1930*, p.28.

usual.³² This point was made again in 1926 when the coal miners' strike took place. In that year admissions caused by mental stress increased from 39 to 62 but were still 10 below the average for the previous ten years. The Medical Superintendent added that a close examination of the cases individually found a link with industrial unrest in only two male cases.³³ Mental health appears not to have been an issue of concern in the mining and other industries and no reference, for example, appears in Steven Thompson's comprehensive study of conditions in South Wales in the inter war years.³⁴

There were other pressing issues relating to increasing costs of running the institution, partly due to the consequences of the War and out of the control of the Visitors Committee and partly due to their own actions. They were faced with a large increase in wages and changes in conditions of employment negotiated nationally by the National Asylum Workers Union in 1919 and also increases in the cost of food and 'necessaries' and these were passed on to Board of Guardians in enhanced weekly maintenance charges. Poor Law Unions within the county found that the weekly charge went up from 12s-3d per patient at the end of 1918 to 24s-6d at the beginning of 1920 with Swansea County Borough paying more. As part of the weekly charge salary costs had increased from 2s-9d in 1914 to 8s-11d at the beginning of 1920 while the costs of provisions had moved from 3s-1d to 5s-7d. The weekly charge was promptly raised again in June 1920 to 29s-9d which was more than double the amount eighteen months previously.³⁵ A further rise of 10s-6d took place in September, taking the total to an unprecedented 40s-3d a week. It remained at this level until September 1921 when it reduced to 33s-3d to be followed by staged reductions reaching 21s-0d at the end of 1923. The huge increase was due to a deficit in the maintenance fund of £26,311 which the District Auditor attributed to a failure to increase maintenance charges. The money was owed to the County Council and

³² GA/DHGL/3/6, Annual Report for 1921, p.14. John Davies, *A History of Wales*, p.520.

³³ GA/DHGL/3/11 *Annual Report for 1926*, p.20.

³⁴ Steven Thompson, *Unemployment, Poverty and Health in Inter War South Wales*, UWP, Cardiff, 2006

³⁵ GA/DHGL/3/6, *Annual Report for 1919*, pp.8,15,64, *Annual Report for 1920*, p.8.

presumably a decision was taken to keep costs down during the War only to burden ratepayers with an unexpected increase afterwards.³⁶

Accommodation

It was against this background of financial difficulties that the Board of Control Commissioners, following one of their regular visits, commented in November 1920 that the institution was not implementing the most recent thinking in the treatment of their patients. As indicated at the beginning of this chapter they identified particular weaknesses in the classification of patients on admission and especially the lack of clinical space for doctors and modern equipment. In addition they drew attention to the absence of hydrotherapy and suitable out door facilities for the treatment of patients with tuberculosis. The Board had conceded that in order to comply with their wishes to update the procedures for classification the hospital needed to make structural alterations to create the necessary space for admission wards. Patients would then have the opportunity of being assessed and observed in order to gain a more accurate understanding of their condition before being assigned to an appropriate ward. Both sets of buildings at Angelton and Parc Gwylt were not designed with this in mind and it was a further fifteen years before the matter was resolved.

In the following year's report the Board acknowledged that the alterations would be costly and recognised that the Visitors Committee were attempting to improve their admission procedures within the existing restricted space. The Board drew attention to the absence of a visiting surgeon (to undertake minor operations) or a dentist and added that there was no 'operating room' in either Angelton or Parc Gwylt which would require further expenditure to put in place.³⁷ While updated classification procedures were comparatively new some of the other deficiencies appear to indicate a failure in providing basic facilities and services. In 1921 the Commissioners found that the temperature was under 50 degrees Fahrenheit in wards in Parc Gwylt and commented that in one ward beds lacked winter clothing. The hospital attributed the omission to the failure of staff to carry out instructions. The Commissioners delivered

³⁶ GA/MH/1/7, *Minutes Visitors Committee*, 18 November 1920.

³⁷ GA/DHGL3/6, *Annual Report for 1921*, pp.23,28.

a little homily that their comments were not intended as carping criticism but were necessary in the interest of patients and to ensure 'their contentment, comfort and general happiness'. They added that the Visitors would support this aim. The Commissioners, however, did dismiss one damaging comment which had attracted press coverage. It was made by a Merthyr guardian who had complained that patients were 'herded together' and no doubt much to the relief of the Visitors this was not upheld.³⁸ All of the Poor Law Unions were invited from time to time to visit the patients they maintained there and while these passed by usually with no adverse responses the Merthyr guardian added that there was insufficient medical staff, wards were too large and there were too many patients in the day room. Finally, the medical superintendent should devote more time to medical matters and less to administrative ones.³⁹

There were no opportunities for the Visitors Committee to make a comparison with the conditions in the Merthyr Workhouse but, nevertheless, taken with the comments made by the Board of Control outlined above it is difficult to avoid the conclusion that the day to day living conditions were miserable and the patients were not receiving the best treatment available elsewhere. And there were other consequences. The incidence of tuberculosis in 1924 was twice the average for asylums and dysentery was four times the average. Both factors were probably accounted for by overcrowding. The Commissioners commented that proposals for a new building should alleviate this situation. Good food was also important in reducing the incidence of tuberculosis and while they could find little fault with the nutritional state of the patients the diet was still deficient in terms of the Ministry of Health's recommendations. In 1925 the Board reported that wards were clean, well ventilated with plenty of plants and cheerful fires together with a good supply of books. Many of the male toilets, however, only had torn up newspapers given that toilet paper would have been used for cigarettes. 'I think this is hardly an adequate reason' commented the Commissioner. And bagatelle tables were useless because the cues had no tips.⁴⁰ Indoor games also included tivoli, table croquet and football. Men, at least had a

³⁸ *ibid.*, p.23, 25.

³⁹ GA/MH/1/7, *Minutes Visitors Committee*, 21 September 1921.

⁴⁰ GA/DHGL/3/7, *Annual Report for 1924*, p.18-19, *Annual Report for 1925*, p.16.

choice of things to do. There were opportunities to participate in cricket and football including playing against outside teams and also inter asylum matches. The usual dances took place and outside entertainment by such groups as the Tondu and Aberkenfig Silver Band and the Gilfach Goch Busy Bees Concert Party while a feature of the 1920s was the introduction of the cinematograph.⁴¹

The Visitors were not averse to making improvements. They recognised the changes in mental health care and the County Council formally approved their proposal to re-name the asylum as the 'The Glamorgan County Mental Hospital' in 1922. They also engaged with the Board of Control about the best way to introduce arrangements for patient classification on admission to the hospital. The Board suggested the adaptation of a ward at Parc Gwylt for this purpose but could not envisage a similar solution in Angelton. Following a visit to two London hospitals the Visitors decided in November 1923 that the only feasible solution was to build a new admission block for 50 males and 50 females at Angelton or nearby which would not only solve the problem but also create some badly needed additional accommodation. Glanrhyd House, adjacent to Angelton, which could accommodate nine people, was purchased with the intention of using it for convalescing male patients before their discharge. In addition 17.50 acres of land were bought in Litchard, near Parc Gwylt at a cost of £17,500. Forty acres of land across the road from Angelton at Penyfai was purchased from the Court Coleman estate for £5,750 in May 1925 and ironically the Board of Control held matters up because of their concern about the price and the lack of a detailed plan for the admission block. Nevertheless, the Visitors pressed them hard and ultimately they agreed.⁴²

Unfortunately, 1925 was a bad year for the Welsh economy since it marked the first significant rise in unemployment in the coal mining industry, which was largely based in Glamorgan. In April 1924 the number of unemployed colliers was 1.8 per cent of the mining workforce but it increased to 12.8 per cent in January 1925 and 28.5 per cent in August of that year. Due to disruptions in production in the United States and in

⁴¹ GA/DHGL/3/6, *Annual Report for 1921*, p.17.

⁴² GA/DHGL/3/7, *Annual Report for 1922*, pp. 13, 26, *Annual Report for 1923*, p.11, GA/GC/MH/1/8, *Minutes Visitors Committee*, 22 February, 6 July, 29 November 1923, 24 April, 22 May, 25 September 1924.

Europe there had been a high demand for coal after the War and the population of the Rhondda reached its peak in 1924. Although there was major unrest in the coal industry, including strikes, in the early 1920s and wages had been severely reduced, unemployment in the coal industry was low. But once conditions in the export market changed, and with the growing use of oil, the Welsh coal industry was in crisis and unemployment, affected also by wider economic factors, reached a peak of 48.2 per cent of the insured male workforce in Wales in 1932. In 1931 the census recorded a decline in the overall population of Wales and Glamorgan (excluding the county boroughs) with a reduction of nearly four per cent over the previous decade. Emigration would be a major feature of the economy for the rest of the decade.⁴³ There was a direct impact on local authorities when their income from the rates declined dramatically, for example, the rateable value of the collieries in the Rhondda declined from £241,000 in 1925 to £24,000 in 1935.⁴⁴

It was in this context that the Visitors' Committee sought to obtain funds from the County Council to build the new admission hospital and they prepared plans in 1927, costing £104,000 to implement, in readiness for work to start in the following year and to be completed in the 1931-2 financial year. But funds were not forthcoming and they complained to the County Council that they were unable to carry out their statutory duties. They went as far as complaining to the Board of Control who, no doubt taking account of the wider financial difficulties, had nothing on offer other than emollient words of regret. Costs increased to £116,000 and a start was finally agreed when the Visitors approved a contract for site works in November 1929. The long delay led Dr Finlay to set out a detailed and robust explanation of how classification was handled, given the regular criticisms from the Board and on occasion from *Guardians*, to dispel the notion that there was no system at all. He explained that all patients arrived in Angelton and were assessed in the Infirmary Ward. After varying stays they were allocated to one of the eight male or six female wards in Angelton or to one of the eight male or nine female wards in Parc Gwyllt. Additionally, there were several wards with sub divisions accommodating different types of patients. Only

⁴³ John Davies, *A History of Wales*, op. cit. pp.532-3

⁴⁴ *ibid.* p.565.

medical staff could move patients from ward to ward. Before being discharged male convalescing patients spent time in Glanrhyd House which had been acquired for that purpose. At that time there were 771 patients in Angelton and 1,042 in Parc Gwylt and Dr Finlay maintained that the Board of Control agreed that the best use was being made of the reception areas available.⁴⁵

A decade went by (since land had been acquired) before the new development in Pen-y-Fai finally opened on 25 September 1935. Provision was made for an admission block for 50 men and 50 women, a nurses' hostel, two houses for assistant medical officers and a convalescent block for women.⁴⁶

Much was made by the Visitors of the presence of patients from Merthyr Tydfil and from Swansea when the latter exceeded their contractual numbers. In 1927 there were 143 patients from Merthyr Tydfil and they resolved to ask the County Council to have them removed. There were still 26 male patients in the hospital from Swansea who happened to come from an area previously within Glamorgan but transferred to Swansea after a boundary change and hence the patients became the responsibility of the County Borough. The Visitors were content to renew a contract for up to 75 female patients from Swansea but told the council that they would charge their top private patient rate of 36s-9d a week if their male patients and the excess of female patients beyond the contracted number were not removed, compared with 21s-0d for Unions within the county. The Swansea Council Mental Health Committee responded initially by saying they were pressing their Council to make a start on building their own 'asylum'. They also lamely pleaded that they were not having any success in finding alternative locations leading the Visitors to obtain a list of vacancies in hospitals for them from the Board of Control. This was followed by a commitment to build an institution but it would not be ready for three years. There were still nineteen male patients from Swansea present in 1930 and it was not until 1933 that all Merthyr

⁴⁵ GA/GC/MH/1/8, *Minutes Visitors Committee*, 9 February 1928, DHGL/MH/1/9, *Minutes Visitors Committee*, 10 May, 30 August 1928, 22 November 1928, 29 August, 21 February, 28 November 1929.

⁴⁶ GA/GC/MH/1/9, *Minutes Visitors Committee*, 28 November 1935.

Tydfil and Swansea patients were removed to the newly built Cefn Coed Hospital in Swansea.⁴⁷

Overcrowding was a persistent problem for the Glamorgan Hospital, particularly on the male wards, and undoubtedly the pressures created by these conditions would have hindered the effective treatment of patients. The total available space at the end of 1930 was for 1,813 patients while 2,108 were present.⁴⁸

Mental Deficiency Act 1913

As indicated in the previous chapter the Government established a Royal Commission, chaired by the Earl of Radnor, in 1904 to investigate the care of the 'feeble minded'. The description, which was in common use at the time, was open to interpretation and the Commission spent some time deliberating on its meaning. The discussions were much influenced by the 'eugenic school', which pursued concepts relating to the transmission of ability and character through heredity. It was believed that while attractive qualities like musical or mathematical ability could be inherited so too could 'social degeneracy' including habitual pauperism, and criminality. Ultimately, the Commission concentrated on mental deficiency and built on the permissive Idiots Act 1886.⁴⁹ They considered sterilisation but did not pursue this possibility preferring measures to protect the defective rather than more controversial ideas on racial purification. The result was the Mental Deficiency Act 1913.⁵⁰ 'Mental deficiency colonies' would be established and run on educational lines by the local authority through a mental deficiency committee. They were not placed under medical direction until the introduction of the National Health Service.⁵¹

The Act came into effect in April 1914 and, inevitably due to lack of money, implementation was a slow process. Glamorgan County Council's Committee for the Care of the Mentally Defective acquired its first building in 1920 when it took over

⁴⁷ GA/GC/MH/1/8, *Minutes Visitors Committee*, 24 February, 28 July, 1 December 1927, 9 February 1928. GA/GC/MH/1/9, *Minutes Visitors Committee*, 22 November 1928, 21 February 1929, 22 May 1930, 24 May 1933.

⁴⁸ GA/DHGL/3/8, *Annual Report for 1930*, p.8.

⁴⁹ 49 and 50 Vict. c.41

⁵⁰ 3 and 4 George V c. 28.

⁵¹ Kathleen Jones, *Asylums and After*, op.cit. pp.120-3.

Drymma Hall, near Neath, from the Poor Law authorities. It had accommodation for 79 women and the Council also placed adults and children in several institutions outside the county. Where possible, after some training, they returned to live with families but there was a continuing need for accommodation for the majority and the Council decided to provide this within the county. Hensol Castle, with an estate of 1,082 acres was bought in 1925 and it took another five years before the Castle was adapted to take 100 male patients. In 1930 there were 307 congenital patients in the Glamorgan Hospital and the majority were destined for the new facility at some point. Additional buildings were constructed in Hensol and in 1935 the total reached 460 patients.⁵²

Treatment

There were developments in treatment, as already indicated, in the 1920s which had an impact on discharges from mental hospitals generally but they did not bring about a fundamental change. There continued to be a reliance on sedatives and seclusion, says Phil Fennell. There is no extant evidence of the use of drugs in the Glamorgan Mental Hospital but that is not conclusive proof.⁵³ On the contrary, as mentioned in Chapter 4, Doreen Annear referred to the common use of several drugs in Glamorgan and one, paraldehyde, which was in use after 1882 for about fifty years, was expelled in the breath and its smell was prevalent in wards.⁵⁴ In his study of the Cardiff City Mental Hospital Ian Beech summarises the use of drugs. There were, he says, three types of drugs available: hypnotics, narcotics and cerebral stimulants. Hypnotics were used to promote sleep and to sedate people while narcotics were also used for calming patients. Cerebral stimulants included strychnine, atropine and absinthe and these were used to counteract heart failure or the effects of alcohol. These drugs sought to counteract behavioural symptoms of mental disorder and it was not until the 1950s that an anti psychotic medication, chlorpromazine, became available. Hospitals had a limited range of drugs available to them and it can be safely assumed that they were in use in Glamorgan.⁵⁵ Dr Goodall, the Medical Superintendent at the

⁵² J H L Mabbitt, *The Health Services of Glamorgan*, Glamorgan County Council, 1972, pp. 172-3.

⁵³ Phil Fennell, *Treatment Without Consent*, op.cit. p.280.

⁵⁴ Doreen Annear, *The Story of Morgannwg Hospital*, op.cit. p.9

⁵⁵ Ian Beech, *Minding the Medicine...*op.cit. p.155.

Cardiff Mental Hospital maintained that ‘...the treatment of psychotic and psycho-neurotic patients by certain narcotics has been rendered much safer as the result of research work done in this laboratory’.⁵⁶ Seclusion was frequently used in Glamorgan but on a very small scale, and usually only for a few hours. An examination of the Medical Registers between 1922-32 indicates that the cases were restricted to instances including some form of violence to staff or patients or displaying uncontrollable behaviour and generally the number of female patients exceeded males. For example, in 1930, 32 males and 137 females were secluded for a total of 5,274 hours. They also made use of a ‘locked glove’ designed to prevent a patient inflicting self-injury.⁵⁷

There was, however, a great deal of research taking place which would over time have a bearing on treatment. Edward Shorter explains that the 1920s marked the beginning of a competition in psychiatry that was to stretch into the 1990s and beyond, between psychopharmacology (biological model) and psychotherapy. Both are now seen as essential in the treatment of individual patients. Freudian-style therapeutics were just beginning to make an impact at least in major European cities especially Berlin. The term ‘psychopharmacology’ came into use in the 1950s but in the 1920s it was still in its infancy when clinicians chanced on medication to treat mental illnesses biologically. The first innovation had occurred during the First World War when Julius Wagner-Jauregg, Professor of Psychiatry at Vienna University discovered a method of arresting the progress of neurosyphilis by infecting the patient with malaria (either with infected blood or a live mosquito) and preventing invariable death from the condition. After going through the fever effect of malaria and improving mentally the patient would be cured of malaria with quinine. Shorter says that it was an epochal discovery, the first virtual cure of a major cause of mental illness winning the Nobel Prize in 1927 for Wagner-Jauregg. There were large numbers of male patients suffering from ‘general paralysis of the insane’ and by 1930 malarial-fever treatment’ had become the most successful single method in psychiatry for it did cure at least some patients. In the 1920s as well, ‘deep sleep therapy’ induced by barbiturates for

⁵⁶ CCL, (948.2), *Cardiff Mental Hospital, Annual Report for 1932*, p.40.

⁵⁷ GA/DHGL/23/6, Medical Registers 1922-32, DHGL/3/8, *Annual Report for 1930*, p.17.

prolonged periods (a concept first considered at the end of the previous century) was introduced as a form of treatment for schizophrenia with some success.⁵⁸ 'The deep sleep therapy' required a lot of nursing attention while the 'malarial-fever' treatment was not without its problems. It was cumbersome to implement and the patient had to be infected with the right kind of malaria.⁵⁹

The Glamorgan Mental Hospital, as indicated at the beginning of this chapter, was upbraided by the Board of Control in 1930 for making no provision for malarial-fever treatment and not responding when this deficiency had been brought to their attention on a previous visit. The Board had pointed out in 1927 that the condition linked to syphilis, general paralysis of the insane, was present in higher proportions in the Glamorgan Hospital than generally and accounted for 34 per cent of male deaths. It was not until 1934 that the treatment was introduced into Angelton.⁶⁰ As mentioned in the previous chapter the Cardiff Mental Hospital had a thriving research programme and had undertaken work in this field although it was not involved in the actual discovery of a treatment. Nevertheless, Dr Goodall was an enthusiastic supporter. Since its introduction in 1923 until 1930 there had been a success rate of over 40 per cent and none of the patients discharged had shown any recurring problems. Cardiff also supplied infected blood to the mental hospitals in Abergavenny and Newport.⁶¹

Attention was drawn to the absence of 'continuous baths' and effective open air verandahs but this was not new and had been referred to a decade earlier, while the absence of an appropriate laboratory was also long standing. Cost was an important component and in the case of a laboratory there was an intention to do something but it had fallen foul of the need to contain expenditure along with the delay to the construction of the admission hospital at Pen-y-Fai. The Visitors decided in 1928 that this provision and the appointment of a laboratory assistant would be postponed until the admission hospital had been completed. As indicated in the previous chapter, Dr

⁵⁸ Edward Shorter, 'The 1920s: An Overview', in Hugh Freeman, (ed.), *A Century of Psychiatry*, op.cit. pp.63-5.

⁵⁹ Edward Shorter, *A History of Psychiatry*, op. cit., p.192-4, 200-7.

⁶⁰ GA/GC/MH/1/9, *Minutes Visitors Committee*, 22 February 1935.

⁶¹ CCL, (948.2), Cardiff Mental Hospital, *Annual Report for 1930*, p.22.

Finlay was not an enthusiast for a laboratory and putting it off due to lack of resources may well have been welcome.⁶² The verandahs would have fallen on the grounds of costs and despite a significant number of patients suffering with tuberculosis there is no record of a reaction to this criticism on the Visitors' part.

The Board of Control were concerned about the lack of 'continuous baths,' which were widely in use in mental hospitals, but their absence in Glamorgan is not surprising in one respect. They demanded a lot of staff time and, for example, Cardiff had ten in operation in the late 1920s. Fresh water, at roughly, body temperature, flowed into the bath while cold water drained. The patient was placed in a canvas hammock attached to a metal frame in the bath which was then covered with a canvas sheet with a hole in it for the patient's head who was immersed up to the chin while resting their head on a rubber pillow. In Cardiff a session could last up to ten hours with the patient being fed while in the bath. Apparently, this produced good results for '...excitement and restlessness' and also for melancholic patients. This was not achieved in one session, although a few managed to obtain some improvement after three sessions, nevertheless the average for patients suffering from recent mania was 37 days with a maximum of 84 days. For cases of chronic schizophrenia the average was 46 days and the maximum 157 days. The treatment was restricted in Cardiff to female patients in reception wards and over a half showed some improvement while there was the added benefit that they did not disturb other patients in the ward when they were away.⁶³

There were developments later in the 1930s (and beyond the scope of this study) which would have a major impact on treatment. Insulin Coma Therapy was in widespread use from the middle of the decade. Insulin reduced the amount of glucose in the blood sending the patient into a coma and on recovery symptoms of schizophrenia were alleviated. A further development involved shocking the brain to bring about a convulsion by using the drug cardiazol which relieved major depressions. In 1938 Electro-Convulsive Therapy (ECT) was first used and in time it

⁶² GA/GC/MH/1/9, *Minutes Visitors Committee*, 13 December 1928.

⁶³ CCL, (948.2), Cardiff Mental Hospital, *Annual Report for 1930*, p.22, *Annual Report for 1932*, p.17.

became widely utilised for manic-depressive illness and major depression but it was not a cure for schizophrenia. It was introduced into the Glamorgan Hospital in 1945.⁶⁴

It has been noted earlier that the percentage of recovered patients over direct admissions reached its highest point since 1906 in 1920 at 33.4 per cent. The hospital was not to match this figure for the rest of the decade, although it came very close to it in 1923 with a rate of 33.2 per cent, and these figures were marginally above the average for England and Wales. However, after 1923 the annual percentage figures remained generally below 30 per cent while the national average remained consistently above that figure.⁶⁵ The recovery rate for women was better than that for men throughout this period although it declined in the latter part of the decade (as did the rate for men) while equally more men were admitted during this period reflecting generally the position from the opening of the institution.⁶⁶

The Cardiff Mental Hospital had the advantage of being relatively new, confined to one site and had around 700 patients compared to the Glamorgan Mental Hospital with its outdated buildings on two sites some miles apart with a single admission point at Angelton and caring for three times the number. Cardiff also had a distinct advantage during the War in that it was able to retain an adequate number of staff given its designation as a War Hospital and thereby had an advantage in post war years when Glamorgan had to recruit and train staff. As indicated above, the Visitors were keen to improve facilities at Glamorgan but were frustrated by the lack of money to do so. In some respects Glamorgan matched Cardiff in its performance and had the same number of qualified nursing staff (some 40 per cent of male attendants and 30 per cent nurses) by 1930 but in other respects it was far behind as set out above.⁶⁷ Cardiff was also more generous in providing financial support for patients 'on trial' prior to discharge than Glamorgan. In 1930, for example, Cardiff provided support in 36 per cent of cases while only eleven per cent benefited in the Glamorgan Hospital. The Board of Control considered this to be an important measure in that it assisted

⁶⁴ Edward Shorter, *A History of Psychiatry*, op.cit. pp.207-24, Doreen Annear, *Morgannwg*, op.cit. p.15.

⁶⁵ GA/DHGL/3/8, *Annual Report for 1930*, p.28.

⁶⁶ *ibid.*

⁶⁷ GA/GC/MH/1/8, *Minutes Visitors Committee*, 23 November 1922, GA/DHGL/3/8, *Annual Report for 1930*, p.17, CCL, (948.2), Cardiff Mental Hospital, *Annual Report for 1930*, p, 41-2.

patients, who had limited family income, to recover more quickly, possibly, and from time to time it criticised Glamorgan for their parsimony.

In 1930 the recovery rate in Cardiff was 39.9 per cent, in Glamorgan, 24.6 per cent and in England and Wales, 31.6 per cent.⁶⁸ The recovery rates for the Cardiff Hospital were consistently higher than comparable rates for England and Wales from its inception. Ian Beech says that ‘...By careful presentation of the figures as comparison with other asylums, the hospital was always able to provide a favourable account of itself.’ It had predicted a recovery rate of 50 per cent at its opening ceremony and while it never achieved that figure it reported around 40 per cent regularly.⁶⁹ While Glamorgan showed poorer results than Cardiff the difference is probably exaggerated in the statistics. A key aspect of the returns for Glamorgan shows that there is little difference between the recovery rates for ‘direct admissions’ and ‘indirect admissions’ who were patients transferred from other institutions. They were comparatively few and did not affect the outcome significantly. However, excluding ‘indirect admissions’ could make a difference if they were a large number since they were usually chronically sick patients with no chance of recovery. It appears that Dr Goodall used the definition ‘indirect admissions’ creatively to show Cardiff in good light. The Annual Reports produced by the Cardiff Mental Hospital were also more informative about practices in the hospital, not only on the research side, which was given extensive coverage, but also in providing detailed information on newer treatments. When the Mental Treatment Act 1930 was introduced Dr Goodall welcomed its contents especially, ‘...the replacement of a legal by a medical outlook... which will undoubtedly prove a distinct advantage.’⁷⁰ He was keen to show that he welcomed new developments and his annual reports reflected a far more positive approach than that found in the comparable reports for Glamorgan.

The challenge facing the Glamorgan Mental Hospital was immense and the overall picture was bleak. In an assessment made in 1927 and published in the Annual Report only 108 patients out of a total of 1,933 had a favourable prospect of recovery while a

⁶⁸ GA/GC/MH/1/9, *Minutes Visitors Committee*, 19 February 1931, GA/DHGL/3/8, *Annual Report for 1930*, p.28, CCL, (948.2), Cardiff Mental Hospital, *Annual Report for 1930*, p.10.

⁶⁹ Ian Beech, *Minding the Medicine and Medicalising the Mind*, op. cit. pp. 63-4.

⁷⁰ *ibid*, pp. 5, 8.

further 72 had a doubtful prospect. No less than 1,753 had an unfavourable prospect of recovery.⁷¹

Local Government Act 1929 and Mental Treatment Act 1930

These two Acts marked a significant development in the care and treatment of poor people.⁷² The Local Government Act 1929 abolished Poor Law Unions and Boards of Guardians and transferred their responsibilities to County Councils. The term 'pauper lunatic' also disappeared and was replaced by a 'rate aided person of unsound mind'. The Mental Treatment Act 1930, as mentioned earlier, was a consequence of a Royal Commission which reported in 1926. The Act formally abolished 'asylum', which had already been replaced by 'mental hospital' in practice, and introduced the concept of 'voluntary patient' whereby patients could discharge themselves after giving seventy two hours notice of their intention. The Act also provided for a 'temporary patient' who could be detained for six months with the possibility of two extensions of three months each. Certification arrangements under the Lunacy Act 1890 continued but there would be no distinction between poor and private patients. Certification was to be regarded as a last resort, and not the first, before treatment could start and this development made it easier for out patient facilities attached to general hospitals to develop.⁷³

The impact of the Mental Treatment Act 1930 on the Glamorgan Mental hospital is beyond the scope of this study. It is relevant, in the context of the major criticisms made by the Board of Control, that following the Commissioners' visit in October 1932 they found that there were no voluntary or temporary patients. This surprised them, '...as we know of no hospital of any size where there are neither voluntary nor temporary patients. We hope it will not be long before the backward state of Glamorgan in this matter will be a thing of the past.'⁷⁴ The Visitors' Committee responded claiming that overcrowding prevented them from doing anything and it was not until 1933, when patients from Merthyr Tydfil and Swansea had left, that they

⁷¹ GA/DHGL/3/11, *Annual Report for 1927*, p.49.

⁷² 19 Geo. V c.17, 20 and 21 Geo V c.23.

⁷³ Kathleen Jones, *Asylums and After*, op.cit. pp.130-6.

⁷⁴ GA/DHGL/3/8, *Annual Report for 1932*, p.15.

admitted fourteen voluntary and one temporary patient. They also made a tentative start in establishing out patient clinics in Bridgend and Neath in the same year, Cardiff had started before the War, without a great deal of success initially but they persisted and an additional clinic was opened in Neath in 1935.⁷⁵

Conclusion

This chapter seeks to show how the Glamorgan Mental Hospital managed the complex issues which emerged in the comparatively short period between 1914 and 1930. Initially the consequences of the War dominated. It was faced with absorbing patients from Cardiff Mental Hospital together with military casualties from 1917 and the latter remained in significant numbers afterwards. Overcrowding combined with staff reductions created poor conditions for treating patients and together with an inadequate diet led to a large increase in deaths, especially from tuberculosis. This War time experience was not confined to Glamorgan and the number of deaths was greater in many hospitals. Writing about the Buckinghamshire County Asylum (above) J L Crammer refers to the prolonged poor diet leading to death rates of twice the average for England and Wales. A marked change in the diet from 1917 led to a recovery in patient health.

While initially admission figures fell after the War they were soon to increase again but, unlike the previous century, there was no dramatic change. This would have been influenced in part by a declining population in the latter part of the 1920s due primarily to the reduced demand for coal. Interestingly there is no evidence that economic depression and strikes materially affected admission figures. The Hospital was criticised by the Board of Control for failing to build new accommodation, which was largely beyond its control, and for failing to introduce newer forms of treatment and make better use of existing facilities. It was certainly slow in keeping up with new ideas in treatment and did not have, for example, the laboratory facilities available in the Cardiff Mental Hospital. The latter was more open to new practices and aided by better facilities provided better care and treatment for its patients.

⁷⁵ GA/GC/MH/1/9, *Minutes Visitors Committee*, 24 November 1932, 16 February 1933, 28 November 1935.

Conclusion

There was optimism about the possibilities of recovery from mental illness at the beginning of the period of this study in 1830 but by the time Glamorgan County Lunatic Asylum opened in 1864 this had long disappeared. The majority of research studies conclude or begin with the Great War. It was a watershed in that hospitals had to deal with unforeseen problems in respect of staff joining the War effort and the addition of large numbers of patients from other hospitals which had been requisitioned for War casualties. It was also around this time that the language used was changing as asylums became mental hospitals and lunatics became mentally ill or defective. However, there was no major development in treatment to mark 1930 although a great deal of research was underway. Hugh Freeman says that developments in psychiatry dating back to the late eighteenth and early nineteenth century had come to an end well before 1900 and that a doctor practising in that year could have come back in 1930 and witnessed little change.¹

Chapter 1 sets out major themes which emerge in the historiography. The significance of Michel Foucault's assertions about large scale confinement in the seventeenth century are not directly relevant to Glamorgan but the underlying issue of custody as opposed to treatment is a persisting one throughout the period of this study. In the eighteenth century the 'trade in lunacy' led to the establishment of asylums dealing with both private and pauper patients but none existed in Wales. This was also true of charitable institutions and their absence may have been due to lack of money available for investment. The County of Glamorgan or Wales generally did not participate in the early initiatives to improve conditions and treatment of people affected by a range of debilitating illness loosely termed as insanity. When it became clear to Parliamentarians in the early 1840s that the optional power to build asylums at public cost, which had been in place since 1808, was ineffective some of the most damning evidence of need for change came from Wales. When legislation compelling authorities to provide asylums was enacted in 1845 it was not complied with until 1864 in Glamorgan.

¹ Hugh Freeman, *Psychiatry In Britain*, op. cit. p. 319.

Historians, such as David Roberts writing in the 1960s, placed the new public asylums alongside the provision of schools and factory legislation as examples of continuing improvements in society. Andrew Scull, a social historian, introduced a more radical interpretation claiming that the huge number of referrals to ever expanding asylums was due to the effects of a mature market economy and commercialisation of existence. He illustrated this by showing that in rural areas like South West Wales people with mental illnesses were kept at home in greater proportions than in more commercially developed areas. This is demonstrated in the case of Glamorgan where the proportion of people cared for by families declined rapidly which meant that the demand for admission to the asylum always exceeded the space available after 1870.

Andrew Scull's contention that doctors had usurped non-medical practitioners who had provided 'moral treatment' at such institutions as the York Retreat has some validity but the number of people needing treatment was beyond the capacity of such institutions. He developed his argument further asserting that the medical profession used asylums to extend their control over all aspects of mental illness. This was not the case in Glamorgan. Medical Superintendents indicated in their Annual Reports that patients were being admitted without hope of improvement and should be cared for either in workhouses or other more suitable accommodation. Moreover, asylums were unable to reject patients other than where the admission certificates were incorrect or they were full. Scull's views were contested by clinical historians such as German E Berrios and Hugh Freeman claiming that smaller institutions had had some success but had been overwhelmed with chronic cases. This was against a background of little success in finding cures and increasingly asylums came to be regarded as custodial institutions. Roy Porter says that it could be argued that doctors discovered mental disturbance where none existed before, such as problems relating to alcohol, and that people ended up unnecessarily in asylums. This is part of Andrew Scull's case that the '...empire of the psychiatric doctor in charge of his lunatic asylum grew.'² In reality filling asylums with hopeless cases did nothing to enhance doctors' reputations. In the case of this study of Glamorgan the most persuasive explanation is given by

² Roy Porter, 'Madness and Society in England: The Historiography Reconsidered', *Studies in History*, 1987 Vol.3 No.2 pp.287-8

David Wright (quoted in Chapter1) that ‘...confinement of the insane can thus be seen...as a pragmatic response of households to the stresses of industrialisation’.³

Chapter 2 shows that magistrates were content for individual parishes and subsequently Poor Law Unions to rely on private licensed asylums in Bath and Devizes when it became essential to place people in an asylum. Fortuitously, Vernon House, a private asylum, opened in Briton Ferry in 1843 and enabled Glamorgan to move slowly, initially in concert with the South West Wales Counties and then alone, in establishing a public asylum for an area which had a rapidly growing population. In this period there was a transformation in the relationship between central and local government and legislation on education, public health and factories was inhibiting the ability of localities to act solely in their own interests and ultimately Glamorgan had to fulfil a central requirement.

Chapter 3 deals with the management of the asylum from 1864 to 1889. This was a difficult period for the Visitors’ Committee. They were always under pressure to accommodate increasing numbers in inadequate accommodation culminating in the opening of an additional institution at Parc Gwylt in 1887. Throughout the period of this study there is a marked reluctance to spend money which had to be found locally. This also adds validity to the argument that asylum doctors were not directly responsible for the major expansion which was under the control of public authorities. The one source of financial support was the 4 shillings grant given to Poor Law Unions by the Central Government for each patient admitted to an asylum. There is some evidence that it might have contributed to increased admissions but Robert Ellis claims there is no evidence on a national basis to substantiate this assertion.⁴ The numbers recorded as lunatics in workhouses in Glamorgan were lower than in England before the introduction of the grant and they continued to fall. The grant could well have contributed to transfers to the asylum when there were pressures on individual workhouses but it would not have been a major factor and even after taking account of the grant it would have been more expensive to place a patient in the asylum than in the workhouse.

³ David Wright, ‘Getting Out of Asylum’ op.cit. p.139

⁴ Robert Ellis, *A Field of Practise or a Mere House of Detention*, op.cit. pp.114-20

Chapter 4 draws attention to the limited treatment options available. While a third or so of patients recovered numbers increased remorselessly since admissions exceeded discharges and deaths. The position would have been even worse in the early period but for the fact that a younger population had migrated into the county to work and were less susceptible to mental illnesses prevalent in more established communities. In common with asylums generally drugs were administered, primarily as sedatives, although it appears there was less use made of them than in many institutions elsewhere. Otherwise it was a matter of managing the institution, occupying the time of patients and avoiding violent outbursts and suicides. In the case of suicides Glamorgan had a low death rate when compared to other asylums and it called for vigilance on the part of staff to avoid incidents taking place. Much has been written about gender balance and in Glamorgan the number of men in the asylum exceeded women in most years. When account is taken of the numbers of people with a mental illness living in the community women are in the majority but the difference is not especially significant.

Chapter 5 covers the period from 1889 to 1914. There were no major changes in treatment in this twenty five year period. Improvements in the training of male attendants and nurses was a notable development but there is no extant evidence of the benefit for patients and the constant turnover in staff, due to better wages being available elsewhere, would have been a limiting factor. There were advances in the understanding of mental illnesses arising from research work, especially in Germany, and Cardiff Mental Hospital, developed its own research base before the War but it took a long time for this to be converted into better treatment. The main focus in Glamorgan was coping with the number of patients. In administrative terms the consequences of designating Cardiff and Swansea as County Boroughs in 1889 meant that they were responsible for providing asylums in their areas. The tortuous process of implementing this responsibility was not concluded until 1932 when Swansea opened Cefn Coed Hospital while Cardiff was able to open their new hospital in 1908 in Whitchurch. Merthyr Tydfil also became a county borough in 1907 and an agreement to provide an asylum jointly with Swansea was not seen through given the inability of Merthyr to pay for new facilities after the War. This is in contrast to

England where boroughs had taken on the responsibilities of establishing their own asylums in the second half of the century.

Finally, Chapter Six deals with the War period and the subsequent years to 1930. In common with most institutions Glamorgan lost medical and nursing staff on War service and additionally and crucially the quality and quantity of food reduced. The physical health of patients declined and a large increase in deaths occurred due to tuberculosis and, at the end of the War influenza. The asylum had been overcrowded before the War but the number of deaths meant that there were some 150 less patients at the end of 1918 than in 1914 despite taking some patients from the Cardiff Mental Hospital which had been converted into a military hospital. In the post war period the Glamorgan Mental Hospital, as it became known in 1922, found it difficult to modernise its dated buildings, mainly on account of lack of money, and this was not put right until the opening of Pen y Fai Admission hospital in 1935. While the Board of Control was sympathetic, and made allowances for inadequate facilities, it criticised the hospital for its failure to introduce new treatments. Cardiff Mental Hospital with its newer buildings and an interest in research was keener to implement new ideas and the consequence was a marked difference in the recovery rates of the two hospitals in this period.

Table 1 : Key statistics Glamorgan Asylum/Mental Hospital 1864-1930

Year	Pop (1)	Admissions (2)	Recovered (3)	Percent (4)	Relieved (5)	Transfer (6)	Died (7)	Patients (8)
1865		211	17	8	2	0	6	227
1870	397,859	114	24	21	11	1	33	406
1875		161	39	24.2	21	2	53	551
1880	511,433	148	44	29.7	47	0	38	581
1885		175	40	22.8	41	0	75	661
1890	687,218	249	76	30.5	31	4	110	940
1895		406	95	23.4	49	3	105	1316
1900	859,931	485	144	29.7	33	82	157	1658
1903		543	138	25.4	41	110	231	1933
1904		442	107	24.2	51	362	219	1636
1905		346	82	23.7	32	7	166	1695
1910	794,654	338	94	27.8	27	136	160	1684
1915		399	115	29.8	31	21	238	1842
1920	875,347	425	142	33.4	67	64	165	1640
1925		372	88	21.6	65	15	184	1833
1930	833,983	378	93	24.6	54	14	139	2108

Source: GA/DHGL/3/8, Annual Report for 1930, p.28.

1 Population - Census 1871 etc. excluding Cardiff and Swansea, 1911-1931

4 Percentage recovered patients (whenever admitted) measured against all admissions in the specific year.

5. Large number of Cardiff patients transferred elsewhere in early 1900s before the Cardiff City Mental Hospital was opened in 1908. Swansea transferred significant numbers of patients in 1910 and 1920 before Cefn Coed Hospital opened in 1932.

Table 2: Relapsed Cases 1865-1930

Year	New Cases	Relapses	Total	Percent*
1864-75	1329	110	1439	7.6
1880	113	35	148	23.6
1885	153	22	175	12.5
1890	220	29	249	11.6
1895	365	41	406	10.1
1900	400	85	485	17.5
1905	306	40	346	11.5
1910	299	39	338	11.5
1915	342	57	399	14.2
1920	353	72	425	16.9
1925	298	74	372	19.8
1930	318	60	378	15.8

Source: GA/DHGL/3/8, Annual Report for 1930, p.30.

Percentage of relapsed cases in total admissions for each year.

Table 3: Males/ Females admissions showing percentage recoveries in whenever admitted

Year	Males	Recovered	Percent	Females	Recovered	Percent
1870	47	10	21.3	67	14	20.8
1880	74	30	40.5	59	14	23.7
1890	146	44	30.1	98	32	32.6
1900	259	78	30.1	185	66	35.6
1910	191	55	28.8	139	39	28.1
1920	239	76	31.8	169	66	39.1
1930	209	45	21.5	158	48	30.3

Source: GA/DHGL/3/8, Annual Report for 1930, p.28.

Table 4: Total duration of patients' mental disorder in the Glamorgan Hospital in 1930

Duration	Males	Females	Total
Congenital	177	130	307
Less than 3 months	10	8	18
3-6 months	20	17	37
6-12 months	48	30	78
12-18 months	31	16	47
18 months-2 years	24	26	50
2-3 years	74	47	121
3-5 years	123	87	210
5-10 years	227	189	416
10-20 years	265	198	463
20-30 years	140	97	237
30-40 years	53	46	99
40-50 years	8	13	21
50-60 years	2	2	4
TOTAL	1202	906	2108

Source: GA/DHGL/3/8, Annual Report for 1930, p.48.

Bibliography

Primary sources

Archives

Glamorgan Archives

Glamorgan County Lunatic Asylum/Mental Hospital

Q/S/M/18-31 Minutes, Glamorgan Quarter Sessions, 1833-1889.

DMM/CO/90/1-12 Poor Law Union Returns to John Nicholl MP, 1844..

DMM/CO/93/1-10 Statistical and other material on Vernon House.

DMM/CO/94/1-7 Quarter Sessions papers on expediency of erecting asylum, 1844.

DMM/CO/96/1-27 John Nicholl's correspondence, 1845-6

DMM/CO/97/1-50, John Nicholl's correspondence, 1847.

DMM/CO/98 Proposal by R V Leach Vernon House 1847

DMM/CO/99 Dr Hitch's report and correspondence on asylum site, 1847.

DMM/CO/100/1-17 John Nicholl's correspondence, 1849.

Q/L/U/2/1 Dr Hitch's report to the joint counties, 1847.

Q/L/U/2/2 Agreement for Joint Asylum 1847.

UB/1/1-10 Minutes Bridgend and Cowbridge Poor law Union, 1836-66.

UC/2/1-10 Minutes Cardiff Poor Law Union, 1836-66.

UM/1/1-14 Minutes Merthyr Tydfil Poor Law Union, 1836-66.

UPP/1-2 Minutes Pontypridd Poor Law Union, 1863-66.

Q/L/V/N/1-2 Admissions and Discharges Vernon House, 1845-64.

Q/L/G/C/1-2 Correspondence T Dalton Quarter Sessions Clerk, 1860-65.

Q/L/G/L/3/1-7	Medical Superintendent's Quarterly Reports, 1865-6, 1870.
DHGL/10/1	Case Notes Males, Angelton, 1864-6.
DHGL/10/40	Case Notes Females, Angelton, 1865-7
DHGL/10/3	Case Notes Males, Angelton, 1869-71.
DHGL/10/41	Case Notes Females, Angelton, 1867-70.
DHGL/10/42	Case Notes Female, Angelton, 1870, Vol.2.
DHGL/10/7	Case Notes Males, Angelton, 1879-81.
DHGL/10/44	Case Notes Females, Angelton, 1877-80.
DHGL/10/45	Case Notes Females, Angelton, 1880-2
DHGL/10/27	Case Notes Males, Angelton, 1900.
DHGL/10/61	Case Notes Females, Angelton, 1900-1.
DHGL/10/77	Case Notes Males, Parc Gwylt, 1900-3
DHGL/10/86	Case Notes Males, Parc Gwylt, 1900.
DHGL/23/1-6	Medical Journals/Registers, 1870-1930.
DHGL3/1-11	Annual Reports Visitors Committee, 1864-1936 (incomplete).
GC/MH/6	Annual Reports Visitors Committee, 1928-30.
DHGL/1/4/1-12	Minutes House Committee, 1864-1924.
Q/AM9/1/1-10	Minutes Visitors Committee, 1856- 1916 (incomplete)
DXGC 290	Minutes Visitors Committee, 1875-85.
GC/MH/1/5-9	Minutes Visitors Committee and Sub Committees, 1912-37.
GC/MH/7	Conference to consider future asylum arrangements, 1896.
G/D/C/49	Cardiff and Swansea Arbitration Awards, 1899 and 1904.

DHGL/29/2 Rules for Attendants, 1899

DHGL/4/1 Visitors Book, 1897-1933.

DHGL/4/3 Visitors Book, 1885-1933.

Cardiff Central Library

No reference Annual Reports Glamorgan Lunatic Asylum, 1866-93.

948.2 Annual Reports Cardiff Mental Hospital, 1908-30 (incomplete).

BC/C/6/23-38 Minutes Cardiff Council Mental Hospital Committee, 1901-10.

West Glamorgan Archives

U/S/1/1-5 Minutes Swansea Poor Law Union, 1849-66 (incomplete).

TC/4/1-5, Minutes Asylum Committee, 1906-17.

TC53/6434 Reports by Lunacy Commission on Proposed Asylum, 1912-13.

TC53/6435 Correspondence Mayor Merthyr Tydfil, 1911-13.

TC53/6440 Draft Agreement to unite with Merthyr Tydfil, 1910.

TC53/6443/1-2 Correspondence Town Clerk Merthyr Tydfil, 1910-13.

Gwent Archives

Q/MB.11-13 Minutes Monmouthshire Quarter Sessions, 1836-1855.

D. 3202.24 Agreement to erect a joint lunatic asylum, 1847-9.

D.910.7 First Annual Report Visitors Committee, 1853.

D.910.9 Papers relating to dissolution of union of counties, 1890.

Powys Archives

B/H/2/AC/1-6 Minutes Visiting Committee, 1896-1937.

National Archives

MH 83/345	Correspondence with Lunacy Commission, 1857-65.
MH 83/346	Plans for additional accommodation, 1868-77.
HO 45/6375	Correspondence with Home Office, 1857-65.
HO 45/2759	Proposal for asylum in Abergavenny, 1849.
MH 83/349	Establishment Cardiff Asylum, 1895- 1902.
MH 83/350	Plans for new Cardiff Asylum.

Official Documents

Parliamentary Papers

Annual Reports, Lunacy Commissioners, 1845-1913.

Annual Reports, Board of Control, 1914-21.

Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor, 1844.

Supplemental Report of the Metropolitan Commissioners in Lunacy Relative to the General Condition of the Insane in Wales, 1844.

Newspapers

Cambrian

Cardiff Times

South Wales Daily Post

Secondary Sources

1 Books

Annear, Doreen, *The Story of Morgannwg Hospital*, Cowbridge, 1995.

Barham, Peter, *Forgotten Lunatics of the Great War*, Yale University Press, New Haven and London, 2007.

Bartlett, Peter, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid Nineteenth Century, England*, Leicester University Press, London and New York, 1999.

Bartlett, Peter and Wright, David, (eds.), *Outside the Walls of the Asylum, The History of Care in the Community, 1750-2000*, The Athlone Press, London, 1999.

Benthall, Richard, P, *Madness Explained, Psychosis and Human Nature*, Penguin Books, 2004.

Benthall, Richard, P, *Doctoring the Mind, Why psychiatric treatments fail*, Penguin Books, 2010.

Bernard, Stephen, *A Short History of Whitchurch Hospital: 1908-1959*. Cardiff, 1965.

Berrios, German E and Freeman, Hugh (eds.), *150 Years of British Psychiatry 1841-1991*, Gaskell, London, 1991.

Berrios, German E, and Freeman Hugh (eds.) *150 Years of British Psychiatry, 1841-1991, Vol. 11: The Aftermath*, Athlone, London, 1996.

Bewley, Thomas, *Madness to Mental Illness, a History of the Royal College of Psychiatrists*, RCPsych Publications, London, 2008.

Cherry, Steven, *Mental Health Care in Modern England, The Norfolk Lunatic Asylum/ St. Andrew's Hospital*, Boydell and Brewer, Woodbridge, 2003.

Crammer, John, *Asylum History, Buckingham County Pauper Asylum*, Gaskell, London, 1990.

Dale, Pamela and Melling, Joseph, *Mental Illness and Learning Disability Since 1850, Finding a Place for Mental Disorder in the United Kingdom*, Routledge, London, 2006.

Davies, John, *A History of Wales*, Penguin Books, London, 2007.

Davies, T G, *A History of Cefn Coed Hospital*, Swansea, 1982.

Davies, T G, *Who Can Expect Health? The Vernon House Asylum, Briton Ferry*, R and T Davies, Neath, 1985.

Davies, Russell, *Secret Sins, Sex, Violence and Society in Carmarthenshire, 1870-1920*, UWP, Cardiff, 1996.

Digby, Anne, *Madness, Morality and Medicine: A Study Of the York Retreat, 1796-1914*, CUP, Cambridge, 1985.

Evans, Caradoc, *My People*, Andrew Melrose, London, 1915.

Fennell, Phil, *Treatment Without Consent, Law, Psychiatry and the Treatment of Mentally Disordered People Since 1845*, Routledge, London, 1996.

Foucault, Michel, *Madness and Civilisation, A History of Insanity in the Age of Reason*, Vintage Books Edition, New York, 1988.

Freeman, Hugh, (ed.), *A Century of Psychiatry*, Vol.1, Harcourt, London, 1999.

Healey, David, *The Creation of Psychopharmacology, Harvard University*, London, 2002.

Hobsbawn, E J, *Industry and Empire, An Economic History of Britain since 1750*, Weidenfield and Nicolson, London, 1968.

Jackson, M, *The Borderland of Imbecility: Medicine, Society and the Fabrication the Feeble Mind in Late Victorian and Edwardian England*, Manchester University Press: Manchester, 2000.

Jenkins, Geraint H, *A Concise History of Wales*, Cambridge University Press, 2007.

Jones, Kathleen, *Mental Health and Social Policy 1845-1959*, Routledge and Keegan Paul, London, 1960.

Jones, Kathleen, *A History of the Mental Health Services*, Routledge and Keegan Paul, London, 1972.

Jones, Kathleen, *Asylums and After: A Revised History of the Mental Health Services: From the Early Eighteenth Century to the 1990s*, The Athlone Press, London, 1993.

Lewis, Bernard, *Swansea and the Workhouse: the Poor Law in Nineteenth Century Swansea*, Swansea, 2003.

Mabbitt, J H L, *The Health Services of Glamorgan*, Cowbridge, 1972.

Melling, Joseph and Forsythe, Bill, *The Politics of Madness: The State, Insanity and Society in England, 1845-1914*, Routledge, London, 2006.

Mercier, Charles, *Lunatic Asylums: Their Organisation and Management*, London, 1894.

Michael, Pamela, *Care and Treatment of the Mentally Ill in North Wales, 1800-2000*, UWP, Cardiff, 2003.

Morgan, K O, *Wales in British Politics*, UWP, Cardiff, 1963.

Parry-Jones, *The Trade in Lunacy*, Routledge and Keegan Paul, London, 1972.

Nolan, Peter, *A History of Mental Health Nursing*, Chapman and Hall, London 1993.

Porter, Roy, *A Social History of Madness, The World Through the Eyes of the Insane*, E P Dutton, New York, 1989.

Porter, Roy, *Madness, A Brief History*, OUP, 2002.

Porter, Roy, *Madmen, A Social History of Madhouses, Mad- Doctors & Lunatics*, Tempus, Gloucestershire, 2006. (First published as *Mind For'gd Manacles*, The Athlone Press, London, 1987.

Reid, Fiona, *Broken Men, Shell Shock, Treatment and Recovery in Britain 1914-30*, Continuum, London, 2010.

Roberts, David, *Victorian Origins of the British Welfare State*, Yale University Press, London, 1960.

Scull, Andrew, *Museums of Madness, The Social Organisation of Insanity in Nineteenth Century England*, Allen Lane, Penguin Books, London, 1979.

Scull, Andrew, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*, Yale University Press, New Haven and London, 1993.

Scull, Andrew, *The Insanity of Place/The Place of Insanity, Essays in the History of Psychiatry*, Routledge, London, 2006.

Scull, Andrew, *Madness, A Very Short Introduction*, OUP, 2011.

Shepherd, Ben, *A War of Nerves, Soldiers and Psychiatrists, 1914-1994*. Pimlico, London, 2002.

Shorter, Edward, *A History of Psychiatry*, Jon Wiley and Sons, New York, 1997.

Showalter, Elaine, *The Female Malady, 1830-1980*, Virago, London 1987.

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

Thomas, Hilary M, *Whitchurch Hospital, 1908-1983, A Brief History to Celebrate the 75th Anniversary of the Hospital*, South Glamorgan, 1983.

Thomas, Tydfil, *Poor Relief in Merthyr Tydfil Union in Victorian Times*, Glamorgan Archives, Cardiff, 1982.

Thomas, J H and Wilkins, W E, *The Bridgend and Cowbridge Union Workhouse and Guardians*, Cowbridge, 1995.

Thompson, Steven, *Unemployment, Poverty and Health in Inter War South Wales*, UWP, Cardiff, 2006.

Thomson, M, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c. 1870-1959*, OUP, 1998.

Williams, John, *Digest of Welsh Statistics*, Welsh Office, 1985.

Unsworth, Clive, *The Politics of Mental Health Legislation*, OUP, 1987.

2 Articles and Chapters

Adair, Richard, Forsythe Bill and Melling Joseph, '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*, Vol. 42, 1998.

Beech, Ian, 'I Can't Believe It's Not Butter: Industrial Relations in Cardiff City County Mental Hospital Before The First World War', *Llafur*, Vol. 10, No.1, 2008.

Beech, Ian, 'The Universal Khaki: The Impact of the Asylum War Hospitals Scheme on Cardiff City Mental Hospital, 1915-1920', *Llafur*, Vol.9, No.2, 2005.

Busby, Joan, 'The Female Malady? Men, Women and Madness in Nineteenth Century Britain', *Sociology*, Vol.28, No.1, February 1994.

Chester, Graham and Dale, Pamela, 'Institutional Care for the Mentally Defective, 1914-1948: Diversity as a Response to Individual Needs and an Indication of Lack of Policy Coherence', *Medical History*, Vol. 51, 2007.

Crammer, J L, 'Extraordinary Deaths of Asylum Inpatients during the 1914-1918 War', *Medical History*, Vol. 36, 1992,

Davies, E A, 'Life in a Nineteenth Century Town, Merthyr Tydfil in 1850', in Stewart Williams, (ed.), *Glamorgan Historian*, Vol.12, Cowbridge, no date.

Davies, Kerry, 'Sexing the Mind, Women, Gender and Madness in Nineteenth Century Welsh Asylums,' *Llafur*, Vol. 7. No.1, 1996.

Davies, F Pritchard, 'Chemical Restraint and Alcohol', *Journal of Mental Science*, Vol.26 1881,

Davies, T G, 'Bedlam yng Nghymru, Datblygiad Seiciatreg yn y Bedwaredd Ganrif ar Bymtheg', *Transactions of the Honourable Society of Cymmrodorion*, 1980.

Davies, T G, 'Lewis Weston Dillwyn and his Doctors', *Morgannwg*, Vol. XXXII, 1988

Davies, T G, 'An Asylum for Glamorgan', *Morgannwg*, Vol.XXXV11, 1993.

Davies, T G, 'Cyfundrefn y Tlodion fel gofalydd seiciatregol yng nghorllewin Morgannwg yn ystod y bedwaredd ganrif ar bymtheg', *Cennad*, Cyf,13,Rhan 1, 1994.

Davies, T G, 'The Welsh Contribution to Mental Health Legislation in the Nineteenth Century', *The Welsh History Review*, Vol.18, No.1, 1996.

Davies, T G, 'Some Early Glamorgan Contributions to Medical Journals', *Morgannwg*, Vol. L1, 2007.

Davies, Russell, 'Inside the House of the Mad: The Social Context of Mental Illness, Suicide, and the Pressures of life in South West Wales', c. 1860-1920, *Llafur*, Vol.4, No.22, 1985.

Digby, Anne, 'Moral Treatment at the Retreat', in W F Bynuan, Roy Porter and Michael Shepherd, (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol.2. *Institutions and Society*, Routledge, (first published 1985), London, 2004.

Ellis, Robert, 'The Asylum, the 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*, Vol.19, Part 1, 2006.

Ellis, Robert, 'The Asylum, The Poor Law and the Growth of Country Asylums in Nineteenth Yorkshire', *Northern History*, XLV, 2, September 2008.

Freeman, Hugh, 'Psychiatry in Britain, c.1900', *History of Psychiatry*, Vol. 21. 3, 2010.

Forsythe, Bill, Melling, Joseph and Adair, Richard, 'The New Poor Law and the County Pauper Lunatic Asylum, The Devon Experience, 1834-1884', *Social History of Medicine*, Vol. 9, 1996.

Healey, David, Religion and psychosis: the effects of the Welsh religious revival in 1904-1905, *Psychological Medicine*, Vol. 40, No. 8, 2010.

Jenkins J Philip, 'Glamorgan Politics', in Prys Morgan, (ed.), *Glamorgan County History*, Vol.V1, Glamorgan History Trust, Cardiff, 1988.

John, A H, 'Glamorgan 1700-50', in Glanmor Williams (ed.), *Glamorgan County History*, Vol. V, Glamorgan History Trust, 1980.

Jones, Ieuan Gwynedd, 'Merthyr Tydfil in 1850', in Stewart Williams, (ed.), *Glamorgan Historian*, Vol.12, Cowbridge, no date.

Jones, Philip N, 'The Welsh Language in the Valleys of Glamorgan c.1800-1914', in Geraint H. Jenkins (ed.), *Language and Community in the Nineteenth Century*, UWP, Cardiff, 1988.

Macnicol, John, 'Eugenics and the Campaign for Voluntary Sterilisation in Britain Between the Wars', *Social History of Medicine*, Vol.2, Part 2, 1989.

Melling, Joseph, 'Accommodating Madness, New research in the social history of insanity and institutions', in Joseph Melling and Bill Forsythe, (eds.), *Insanity, Institutions and Society, 1800-1914*, Routledge, London, 1999, pp.1-31.

Mellet, D J, 'Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845-90', *Medical History*, Vol. 25, 1981.

Michael, Pamela and Hirst, David, 'Establishing the Rule of Kindness', The Foundation of the North Wales Lunatic Asylum, Denbigh', in Joseph Melling and Bill Forsythe, (eds.), *Insanity, Institutions and Society, 1800-1914*, Routledge, London, 1999.

Michael, Pamela, 'From Private Grief to Public Testimony: Suicides in Wales', in Ann Borsay, (ed.), *Public Service or Private Commodity? Medicine in Wales*, UWP, c.1800-2000, Cardiff, 2003.

Michael, Pamela, 'Class, Gender and Insanity in Nineteenth-Century Wales', in Jonathan Andrews and Anne Digby, (eds.), *Sex and Seclusion, Class and Custody, Perspectives on Gender and Class in the History of British and Irish Psychiatry*, Rodopi Amsterdam-New York, 2004, pp. 95-123.

Miller, Edgar, 'Variations in the Official Prevalence and the Disposal of the Insane in England under the Poor Laws, 1850-1900', *History of Psychiatry*, Vol.18, No. 25, 2007.

Porter, Roy, 'Madness and Society in England: The Historiography Reconsidered', *Studies in History*, Vol.3, No.2. 1987.

Porter, Roy, 'Foucault's Great Confinement', *History of Human Sciences*, Vol.3, No.1, 1990.

Porter, Roy, 'Lunatic Ideas and the Truth About Asylums', *Times Higher Education*, 10 October 1997.

Renvoize, Edward, 'The Association of Medical Officers of Asylums and Hospitals for the Insane,' in German E Berrios and Hugh Freeman, (eds.), *150 Years of British Psychiatry, 1841-1991*, Gaskell, London, 1991.

Russell, Richard, 'The lunacy profession and its staff in the second half of the nineteenth century, with special reference to the West Riding Lunatic Asylum', in W F Bunyan, Roy Porter and Michael Shepherd, (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry*, Volume 3, Routledge, London, 1988.

Rollin, Henry R, 'Psychiatry in Britain One Hundred Years Ago,' *The British Journal of Psychiatry*, Vol.183, Issue 4, 2003.

Scull, Andrew, 'Museums of Madness Revisited', *Social History of Medicine*, Vol.6, Part1, 1993.

Scull, Andrew, 'Rethinking the History of Asylumdom', in Joseph Melling and Bill Forsythe, (eds.) *Institutions, Insanity and Society, 1800-1914*, Routledge, 1999.

Scull, Andrew, 'The Insanity of Place', *History of Psychiatry*, Vol.4, Part 15, 2004.

Scull, Andrew, 'Review article: The Female Malady: Women, Madness and English Culture 1830-1980', *London Review of Books*, Vol.9, No.19, 29 October 1987.

Smith, Catherine, 'Parsimony, Power and Prescriptive Legislation: The Politics of Pauper Lunacy in Northamptonshire, 1845-76', *Bulletin of the History of Medicine*, Vol. 81, No.2, 2007.

Stewart, R S, 'The increase in General Paralysis in England and Wales: Its Causation and Significance', *Journal of Mental Science*, Vol. 42, 1896.

Thomas, Owen John, 'The Welsh Language in Cardiff, c. 1800-1914', in Geraint H Jenkins, (ed.) *Language and the Community in the Nineteenth Century*, UWP, 1988.

Turner, Trevor, 'Not worth the Powder and Shot', The Public Profile of the Medico-Psychological Association, 1850-1914.' In German E Berrios and Hugh Freeman, (eds.), *150 Years of British Psychiatry, 1841-1991*, Gaskell, London, 1991.

Turner, Trevor, 'The Early 1900s and Before,' in Hugh Freeman, (ed.), *A Century of Psychiatry*, Vol. 1, Harcourt, London, 1999.

Walton J K, 'Casting Out and bringing back in Victorian England: pauper lunatics, 1840-70', in W F Bunyan, Roy Porter and Michael Shepherd,(eds.), *The Anatomy of Madness, Essays in the History of Psychiatry*, Vol. 2, Routledge, (first published 1985), London 2004.

Westwood, Louise,' A Quiet Revolution in Brighton: Dr Helen Boyle's Pioneering Approach to Mental Health Care, 1899-1939', *Social History of Medicine*, Vol.14, Part 3, 2001.

Williams Gwyn A, 'The Merthyr of Dic Penderyn', in Glanmor Williams, (ed.), *The Making of a Working Class Tradition*, UWP, Cardiff, 1966.

Wright, David, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, Vol.10, Part 1, 1997.

Wright, David, 'The Certification of Insanity in Nineteenth Century England and Wales', *History of Psychiatry*, Vol.9, No.35, 1998.

Wright, David, 'The discharge of pauper lunatics from county asylums in mid-Victorian England: the case of Buckinghamshire, 1853-72'. in Joseph Melling and Bill Forsythe, (eds.) *Insanity, Institutions and Society, 1800-1914*, Routledge, London, 1999.

York, Sarah, 'Chemical Control or Therapeutic Intervention? : Drugs and the Treatment of Suicidal Lunatics in Late Nineteenth-Century England', *Ex Historia*, Exeter University, Vol.2, 2010.

York, Sarah, 'Alienists, Attendants and the Containment of Suicide in Public Lunatic Asylums, 1845-90', *Social History of Medicine*, Vol.25, No.2, 2012.

3 Theses/Dissertations

Bartlett, Peter, *The Administration of Pauper Lunatics in Mid Nineteenth-Century England with special Emphasis on Leicestershire and Rutland*, unpubl. PhD thesis, University College, London, 1993.

Beech, Ian, *Minding the Medicine and Medicalising the Mind: Investigating the Cultural and Social History of Cardiff City Mental Hospital 1908-1930*, unpubl. PhD thesis, University of Glamorgan, 2011.

Brady, Sara, *Nursing in Cardiff During the First World War*, unpubl. PhD thesis, University of Lampeter, 2004.

Ellis, Robert J, *A Field of Practise or a Mere House of Detention? The Asylum and its Integration, with Special Reference to the County Asylums of York, c.1844-1888*, unpubl. PhD thesis, University of Huddersfield, 2001.

Douglas, Barbara, *In the Shadows of the Asylum: Narratives of Change and Stagnation, c.1890-1930*, unpubl. PhD thesis, University of Exeter, 2008.

Russell, Richard, *Mental Physicians and their Patients, Psychological Medicine in the English Pauper Lunatic Asylums of the Later Nineteenth Century*, unpubl. PhD thesis, University of Sheffield, 1983.

York, Sarah, H, *Suicide, Lunacy and the Asylum in Nineteenth Century England*, unpubl. PhD, thesis, University of Birmingham, 2009.

Jones, Denzil, *The Development of Mental Health Services in South West Wales, 1845-1918* unpubl. MA diss., Trinity University College, 2010.

Williamson, Gemma F, *The Experience of Women at the Glamorgan County Lunatic Asylum, 1865-1886*. unpubl. MA diss. Swansea University, 2010.

Website

Enoch Powell, 'Water Tower Speech' 9 March 1961, www.nhshistory.net/watertower.html accessed 25 October 2012.

Harrod & Co. Post Office Directory for Glamorganshire, 1866. www.historicaldirectories.org accessed 23 October 2012.

