

# Lunatic Asylum in the Workhouse: St Peter's Hospital, Bristol, 1698–1861

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**Abstract:** In recent years there has been growing acknowledgement of the place of workhouses within the range of institutional provision for mentally disordered people in nineteenth-century England. This article explores the situation in Bristol, where an entrenched workhouse-based model was retained for an extended period in the face of mounting external ideological and political pressures to provide a proper lunatic asylum. It signified a contest between the modernising, reformist inclinations of central state agencies and local bodies seeking to retain their freedom of action. The conflict exposed contrasting conceptions regarding the nature of services to which the insane poor were entitled.

Bristol pioneered establishment of a central workhouse under the old Poor Law; 'St Peter's Hospital' was opened in 1698. As a multi-purpose welfare institution its clientele included 'lunatics' and 'idiots', for whom there was specific accommodation from before the 1760s. Despite an unhealthy city centre location and crowded, dilapidated buildings, the enterprising Bristol authorities secured St Peter's Hospital's designation as a county lunatic asylum in 1823. Its many deficiencies brought condemnation in the national survey of provision for the insane in 1844. In the period following the key lunacy legislation of 1845, the Home Office and Commissioners in Lunacy demanded the replacement of the putative lunatic asylum within Bristol's workhouse by a new borough asylum outside the city. The Bristol authorities resisted stoutly for several years, but were eventually forced to succumb and adopt the prescribed model of institutional care for the pauper insane.

**Keywords:** Bristol, Workhouse, Asylum, Pauper lunatics, Insanity

The common narrative of the development of mental health care in eighteenth- and nineteenth-century England is based around the rise and consolidation of a public lunatic asylum system, established initially by voluntary bodies and then, after permissive legislation in 1808 and the mandatory acts of 1845, by county and municipal

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I wish to thank the anonymous reviewers and Professor Chris Philo for their very valuable criticisms and suggestions.

authorities.<sup>1</sup> Private enterprise is also recognised as having had a continuing role, in the guise of ‘madhouses’ and private lunatic asylums.<sup>2</sup> However, another important sector has received less historical attention – the workhouse and associated poor law authorities. Certainly, there has been growing acknowledgement by scholars of their place within the complex tapestry of provision, particularly in the decades following passage of the Poor Law Amendment Act in 1834. An early exploration by Ruth Hodgkinson showed the ubiquity of insane paupers being accommodated in workhouses, usually in very unsatisfactory conditions.<sup>3</sup> The important contribution of workhouses within the overall system of care was further highlighted by David Mellett, as part of his wide-ranging study of ‘asylumdom’.<sup>4</sup> The most influential work to date has been that of Peter Bartlett, who demonstrated in *The Poor Law of Lunacy* that poor law agencies, nationally and locally, and workhouses occupied a key position within public provision for pauper lunatics.<sup>5</sup> The scholarship has subsequently been extended, notably in the work of Chris Philo, and of Joseph Melling and Bill Forsythe.<sup>6</sup> As other writers have shown, in many districts the parish or union workhouse continued to accommodate people with both acute and chronic mental disorders until well into the second half of the nineteenth century, despite the presence at no great distance of alternative specialist facilities.<sup>7</sup>

This article adds to the literature regarding the significance of workhouse provision for the insane by considering the unusual case of Bristol. In the late eighteenth century Bristol was still England’s second city.<sup>8</sup> Its institutional mental health services developed in a unique manner. From 1700 onwards its original poor law institution, known as St Peter’s Hospital, included provision for the city’s insane poor, and by mid-century the part of the building set aside to accommodate them constituted Bristol’s sole facility for pauper lunatics.<sup>9</sup> It was evidently deemed unnecessary to replicate any of the more

<sup>1</sup> Kathleen Jones, *A History of the Mental Health Services* (London: Routledge & Kegan Paul, 1972); Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900* (New Haven, CT, and London: Yale University Press, 1993); Leonard Smith, ‘Cure, Comfort and Safe Custody’: *Public Lunatic Asylums in Early Nineteenth-Century England* (London: Leicester University Press, 1999); Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales: The Space Reserved for Insanity* (Lampeter: Edwin Mellen Press, 2004); Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845–1914* (London: Routledge, 2006).

<sup>2</sup> William Lloyd Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge Kegan Paul, 1972); Roy Porter, *Mind Forg’d Manacles: A History of Madness in England From the Restoration to the Regency* (London: The Athlone Press, 1987); Charlotte Mackenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum* (London: Routledge, 1992).

<sup>3</sup> Ruth Hodgkinson, ‘Provision for Pauper Lunatics 1834–71’, *Medical History*, 10, 2 (April 1966), 138–54.

<sup>4</sup> David J. Mellett, *The Prerogative of Asylumdom: Social, Cultural and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth-Century Britain* (New York: Garland, 1982), ch. 7.

<sup>5</sup> Peter Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Nineteenth-Century England* (London: Leicester University Press, 1999).

<sup>6</sup> Philo, *op. cit.* (note 1), 212–62; Melling and Forsythe, *op. cit.* (note 1), 23–38.

<sup>7</sup> Elaine Murphy, ‘The Lunacy Commissioners and the East London Guardians, 1845–67’, *Medical History*, 46, 4 (2002), 495–524; Leonard Smith, ‘“A sad spectacle of hopeless mental degradation”: the management of the insane in West Midlands workhouses, 1815–60’, in Jonathan Reinartz and Leonard Schwarz (eds), *Medicine and the Workhouse* (Rochester, NY, and Woodbridge: University of Rochester Press and Boydell and Brewer, 2013), 103–22; Edward Myers, *A History of Psychiatry in North Staffordshire* (Leek: Churnet Valley Books, 1997), 65–115; Edward Myers, ‘Lunacy in the Stoke-upon-Trent Workhouse, 1834–1900’, *RCPsychiatric Bulletin*, 18 (1994), 492–4.

<sup>8</sup> Christopher Hill, *Reformation to Industrial Revolution* (Harmondsworth: Penguin, 1975 edition), 253, 283.

<sup>9</sup> E.E. Butcher, *Bristol Corporation of the Poor: Selected Records 1696–1834* (Bristol: Bristol Records Society, 1932), 6–10; Philo, *op. cit.* (note 1), 216, 219. I have used the words ‘insane’ and ‘lunatic’ throughout as these were in contemporary usage.

ambitious alternatives that were initiated in London and several provincial major cities after 1750.<sup>10</sup> As will be shown, in the nineteenth century Bristol's poor law authorities proved adept at modifying and protecting their particular arrangements to meet various exigencies. In the 1820s they secured designation of St Peter's Hospital's lunatic wards as a county lunatic asylum, despite its complete lack of appropriate attributes. The very limited improvements made over the next two decades were not sufficient to deflect increasingly critical attention from outside. In the aftermath of the 1845 legislation and creation of the national Commissioners in Lunacy, Bristol's leaders sought to maintain that they were providing a borough lunatic asylum. St Peter's Hospital became a battle-ground between reforming state authorities committed to promoting model public asylums and local bodies intent on resisting central government impositions and unwanted local expenditure.

The evidence suggests that what occurred in Bristol had rather more than local or regional significance. In part it did represent a clash between centralising government agencies and local elites seeking to uphold their freedom of action. More specifically, however, in regard to social policy directed toward the management of insanity, the St Peter's Hospital issue reflected competing conceptions of what ought to be provided for pauper lunatics. Reformist 'moral management' ideals regarding the location of lunatic asylums, their design, layout and furnishing, and the proper methods for managing and treating patients, had been reinforced by legislation and were supported by the activities of the Commissioners in Lunacy.<sup>11</sup> The Bristol authorities' equivocal and inconsistent responses, though certainly actuated partly by resistance to perceived excessive expenditure, were also indicative of a persistent lack of universal acceptance of the asylum ideal and a continuing adherence to a minimalist workhouse-orientated model of care.

### Bristol's Pauper Insane and the Old Poor Law

Bristol has long been acknowledged by historians as an early pioneer in the organisation of poor relief based around a centralised institution.<sup>12</sup> Michel Foucault, in his elucidation of the 'great confinement' of people unwilling or unable to work, highlighted the significance of 'the first English workhouse' in Bristol.<sup>13</sup> Under the Bristol Poor Act of 1696, nineteen city parishes combined to form a Corporation of the Poor. The key principle was that able-bodied paupers should be set to work, with only young children, and incapacitated sick, elderly and disabled people being granted relief.<sup>14</sup> In 1698 a large workhouse was

<sup>10</sup> Leonard Smith, *Lunatic Hospitals in Georgian England, 1750–1830* (London and New York: Routledge, 2007), 7–47.

<sup>11</sup> Scull, *op. cit.* (note 1), 268–70, 275–81, 287–293, 303–6; David J. Mellett, 'Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845–90', *Medical History*, 25 (1981), 221–59.

<sup>12</sup> Sidney and Beatrice Webb, *English Local Government: English Poor Law History*, Part 1: *The Old Poor Law* (London: Longmans, Green and Co., 1927), 108–9, 116–21; Dorothy Marshall, *The English Poor in the Eighteenth Century* (London: George Routledge and Sons, 1926), 28, 47–8, 127–8; G.W. Oxley, *Poor Relief in England and Wales 1601–1834* (Newton Abbott: David and Charles, 1974), 21–2, 36–7, 81.

<sup>13</sup> Michel Foucault, *History of Madness*, ed. Jean Khalfa, 1972 edn (London and New York: Routledge, 2006), 53. Contrary to widespread belief, Foucault's concept of the 'great confinement' comprised people exhibiting a range of disabilities and deviant behaviours, not just mentally disordered people.

<sup>14</sup> Foucault, *op. cit.* (note 13), 67; K. Morgan, 'Cary, John (1649–1719)', *Oxford Dictionary of National Biography*, accessed online at <http://www.oxforddnb.com>; John Cary, *An Account of the Proceedings of the Corporation of Bristol, in Execution of the Act of Parliament for the Better Employing and Maintaining the Poor of That City* (London: F. Collins, 1700); James Johnson, *Transactions of the Corporation of the Poor, in the City of Bristol, During a Period of 126 Years, Alphabetically Arranged, With Observations, and a Prefatory Address*

opened in adapted industrial buildings, on the banks of the River Avon adjoining St Peter's Church, from which it acquired its name.<sup>15</sup> St Peter's Hospital quickly developed into an archetypal general purpose poor law institution, comprising elements of both punitive workhouse for the idle and poorhouse for the destitute. It incorporated some characteristics of a hospital, with provision for frail elderly and sick people, who included those with mental disorders.<sup>16</sup>

Although Bristol had been one of the earliest regional centres to initiate a voluntary general hospital, in 1737,<sup>17</sup> this was never followed by the establishment of a lunatic hospital as later occurred in several provincial cities.<sup>18</sup> The development of designated facilities for 'lunatics' and 'idiots' in St Peter's Hospital presumably removed any perceived need for more specialist public or charitable provision. Surviving records tell us relatively little about what was actually provided during the eighteenth century.<sup>19</sup> The indications are that conditions for insane people were as Spartan and punitive as for other inmates.<sup>20</sup> It was observed in February 1767 that the stone floors in 'the Lunatic's wards' made them 'very injurious' and they were ordered to be 'floored with Planks'.<sup>21</sup> In April 1768 the Corporation of the Poor directed that, at least once a week, the physicians and surgeons attached to the house should visit the 'Frenzy Objects' and also 'all such objects as shall be from time to time be brought in by warrants of Lunacy'. The medical men were to report on their state of health and give directions to the master and mistress of the house as to what provisions they should receive.<sup>22</sup> Other treatment arrangements were established. In 1769, on the physician's recommendation, a cold bath was installed for the lunatics' benefit, though it unfortunately fell into the river, along with a wall and part of the airing court, in October 1771.<sup>23</sup> A 1794 survey of Bristol confirmed the presence within the institution of a designated 'ward for lunatics', although 'ideots' were evidently accommodated among the other inmates.<sup>24</sup>

A picture can be assembled of St Peter's Hospital in the early nineteenth century, largely from the early writings of Dr James Cowles Prichard, who later gained prominence both as an alienist and an ethnologist. He became one of its physicians in 1811, remaining until 1832.<sup>25</sup> He subsequently enjoyed a distinguished career, being appointed as one

*to the Guardians of 1826* (Bristol: P. Rose, 1826), 6–9; Butcher, *op. cit.* (note 9), 1–6; Webb, *op. cit.* (note 12), 108–9, 116–9; Philo, *op. cit.* (note 1), 216–8.

<sup>15</sup> Butcher, *op. cit.* (note 9), 6; Philo, *op. cit.* (note 1), 216.

<sup>16</sup> Johnson, *op. cit.* (note 14), 96; Butcher, *op. cit.* (note 9), 63, 12 May 1698, arrangements were made regarding Widow Sweet, a 'Crazy Woman of this City'; *idem*, 84, 6 July 1704, Abraham Tompson was sent from the 'mint workhouse' to 'Bedlam' in London; *idem*, 10, 15 September 1707, the Court Books refer to another lunatic housed in 'the Mint', an earlier name for the building.

<sup>17</sup> John Woodward, *To Do the Sick No Harm: A Study of the Voluntary Hospital System to 1875* (London: Routledge Kegan Paul, 1974), 12–40, 147–8; Margaret Pelling, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991), 74–90.

<sup>18</sup> Smith, *op. cit.* (note 10), 21–47.

<sup>19</sup> Butcher, *Bristol Corporation of the Poor* (note 9), is the main source for the eighteenth century. Most of the original records were lost when St Peter's Hospital was destroyed by German bombing in 1940.

<sup>20</sup> Johnson, *op. cit.* (note 14), 112.

<sup>21</sup> Butcher, *op. cit.* (note 9), 111, 12 February 1767.

<sup>22</sup> Butcher, *op. cit.* (note 9), 114, 14 April 1768. Cited also in Jones, *op. cit.* (note 1), 21 and Porter, *op. cit.* (note 2), 118.

<sup>23</sup> Butcher, *op. cit.* (note 9), 11, 12 April 1770, 116, 10, 17 October 1771.

<sup>24</sup> *The New History, Survey and Description of the City and Suburbs of Bristol, or Complete Guide* (Bristol: W. Matthews, 1794), 86.

<sup>25</sup> Johnson, *op. cit.* (note 14), 111; H.F. Augstein, 'Prichard, James Cowles (1786–1848), physician and ethnologist', *Oxford Dictionary of National Biography*, accessed online at <http://www.oxforddnb.com>.

of the Commissioners in Lunacy in 1845.<sup>26</sup> In 1820 he described St Peter's Hospital as 'the general Poor-house' for the city of Bristol. Its construction was 'as awkward and inconvenient as possible', being a 'confused heap of buildings, appended one to the other, without symmetry or plan'. Many parts were 'impossible by any care sufficiently to ventilate, or to render decent and comfortable'. Until recently, some wards had been 'fitter receptacles for wild beasts than for human beings'.<sup>27</sup> The average number of inmates was 420, whom Prichard divided into three classes. The most numerous comprised the 'aged and infirm', orphan children, and others unable to maintain themselves due to sickness or other circumstances. The second included 'all the vagrants and beggars who are found in Bristol', apart from those expelled by the magistrates. The third class were 'the idiots and lunatics of the lower orders', sent under warrants from the city and the surrounding area.<sup>28</sup>

Prichard was greatly concerned about the sanitary state of St Peter's Hospital, which had been subjected to severe epidemic fevers between 1817 and 1819. As a result of its 'deficient means of separation', seven male lunatics and idiots had died due to contagion.<sup>29</sup> Its location was particularly significant, as the Clifton physician Dr Chisholm identified in 1817, when attributing the greatly increased incidence of fevers to conversion of part of the River Avon into a 'floating harbour' in 1809. This effectively transformed the river into a large pool of stagnant water, Chisholm observing that 'The house stands immediately on the northern bank of this river, so that what formerly contributed to its general salubrity, by facilitating a perpetual drainage of filth, has now become a source of evil to it.'<sup>30</sup>

Prichard carefully depicted St Peter's Hospital's accommodation for pauper lunatics. Although female patients had the benefit of their own 'airy and spacious ward', most men were housed within the ordinary medical wards. For the more problematic among the 'afflicted beings' there was:

a row of pens for the temporary confinement of those patients who are violent and intractable, not unlike the domiciles of the royal lions and tigers in the menagerie of the Tower, though by no means so respectable in their appearance, or so commodious. These pens are now used only when the state of the patient requires strict confinement, or when by their noise and violence other invalids are molested.

These 'pens' were originally the 'usual abode' of the male lunatics.<sup>31</sup> They had almost certainly been in use for many years. Henry Alexander, a reform-minded Ipswich banker, told the 1815 parliamentary Select Committee on Madhouses that he had observed 'incurable' patients confined underground in partitioned strong wooden cells with small barred windows that admitted little light. He contrasted these with the relatively comfortable accommodation for female lunatics, describing a 'large good room' and patients who appeared in 'good order'.<sup>32</sup> A plan of St. Peter's from 1822 likewise confirms

<sup>26</sup> J.A. Symonds, M.D., *Some Account of the Life, Writings, and Character of the Late James Cowles Prichard* (1849); Augstein, *op. cit.* (note 25). J.C. Prichard, *A Treatise on Insanity, and Other Disorders Affecting the Mind* (London: Sherwood, Gilbert and Piper, 1835), which included reference to his practice at St Peter's Hospital, was his main published work.

<sup>27</sup> J.C. Prichard, *A History of the Epidemic Fever, Which Prevailed in Bristol, During the Years 1817, 1818, and 1819; Founded on Reports of St. Peter's Hospital and the Bristol Infirmary* (London: John and Arthur Arch, 1820), 8–9.

<sup>28</sup> *Ibid.*, 10–11.

<sup>29</sup> *Ibid.*, 12, 17–19.

<sup>30</sup> C. Chisholm, 'On the Statistical Pathology of Bristol and of Clifton, Gloucestershire', *The Edinburgh Medical and Surgical Journal*, 13, 1 July 1817, 265–300: 281. The 'floating harbour' isolated a section of the river from tidal changes, expanding Bristol's port capacity.

<sup>31</sup> Prichard, *op. cit.* (note 27), 11–12.

<sup>32</sup> British Parliamentary Papers 1814/15, Vol. IV, Report of the Select Committee on the State of Madhouses, 54–5.

the presence of a large 'Women's Bedlam Ward', but no designated men's insane ward.<sup>33</sup> By most standards, the nature of provision was distinctly inferior to that prevailing in public lunatic asylums, even allowing for the exposures in 1815 of poor conditions and abuses at the York Lunatic Asylum and Bethlem Hospital.<sup>34</sup>

In these unlikely surroundings, Dr Prichard made a genuine attempt to implement an active treatment regime. His early writings show that, like most of his medical contemporaries, he approached mental illnesses very much as bodily diseases and treated patients accordingly.<sup>35</sup> He came from the 'heroic treatment' school, and became known for his strong reliance on bleeding, purging and blistering.<sup>36</sup> His treatment practices and serious demeanour informed a Bristol Infirmary patient's poetic lampoon:

Dr Prichard do appear,  
With his attendance and his care,  
He fills his patients full of sorrow,  
—You must be bled to-day and cupped tomorrow.<sup>37</sup>

A series of published case histories relating to insane patients admitted to St Peter's Hospital between 1812 and 1820, some under a 'frenzy warrant', confirm Prichard's reliance on drastic physical methods. Many were bled, using methods that included cupping, opening veins or arteries, and the application of leeches. Other frequent remedies included shaving the head before application of wet cloths or a large blister, cold shower baths, and warm baths. He deployed a formidable array of medicines, primarily emetics and purgatives, but also opiates, cathartics and digitalis.<sup>38</sup> He was certainly not averse to coercive methods, including use of the strait waistcoat and confinement in the 'pens'.<sup>39</sup> There is little direct evidence of any of the psychologically based 'moral treatment' or 'management' approaches that were increasingly in vogue among specialist mad-doctors.<sup>40</sup> As an ambitious physician Prichard's orientation was essentially medical, but even if he had been inclined toward more progressive methods these would have been almost impossible to implement in the constricted surroundings of St Peter's Hospital.

### A 'County Lunatic Asylum'

Despite the acknowledged inadequacies and defects of St Peter's Hospital, a significant change occurred in its legal status in 1823. Local legislation secured its formal designation as a county lunatic asylum under the provisions of Wynn's Act, or the County Asylums Act, of 1808.<sup>41</sup> That act had empowered county authorities to provide a pauper lunatic

<sup>33</sup> Bristol Record Office (henceforth BRO), 1/B 17, Bristol Plan 250, 'Plan of St Peter's Hospital in the City of Bristol, 1822'.

<sup>34</sup> Scull, *op. cit.* (note 1), 115–22; Jones, *op. cit.* (note 1), 64–78; Smith, *op. cit.* (note 10), 151–2, 165–85; Smith, *op. cit.* (note 1), 31–7.

<sup>35</sup> Porter, *op. cit.* (note 2), 184–7, 193–4; Smith, *op. cit.* (note 10), 141–9; Prichard, *op. cit.* (note 27); J.C. Prichard, *A Treatise on Diseases of the Nervous System, Part the First: Comprising Convulsive and Maniacal Affections* (London: Thomas and George Underwood, 1822) – this book has been somewhat overlooked by historians of psychiatry, who have focused more on Prichard's later work.

<sup>36</sup> G. Munro Smith, *A History of the Bristol Royal Infirmary* (Bristol: J.W. Arrowsmith, 1917), 469.

<sup>37</sup> BRO, 35893/36/K, Richard Smith Papers, Vol. XI, 512.

<sup>38</sup> Prichard, *op. cit.* (note 35), 196–202, 206–7, 210–14, 219–20, 231–36, 301–22, 331, 341, 349–52, 357–65, 382–4, 396–7.

<sup>39</sup> *Ibid.*, 196, 200, 306, 319, 331, 349, 359, 362.

<sup>40</sup> Porter, *op. cit.* (note 2), 206–228.

<sup>41</sup> 48 Geo III, Cap. 96, An Act for the Better Care and Maintenance of Lunatics, Being Paupers or Criminals in England, 1808.

asylum, or to join with voluntary subscribers to cater also for charitable and private patients. It was permissive rather than mandatory, and eight counties had opened an asylum by 1823. The act laid down basic standards for the new asylums, in regard to location, building design, medical involvement and curative intent. It also required that, in counties that had established an asylum, all their lunatics and 'dangerous idiots' were to be sent there.<sup>42</sup>

An absence of records precludes any certainty about the circumstances leading to Bristol's adoption of the county asylum legislation in 1823. Financial considerations were presumably influential. The Corporation of the Poor had apparently never paid for placement of any lunatics in private madhouses, in contrast to Birmingham which also had no public asylum provision.<sup>43</sup> Local circumstances may have provided additional motivation. The 1808 act revived earlier moves to establish a public asylum in Gloucester. It finally opened in 1823, serving the whole county.<sup>44</sup> The imposing, expensively constructed edifice in a neighbouring city presented a visible challenge to Bristol's leading citizens, exposing their lack of comparable progressive, munificent activity. On a practical level, Bristol's northern suburbs fell within Gloucestershire, rendering their pauper lunatics eligible for placement in its asylum.<sup>45</sup> A re-designation of St Peter's Hospital potentially protected Bristol from any need to construct an expensive county asylum or from pressures to pay for placements at Gloucester or elsewhere.<sup>46</sup>

The necessary arrangements were inserted into an obscure clause of the Bristol Poor Act of 1822. It provided that, from March 1823, 'the Hospital or Workhouse' belonging to the Corporation of the Poor was deemed 'an Asylum for the Reception of Lunatics' under the provisions of the act of 1808 and supplementary legislation of 1811, 1815 and 1819, as if the city and county of Bristol 'had been named and included in the said several Acts'. Furthermore, there was specific exemption from any requirement to erect a new asylum.<sup>47</sup> Thus, the Corporation of the Poor had secured the status of county lunatic asylum for St Peter's Hospital, despite the lunatic wards forming merely one part of the institution and its demonstrating none of the locational, spatial or other attributes stipulated in the lunacy legislation. In particular, they had effectively avoided the expectation placed on newly built asylums that they should be sited in 'an airy and healthy situation'.<sup>48</sup> This proved to be a key factor in the critical attention to which it was subsequently exposed.

In the 1820s St Peter's Hospital was a chaotic, rambling, and increasingly overcrowded institution. The numbers of paupers housed rose steadily from 435 in 1821 to 532 in 1826,

<sup>42</sup> Jones, *op. cit.* (note 1), 59–61; Smith, *op. cit.* (note 1), 20–37.

<sup>43</sup> Birmingham Archives, Board of Guardians Minutes, GP/B/2/1/1, 16 August 1784; GP/B/2/1/2, 18 July 1815, 19 January, 29 June 1819.

<sup>44</sup> Philo, *op. cit.* (note 1), 470–1; Smith, *op. cit.* (note 1), 21–2, 25, 30, 35–6; Ann Bailey, 'The Founding of the Gloucestershire County Asylum, now Horton Road Hospital, Gloucester, 1792–1823', *Transactions of the Bristol and Gloucestershire Archaeological Society* XC, 1971, 178–91.

<sup>45</sup> Clifton and Stapleton were in Gloucestershire.

<sup>46</sup> Faced with similar considerations, the directors of the Shrewsbury House of Industry opted to have part of their institution licensed as a private lunatic asylum in 1821 – BPP 1826, Vol. XXI, Lunatics, Returns, 90–1; Shropshire Archives, PL 2/2/1/2, Shrewsbury House of Industry: Book of Orders of the Guardians and Directors of the Poor of the Several Parishes, 1809–26, 4 September 1820, 1 January 1821; Philo, *op. cit.* (note 1), 220–1.

<sup>47</sup> 3 Geo. IV, c.24, 15 May 1822, 'An Act for the Employment, Maintenance and Regulation of the Poor of the City of Bristol', Section 68; BRO, 12168/26, St Peter's Hospital, Letter Book 1825–30, 27 July 1828, letter to J.M. Phillips, Secretary of State's Office; BPP 1830, Vol. XXX, Pauper Lunatics, Returns, 96.

<sup>48</sup> Philo, *op. cit.* (note 1), 532–3, 568–71; Smith, *op. cit.* (note 1), 24–6; *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor* (London: Bradbury and Evans, 1844), 9, 187.

and 600 in 1832.<sup>49</sup> There is some difficulty in ascertaining the true numbers of mentally disordered people confined, but they made up a relatively small proportion. A register of patients in the 'Lunatic Asylum', compiled in October 1825, lists only 26 women and 8 men.<sup>50</sup> Writing in 1826, James Johnson, a former Governor of the Corporation of the Poor, noted that the numbers of Bristol's insane poor had increased greatly in recent years and there were seldom less than 30 'male and female patients, labouring under this complaint' in St Peter's.<sup>51</sup> However, his estimate probably included only those in dedicated insane wards. Some people, particularly males, were still accommodated elsewhere in the workhouse, which would account for the considerably larger numbers recorded by John Brady, the hospital's Surgeon and Apothecary, in 1828. Brady's figures showed 45 female and 24 male 'Lunatics and dangerous Idiots'.<sup>52</sup>

St Peter's Hospital's unsuitability as a public asylum was increasingly evident. James Johnson stated optimistically that the lunatics were provided with 'separate wards and nurses', were shown 'every degree of tenderness' consistent with safety, and no 'coercive measures' were ever applied. Iron chains, manacles and bolts were not permitted, though he conceded that the pens remained in use for individuals 'suffering under the highest state of excitement', and leather straps and strait waistcoats were routinely deployed.<sup>53</sup> In June 1827, after a young woman confined in a strait waistcoat managed suicide by climbing onto a table and jumping through a window into the river, the asylum was criticised in the local press as 'utterly unfit' for its purpose, possessing none of the necessary 'conveniences'.<sup>54</sup> In 1830, amid mounting concerns about the inadequate facilities for lunatics and extreme overcrowding in the workhouse, the Corporation of the Poor agreed to spend £3100 on acquiring a building known as The Armoury for use as a pauper lunatic asylum. However, the plan foundered due to ratepayer resistance to the expenditure.<sup>55</sup>

Treatment approaches in St Peter's Hospital in the early 1830s can be gleaned from Prichard's writings.<sup>56</sup> His firm belief in the close relationship between physical and mental disorders underpinned the continuing emphasis on medical remedies. Prichard insisted that the 'use of purgative medicines is one of the most important and generally available means for the cure of maniacal patients', and advocated the use of emetics, including 'antimony in nauseating doses' to control 'maniacal excitement'.<sup>57</sup> His eclectic approach was in the tradition of earlier provincial insanity physicians like John Ferriar and James Currie,<sup>58</sup> and similar to contemporary asylum-based alienists like William Ellis and Paul Slade Knight.<sup>59</sup> Tellingly, however, Prichard still had little to say about 'moral treatment' approaches, other than to acknowledge the restorative aspects of 'fresh air and exercise'

<sup>49</sup> Johnson, *op. cit.* (note 14), ix–x; J. Latimer, *The Annals of Bristol*, Vol. 3: *The Annals of Bristol in the Nineteenth Century* (Bristol: for the Author, 1900–1908; Bath: Kingsmead Reprints, 1970), 138–9.

<sup>50</sup> BRO, JQS/P/563, 'Report relative to Lunatic Asylum'.

<sup>51</sup> Johnson, *op. cit.* (note 14), 97.

<sup>52</sup> BRO, JQS/P/628, '1828, Michaelmas Sessions, Overseers Return of Insane Persons'. These returns show 25 'lunatics' deemed 'harmless' and 26 'dangerous', and 13 'idiots' considered 'harmless' and 5 'dangerous'.

<sup>53</sup> Johnson, *op. cit.* (note 14), 97.

<sup>54</sup> *Bristol Mercury*, 11 June 1827.

<sup>55</sup> Latimer, *op. cit.* (note 49), 138–40; Philo, *op. cit.* (note 1), 219–20. The Armoury had previously been used to house French prisoners of war.

<sup>56</sup> J. C. Prichard, 'Insanity', in John Forbes, Alexander Tweedie and John Conolly, *The Cyclopaedia of Practical Medicine*, Vol. II (London: Sherwood, Gilbert, Piper, Baldwin and Cradock, 1833), 824–75. Prichard stated (p. 858) that he had 'superintended during nearly twenty years a receptacle for maniacal paupers'.

<sup>57</sup> *Ibid.*, 858–62.

<sup>58</sup> Smith, *op. cit.* (note 10), 142–9.

<sup>59</sup> Smith, *op. cit.* (note 1), 195, 199–207.

and advocate that every asylum should provide open air employment for their patients.<sup>60</sup> He made no mention of classification, increasingly regarded as a central element of patient management in public asylums.<sup>61</sup> St Peter's confined site and inadequate buildings continued to preclude any such approaches.

St Peter's Hospital's acquired status as a county asylum exempted it from the clauses of the 1834 Poor Law Amendment Act requiring removal of 'dangerous' lunatics and idiots from the workhouse to an asylum.<sup>62</sup> Its shortcomings were nevertheless highlighted by the investigating Assistant Poor Law Commissioner, Captain Chapman. The inmates were 'lodged in large rooms', with no classification other than keeping the 'least violent' separate, while those 'under paroxysms' were 'confined in cells of a very inferior description'.<sup>63</sup> However, local apologists challenged the criticisms, arguing that 'at no asylum could these unhappy creatures find better treatment', and that control and inspection by officers elected by the 'great body of rate-payers' prevented 'any possibility of abuse'.<sup>64</sup> Notwithstanding that perspective, the institution's deficiencies remained apparent, regularly illustrated through suicides and escapes.<sup>65</sup> In 1839 the Corporation of the Poor reluctantly accepted the need for action, after strong criticisms by Assistant Poor Law Commissioner Neale. The workhouse's deputy governor, Mr Goldney, conceded that the men's insane ward was 'most inconvenient' because 'violent lunatics, and such as are imbecile, are mixed together without distinction'. Their miserable 'sleeping apartment' was 'rather calculated to engender lunacy than to cure it'. Major alterations were then carried out at a cost of £2000.<sup>66</sup> In April 1841, after completion of further work, the lunatic wards were claimed to be in 'a state of perfection'.<sup>67</sup>

The favourable evaluation of the insane wards' state was overtaken by a scathing visiting magistrates' report in August 1841.<sup>68</sup> They described the female wards as crowded and badly ventilated. There was neither dining room nor day room and the women were confined to their sleeping area 'at all times', other than when in the exercise yard. Whatever the weather or temperature, 'one fire was always kept for culinary purposes'. The exercise yard, catering for up to fifty patients, was 'small and confined', serving also as 'the only thoroughfare for all carts bringing coal and other materials' into St Peter's Hospital. Classification of patients was impossible, as 'the new and old cases, the convalescent and incurable, the idiot and melancholic, the noisy and outrageous' were all intermingled. The dark, unventilated, underground 'pens' still used for 'refractory' patients were 'really horrible, and far worse than any cell in the gaol or bridewell'. Mechanical 'coercion' was utilised extensively, with 'noisy and maniacal' patients 'almost constantly confined' with cuffs or strait waistcoats, or strapped to their seats. Those prone to biting were placed in a mask 'made on precisely the same principle as a muzzle for a dog'.<sup>69</sup> The visiting magistrates strongly recommended construction of a new asylum, providing scope for

<sup>60</sup> Prichard, *op. cit.* (note 56), 862–3.

<sup>61</sup> Smith, *op. cit.* (note 1), 192–4.

<sup>62</sup> Jones, *op. cit.* (note 1), 125–6; Philo, *op. cit.* (note 1), 220.

<sup>63</sup> BPP 1834, Vol. XXVIII, Reports From Her Majesty's Commissioners for Enquiring Into the Administration and Practical Operation of the Poor Laws, Appendix A, 429.

<sup>64</sup> *Bristol Mercury*, 17 May 1834.

<sup>65</sup> *Ibid.*, 12 October 1839, 8 August 1840.

<sup>66</sup> *Ibid.*, 12 October, 14 December 1839.

<sup>67</sup> *Ibid.*, 15 August 1840, 10 April 1841.

<sup>68</sup> *Ibid.*, 21 August 1841. The role of visiting magistrates commenced in 1837 – see below.

<sup>69</sup> *Ibid.*, 14 January 1854 – this reproduces a fuller version of the 1841 report.

outdoor exercise and employment, close to where a new workhouse had been established at Stapleton.<sup>70</sup>

The damning report reached the Home Secretary, the Marquis of Normanby, who called for remedial action. The Corporation of the Poor responded by recommending major alterations to the female lunatic ward. However, once again some influential voices expressed an entirely different view. St Peter's Hospital's surgeon insisted that, despite the lunatic wards' unfavourable appearance, the patients 'recovered as frequently, and even more frequently than in most institutions'.<sup>71</sup> That defence would again be employed in the future. Meanwhile, the interest of central government authorities had been aroused, and the Metropolitan Commissioners in Lunacy ensured inclusion of St Peter's Hospital in their nation-wide inspection visits beginning in 1842.<sup>72</sup> Predictably, when published in 1844, the commissioners' report singled it out for 'almost unqualified censure'.<sup>73</sup> Reproducing parts of the visiting magistrates' report of 1841, they pronounced Bristol's centrally located workhouse 'totally unfit for an Asylum for the Insane', there being 'no means of classification, of exercise, or employment'.<sup>74</sup> Whilst other towns' workhouse facilities were also severely criticised, most notably the lunatic wards in Birmingham workhouse,<sup>75</sup> they had not attracted the additional opprobrium associated with unwarranted designation as a county asylum. See Figure 1.

### The Borough Asylum Challenge

The mass of national evidence collated in the Metropolitan Commissioners in Lunacy's 1844 report led directly to the key legislation of 1845, which rendered provision of county lunatic asylums compulsory and created a new national inspectorate, the Commissioners in Lunacy.<sup>76</sup> For the Bristol authorities this heralded the prospect of a sustained onslaught by powerful adversaries, wedded to principles and practices completely at variance with those operating within St Peter's Hospital. The lunacy reformers, personified by Lord Shaftesbury and the other Commissioners in Lunacy, retained a vision of well-designed, purpose-built, curatively orientated public lunatic asylums, located in healthy rural or semi-rural settings, with ample land attached.<sup>77</sup> These asylums were expected to operate on a 'moral management' system, comprising three essential features that were being widely disseminated – 'non-restraint'; classification and separation of patients according to symptomatology and behavioural presentation; and, organised work or other form of occupation.<sup>78</sup> In this conception, there was no place for a cramped, ill-constructed, dilapidated institution situated in a crowded and unhealthy city centre.

<sup>70</sup> *Ibid.*, 21 August 1841; Latimer, *op. cit.* (note 49), 139–40.

<sup>71</sup> *Bristol Mercury*, 21 August, 16 October 1841.

<sup>72</sup> Jones, *op. cit.* (note 1), 132–5; *Report of the Metropolitan Commissioners*, 65; *Bristol Mercury*, 10 June, 16 December 1843. Interestingly, one of the highly critical Metropolitan Commissioners who visited in 1843 was Dr James Cowles Prichard.

<sup>73</sup> *Report of the Metropolitan Commissioners*, *op. cit.* (note 72), 46.

<sup>74</sup> *Ibid.*, 52–3, 65, 70, 133.

<sup>75</sup> *Ibid.*, 98–9, 136, 234–5. The commissioners' particular concerns regarding the insane wards of the Birmingham and Leicester workhouses led the Poor Law Commission to initiate special investigations in October 1844 by Samuel Hitch, medical superintendent of the Gloucester Lunatic Asylum – TNA, MH 12/6470/18259, 'Report of the Insane Poor Confined in the Union Workhouse at Leicester'; MH 12/13288/18261, 'Report of the Insane Poor Confined in the Workhouse Birmingham'; Bartlett, *op. cit.* (note 5), 121–2, 180, 187.

<sup>76</sup> Jones, *op. cit.* (note 1), 135–49; Bartlett, *op. cit.* (note 5), 89–95; Scull, *op. cit.* (note 1), 160–7.

<sup>77</sup> Philo, *op. cit.* (note 1), 566–94; Michael Donnelly, *Managing the Mind: A Study of Medical Psychology in Early Nineteenth-Century Britain* (London: Tavistock, 1983), 31–40.

<sup>78</sup> Smith, *op. cit.* (note 1), 192–4, 207–13, 228–43, 259–77, 286–7.



Figure 1: St Peter's Hospital. Source: Post Card, early twentieth century, in author's possession (no publisher stated).

The perceived unsuitability of Bristol's accommodation for lunatics was undoubtedly increased by its location within a large urban workhouse. The Commissioners in Lunacy's growing disapproval of provision for the insane inside workhouses was made explicit in a lengthy, detailed supplement to their annual report in 1859.<sup>79</sup> However, as Bartlett and others have shown, before the late 1850s the commissioners were prepared to countenance lunatic wards in workhouses in certain circumstances. Their concerns had related largely to the presence of acutely mentally ill patients, as distinct from people with congenital or chronic conditions.<sup>80</sup> Given this period of relative tolerance of workhouse provision, it can be surmised that the degree of hostility directed toward St Peter's Hospital's was due mainly to its acquired legal status as a county asylum, which brought it firmly within the lunacy commissioners' remit.

<sup>79</sup> BPP 1859, Vol. IX, Supplement to Twelfth Annual Report of the Commissioners in Lunacy, 'On the Condition, Character, and Treatment of Lunatics in Workhouses', 5–33.

<sup>80</sup> Bartlett, *op. cit.* (note 5), 206–13, 218–21; Philo, *op. cit.* (note 1), 249–54; Mellett, *op. cit.* (note 4), 138–56.

Historians such as David Mellett and Nick Hervey have taken the view that the Commissioners in Lunacy were a body whose effectiveness was limited, their efforts focused mostly on collecting statistics, confronting the worst excesses of the private lunatic asylum sector, and providing detailed guidance on the construction of new county asylums.<sup>81</sup> A similar position was adopted by Bartlett, who argued that the commissioners did not deal particularly strongly with powerful local interest groups or parsimonious authorities, and that their interventions on the issue of inappropriate retention of pauper lunatics in workhouse accommodation were less effective than those of the Poor Law Commissioners.<sup>82</sup> However, Melling and his colleagues, based on their Devon evidence, credited the Commissioners in Lunacy with a much more influential role in relation to the county asylum authorities and the borough magistrates of Exeter and Plymouth.<sup>83</sup> Philo has endorsed that perspective in considering the commissioners' particular efforts to pressurise county boroughs to accept their responsibility for providing a lunatic asylum under the 1845 Act and subsequent legislation in 1853.<sup>84</sup> The Bristol experience bears out the determination and ultimate effectiveness of the commissioners when faced with what they perceived as recalcitrant opponents.

The Commissioners in Lunacy's firm conviction of the need for borough asylums had considerable ramifications for the Bristol authorities. The relentless hostile scrutiny of provision within St Peter's Hospital placed the city at the forefront of those boroughs expected to construct a new, well-appointed lunatic asylum that conformed to the expected standards regarding location and facilities. Birmingham had already set the example. In 1850 it became the first borough to provide its own lunatic asylum under the 1845 Act, in the wake of severe criticism of its workhouse insane wards by the Metropolitan Commissioners in Lunacy and by Dr Samuel Hitch in his special report to the Poor Law Commission in 1844.<sup>85</sup> This can only have accentuated the pressure placed on Bristol to follow suit.

In Bristol, responsibility for management of the existing lunatic asylum and care of its patients was confusingly shared between several bodies. The Corporation of the Poor (referred to sometimes as the Board of Guardians after 1834) owned St Peter's Hospital and managed the workhouse that was still its predominating element. It was responsible for the whole building's structure, fabric and maintenance. The borough magistrates were given an inspectorial role in relation to the lunatic asylum under a local act passed in 1837, which was delegated to a committee of visitors. The 1845 legislation extended their powers to include some management responsibilities, including staff appointments. It also gave the borough council the option to take over the role but they declined, thus leaving the powers with the magistrates.<sup>86</sup> The act of 1853 reinforced the powers of borough councils and,

<sup>81</sup> Mellett, *op. cit.* (note 11), 232–7, 242–7; Nicholas Hervey, 'A slavish bowing down: the Lunacy Commissioners and the psychiatric profession 1845–60', in W.F. Bynum, R. Porter and M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. II: *Institutions and Society* (London: Tavistock, 1985), 98–131.

<sup>82</sup> Bartlett, *op. cit.* (note 5), 197–218.

<sup>83</sup> Bill Forsythe, Joseph Melling and Richard Adair, 'Politics of lunacy: central state regulation and the Devon Pauper Lunatic Asylum, 1845–1914', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society: A Social History of Madness in Comparative Perspective* (London and New York: Routledge, 1999), 68–92.

<sup>84</sup> Philo, *op. cit.* (note 1), 560–5. A county borough was a borough that had the administrative status of a county.

<sup>85</sup> *Proposed Rules and Regulations for the Government of the Pauper Lunatic Asylum for the Borough of Birmingham* (Birmingham: W. Grew and Son, 1850); *Report of the Metropolitan Commissioners*, 10, 98–9, 136, 234–5; TNA, MH 12/13288/18261, 'Report of the Insane Poor Confined in the Workhouse Birmingham'.

<sup>86</sup> BRO, M/BCC/MEH/1/1, Committee of Visitors, 10 February, 13 March 1846; *Bristol Mercury*, 14 March,

after demurring for several months, Bristol council took over nominal responsibility for the asylum in January 1854.<sup>87</sup> Whilst this provided some clarification, there was nevertheless continuing scope for disputes and disagreements between the authorities concerned, with periodic instances of the Corporation of the Poor, visiting magistrates and town council blaming one another and seeking to shift responsibility when difficulties arose. They could only be relied upon to reach common accord on one subject – the need to protect the ratepayers of Bristol from the prospective heavy burden of expenditure involved in replacing the asylum in St Peter's Hospital with a new borough lunatic asylum.

For more than a decade after 1845 St Peter's Hospital was the focus of protracted conflict between central government, as represented primarily by the Commissioners in Lunacy, and the Bristol authorities. Their contrasting conceptions were even evident in the nomenclature deployed. By 1846 the visiting magistrates were routinely referring to the 'Bristol Lunatic Asylum',<sup>88</sup> but the commissioners steadfastly persisted in describing it as St Peter's Hospital. The latter's opening salvo was fired in the published report of 1847, following a visit the previous November. Although conceding that some improvements had been made to the lunatic wards since 1844, the commissioners considered the present arrangements 'utterly discreditable' and threatened 'the intervention of some higher authority' if the Bristol authorities did not take drastic measures.<sup>89</sup> The visiting magistrates acknowledged that the building was 'entirely unfit for a Lunatic Asylum' and could never be made suitable, particularly because of a 'want of proper classification' that led to frequent violence among male patients.<sup>90</sup> The Corporation of the Poor responded more equivocally. One outspoken member, Dr Green, maintained that the 'lunatic establishment' was 'healthy, well arranged, well ventilated, and efficiently conducted'. Apart from having no gardens, it was 'equal to any in the kingdom'.<sup>91</sup>

A superficially conciliatory tone was adopted by the Commissioners in Lunacy in 1848. Whilst lamenting the amount of mechanical restraint employed, they complimented the cleanliness of the wards and the neat appearance and tranquillity of the patients.<sup>92</sup> Somewhat reassured, the visiting magistrates proposed building alterations to allow more separation of those who were violent, refractory or 'filthy in their habits', as well as measures to reduce mechanical restraint, including a night nurse.<sup>93</sup> The commissioners nevertheless advised the Home Secretary, Sir George Grey, of the continuing 'unfitness' of St Peter's Hospital, insisting they had used 'every opportunity' to enforce the duty to make suitable provision. They called on him to exercise his powers under the 1845 act to require the Bristol authorities to 'provide a proper Asylum, in a suitable locality near the City'.<sup>94</sup>

In September 1849 a letter requiring construction of a new asylum went out from the Home Office. In response the Bristol magistrates, while accepting that the present asylum had 'inconveniences', questioned the commissioners' portrayal and saw no 'pressing

15 August 1846, 14 January 1854.

<sup>87</sup> 16 & 17 Vict., cap. 97; *Bristol Mercury*, 14, 28 January 1854; Latimer, *op. cit.* (note 49), 346–7.

<sup>88</sup> BRO, M/BCC/MEH/1/1, 'Bristol Town Council: Lunatic Asylum Committee of Visitors, 1846–51'.

<sup>89</sup> *Further Report of the Commissioners in Lunacy to the Lord Chancellor* (London: Shaw and Sons, 1847), 95–6. The commissioners, who included James Cowles Prichard, reported 89 insane patients in the wards.

<sup>90</sup> BRO, 31038/1, Reports of Visitors to St Peter's Hospital, 1845–52, 2 August, 26 October 1847.

<sup>91</sup> *Bristol Mercury*, 16 October 1847.

<sup>92</sup> BRO, 31038/1, Reports of Visitors, 21 January, 11 September 1848.

<sup>93</sup> TNA, HO 45/2236, 13 October 1848, Extract from Report by Dr J. Davis, Visiting Physician; 3 November 1848, Burgess to Lutwidge; BRO, M/BCC/MEH/1/1, Committee of Visitors, 4 October, 3 November 1848.

<sup>94</sup> TNA, HO 45/2236, 2 December 1848, Lutwidge to Waddington; HO 45/2697, 7 July 1849, Lutwidge to Waddington.

necessity' for the great expense of building a new asylum at a time when the city was financially straitened. The Corporation of the Poor concurred, maintaining that St Peter's Hospital had no defect sufficient to justify the expenditure; its 'large number of recoveries' belied claims of its inadequacies and unsuitable site.<sup>95</sup> Their pleadings secured some temporary respite. In January 1850 the commissioners commended the employment of female patients and accommodation that was generally clean, well ventilated and in good order. They praised the patients' tranquil state and the reduced use of restraint, concluding that they had 'good reason to be satisfied', notwithstanding the 'inherent & incurable defects' of the buildings.<sup>96</sup>

Encouraged by the commissioners' comments, the visitors and workhouse authorities implemented further improvements in the accommodation and amenities and spent money on new clothing and activities for the patients.<sup>97</sup> However, any false hopes that they could fend off the pressures from London were soon dashed. In August 1850 the Commissioners in Lunacy advised the Home Secretary that Bristol's returning prosperity removed any extenuating circumstances. Although satisfied with the 'care and assiduity' demonstrated toward the patients and efforts to rectify the asylum's 'more prominent evils', the fundamental defects remained:

Its position, in the centre of a crowded and populous City, and the consequent want of space, involving as that does an almost total absence of Courts and open ground for air and exercise, as well as of proper means of classifying and separating the patients, and of employing them in healthful labor out of doors, are objections which nothing short of the acquisition or erection of a new Asylum beyond the bounds of the Town can effectually remedy.

Having clearly re-stated their familiar arguments, the commissioners rejected any 'temporary palliatives' or postponements, while unwisely proposing interim arrangements for Bristol to place its lunatics in a county asylum or private licensed house. A letter from the Home Office reiterated the demand for provision of a new asylum.<sup>98</sup>

The visiting magistrates and Corporation of the Poor agreed to unite against the directives. They took counsel's advice, which confirmed that the Secretary of State had no power to discontinue St Peter's Hospital's legal status as Bristol's county lunatic asylum and consequently could not order removal of its pauper lunatics.<sup>99</sup> Having gained a partial victory, they pressed home their advantage by proposing an exchange of rooms and outdoor areas between the asylum and the workhouse, thereby creating additional sleeping rooms and exercise areas.<sup>100</sup> Plans were submitted in May 1851. The discomfited Commissioners in Lunacy conceded that they would 'effect a considerable improvement' and recommended approval, though insisting that these were no more than 'temporary expedients'.<sup>101</sup> Their climb-down engendered a misplaced optimism in Bristol. The deputy governor of St Peter's Hospital hoped the alterations might 'entirely do away with the

<sup>95</sup> TNA, HO 45/2697, 13 September 1849, Brice to Secretary of State; *Bristol Mercury*, 22 September 1849.

<sup>96</sup> BRO, 31038/1, Reports of Visitors, 24 January 1850.

<sup>97</sup> BRO, 31038/1, Reports of Visitors, 2, 13 February, 7, 20 March, 3 April, 8 May, 11 June, 3 July, 10 August 1850.

<sup>98</sup> TNA, HO 45/3053, 6 August 1850, Lutwidge to Waddington (main quote), 11 September 1850, Brice to Waddington; BPP 1850, Vol. XXIII, Fifth Annual Report of the Commissioners in Lunacy, 4–5; BRO, M/BCC/MEH/1/1, Committee of Visitors, 6 September 1850.

<sup>99</sup> TNA, HO 45/3053, 11 September 1850, Brice to Waddington; *Bristol Mercury*, 31 August 1850; 14 February 1851.

<sup>100</sup> BRO, 31038/1, Reports of Visitors, 15 January, 3, 5 February 1851; BRO, M/BCC/MEH/1/1, Committee of Visitors, 17 January, 14 February 1851.

<sup>101</sup> BRO, M/BCC/MEH/1/1, Committee of Visitors, 14 March 1851; TNA, HO 45/3815, 14 May 1851, Lutwidge to Waddington.

idea of a new building', or at least defer it for a long time.<sup>102</sup> By October 1851 the patients had moved into their new accommodation, and the visiting magistrates observed marked improvements in the demeanour and appearance of the women.<sup>103</sup> They remarked in December that the asylum was now 'amply sufficient for its purposes', offering 'as fair a chance of recovery as might be expected in a much larger Establishment', and anticipated that the Commissioners in Lunacy would hesitate before inflicting a further burden on the city.<sup>104</sup>

However, the asylum's re-modelling bought less than two years' grace. It quickly became evident that the buildings retained serious limitations, especially regarding the ability to contain dangerous or risky patients. Throughout 1852 a series of violent incidents brought about a marked increase of confinement in 'strong rooms' and in the deployment of mechanical restraints.<sup>105</sup> Such developments aroused the hostile interest of the Commissioners in Lunacy, at a period when 'non-restraint' principles were strongly influencing ideas on public asylum management, with the elimination of restraint being interpreted as a key indicator of best practice.<sup>106</sup> During 1853, it was being applied with increasing frequency and for longer periods in St Peter's Hospital, in response to continuing violence among patients and between staff and patients.<sup>107</sup> Visiting two weeks after the dismissal of a male attendant for violent conduct, the commissioners attributed the 'large amount of instrumental coercion' to the 'very imperfect' means of separating and classifying the patients, lack of seclusion facilities and single rooms, and the absence of opportunities for outdoor activities. The numerous instances of 'wounds & bruises inflicted by patients on each other' had resulted in at least one death.<sup>108</sup> In one particularly unfortunate incident, a long-standing patient, who had previously been under restraint, committed suicide by setting fire to her clothes in the water closet.<sup>109</sup> The mechanical restraint issue further heightened the central authorities' perception that a new asylum was a necessity.

Overcrowding was also becoming an increasing problem, as at many better appointed county asylums, due to a continuing growth in admissions relative to discharges.<sup>110</sup> The

<sup>102</sup> *Bristol Mercury*, 14 June 1851.

<sup>103</sup> BRO, 31038/1, Reports of Visitors, 16, 25 June, 16 July, 1 August 1851; BRO, 31038/2, Reports of Visitors to St Peter's Hospital, 1851–60, 20, 27, 29 August, 11, 15, 25 September, 2, 11, 15, 26, 30 October, 24 November, 17 December 1851, 7, 15, 29 January, 4, 18 March 1852; *Bristol Mercury*, 16 August, 11 October 1851.

<sup>104</sup> BRO, 31038/2, Reports of Visitors, 17 December 1851.

<sup>105</sup> BRO, 31038/2, Reports of Visitors, 8 April, 15, 22 May, 17, 26 July, 16 August, 3, 16 September, 5, 19, 25 November, 21 December 1852.

<sup>106</sup> Nancy Tomes, 'The great restraint controversy: a comparative perspective on Anglo-American psychiatry in the nineteenth century', in W.F. Bynum, R. Porter and M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. III: *The Asylum and its Psychiatry* (London: Routledge, 1988), 190–225; John Conolly, *The Treatment of the Insane Without Mechanical Restraints* (London: Smith, Elder and Co., 1856); Robert Gardiner Hill, *A Concise History of the Entire Abolition of Mechanical Restraint in the Treatment of the Insane: And of the Introduction, Success, and Final Triumph of the Non-Restraint System* (London: Longman, Brown, Green, and Longmans, 1857).

<sup>107</sup> BRO, 31038/2, Reports of Visitors, 7, 19 January, 3, 11 February, 7, 21 March, 5, 21 April, 6, 18, 31 May, 4, 9, 16 July, 5, 16 August, 16, 23 September, 6, 22 October, 26 November, 8 December 1853.

<sup>108</sup> BRO, 31038/2, Reports of Visitors, 25 July 1853; BPP 1854, Vol. XXIX, Eighth Annual Report of the Commissioners in Lunacy, 1854, 16–17.

<sup>109</sup> BRO, 31038/2, Reports of Visitors, 6 September 1853; *Bristol Mercury*, 10 September 1853.

<sup>110</sup> Scull, *op. cit.* (note 1), 269–76, 335–8; Melling and Forsythe, *op. cit.* (note 1), 50–5, 72; Stephen Cherry, *Mental Health Care in Modern England: The Norfolk Lunatic Asylum/St Andrew's Hospital c.1810–1998* (Woodbridge: Boydell, 2003), 83–5; Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales 1800–2000* (Cardiff: University of Wales Press, 2003), 65–7; Worcestershire Archives, BA 8343/7, Annual

pressures on Bristol's visiting magistrates were compounded when the Commissioners in Lunacy ordered transfer of several lunatics from the city's other workhouse at Stapleton in August 1853. At the beginning of September it was noted that, with seventy-seven patients, the house 'is now becoming very full'.<sup>111</sup> Furthermore, extensions to the borough boundaries brought Clifton within Bristol. Clifton's lunatics had hitherto been accommodated in the Gloucestershire county asylum, but its overcrowding problems caused notice to be given to the Clifton Board of Guardians to remove their patients. A similar eventuality was looming in relation to patients from the Bedminster district, currently placed in the Somerset asylum at Wells.<sup>112</sup> As the potentially responsible county asylum, St Peter's Hospital plainly did not have capacity to accommodate the potential influxes.

It was the Clifton situation that precipitated renewed central government intervention. Faced with the prospect of having to relocate their pauper lunatics, the Clifton guardians initially looked toward St Peter's Hospital. However, an inspection visit led them to conclude that it was completely unsuitable. They made representations to the Home Office, describing it as 'unfit and inadequate for a county lunatic asylum', severely criticising 'its means of classification, and defective accommodation for air and exercise'. In October 1853 the inevitable order went out from Viscount Palmerston, the Home Secretary, requiring the Bristol justices 'to erect or provide a fit and proper asylum' for pauper lunatics, and citing the new legislation empowering borough councils to take on the responsibilities.<sup>113</sup>

In January 1854 a special meeting of the town council confirmed its distinct unwillingness to comply with the government directives. Councillors challenged the principles behind what Philo has called the "medico-moral" locational discourse' that underlay the building of public asylums in rural settings.<sup>114</sup> They were not convinced that outdoor employment was as necessary for 'patients belonging to crowded city districts, and whose callings were chiefly artistic or mechanical' as for those 'accustomed to rural occupations', contending that work at their own trades would be more conducive to recovery. The need for air and exercise could be met by 'walking parties and outings', such as those currently provided for some patients. They advocated either incorporating additional space at St Peter's Hospital or transferring all the lunatics to the more suburban Stapleton workhouse.<sup>115</sup> The Corporation of the Poor, however, by now acknowledged that the asylum's defects were too great to overcome, and relations between them and the borough council became increasingly strained. In early February 1854 the council reluctantly agreed to take over the management responsibilities.<sup>116</sup> A new committee of visitors was appointed, although its key personnel remained largely the same. Over the following months attempts were made to improve facilities, including provision of a

Reports of the County and City of Worcester Lunatic Asylum – Sixth Annual Report (1859), 10; Seventh Annual Report (1860), 6–7, 18–20; Eighth Annual Report (1861), 7, 66–8.

<sup>111</sup> BRO, 31038/2, Reports of Visitors, 16, 22 August, 1 September 1853.

<sup>112</sup> BRO, 31038/2, Reports of Visitors, 1 September 1853; *Bristol Mercury*, 14 January 1854. For earlier problems at Gloucester Asylum, see Smith, *op. cit.* (note 1), 172–3.

<sup>113</sup> BRO, M/BCC/MEH/1/2, Bristol Town Council, Lunatic Asylum Committee of Visitors, 1851–57, 28 October, 11 November 1853; BRO, 31038/2, Reports of Visitors, 7 November 1853; *Bristol Mercury*, 14 January 1854; 16&17 Victoria, c.97, 'An Act to Consolidate and Amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Care of Pauper Lunatics in England'.

<sup>114</sup> For a full discussion see Philo, *op. cit.* (note 1), 567–94: 576.

<sup>115</sup> *Bristol Mercury*, 14 January 1854.

<sup>116</sup> *Ibid.*, 28 January, 11 February, 10 June 1854; BRO, 31038/2, Reports of Visitors, 28 January 1854.

new workshop for the men and the introduction of two rug looms. The Commissioners in Lunacy noted the beneficial effects of the measures taken but remained generally unimpressed, particularly in view of the numbers of injuries sustained by patients and the incidence of mechanical restraint.<sup>117</sup> In late December 1854 Lord Palmerston issued another 'peremptory order', requiring the council to build a new lunatic asylum.<sup>118</sup>

Palmerston's missive further galvanised local opposition. In January 1855 the mayor, J.G. Shaw, called for 'one other grand effort', leaving 'no stone unturned to avert the threatened burden' of taxation and poorer ratepayers being 'driven mad'. He insisted that the necessary classification of patients could be implemented in St Peter's Hospital, and contended that it was inappropriate to remove pauper lunatics from 'the crowded courts, lanes, and alleys of the city' to place them in unfamiliar 'fields, groves, and gardens'.<sup>119</sup> Proposals were made to incorporate more of the workhouse into the lunatic asylum, to increase capacity to 150. The Corporation of the Poor, although equally anxious to resist the 'monstrous' anticipated expenditure of £40 000 on a new asylum, doubted that the plan would be sanctioned by the Commissioners in Lunacy, especially as increased noise and factory smoke had 'materially prejudiced the locality as a receptacle for insane patients'. They renewed the suggestion to transfer the lunatics to Stapleton workhouse, which had five acres of land attached.<sup>120</sup> However, following an inspection the commissioners declared the site unsuitable, and a further formal letter from the Home Secretary followed in March.<sup>121</sup>

Undaunted by the continuing pressure, the borough council and Corporation of the Poor set aside their differences to act jointly.<sup>122</sup> Following yet another order from the Home Secretary in September the campaign became increasingly vocal, incited by local politicians. In the autumn of 1855, public meetings of irate ratepayers were held all over Bristol.<sup>123</sup> In October, at the Guildhall, the mayor compared pauper lunatic asylums to 'royal palaces, surrounded by princely domains'. Whilst recognising St Peter's Hospital's shortcomings, he claimed that 'nineteen-twentieths of those afflicted inmates, if cured and sent back to their homes' would return to far worse circumstances.<sup>124</sup> Despite objections from William Herepath, the long-serving chairman of the visitors, the two bodies renewed their efforts to gain agreement for the asylum's relocation to the Stapleton workhouse site.<sup>125</sup> The definitive response arrived in February 1856. Having conferred with the Commissioners in Lunacy, the Poor Law Commissioners formally refused

<sup>117</sup> BRO, 31038/2, Reports of Visitors, 18, 27 February, 2, 17, 30 March, 6 April, 2 May, 9 June, 5, 6 July, 9 August, 28 September, 13 October, 29 November, 7, 11, 19 December 1854.

<sup>118</sup> *Bristol Mercury*, 30 December 1854.

<sup>119</sup> *Ibid.*, 6 January 1855. A summary of the ensuing train of events is provided in Donal Early, *The Lunatic Pauper Palace: Glenside Hospital Bristol 1861–1994: Its Birth, Development and Demise* (Bristol, 2003; revised 2008), 5–7.

<sup>120</sup> *Bristol Mercury*, 3 February 1855. The building at Stapleton had originally been a hospital for French prisoners of war. It was acquired from the Admiralty in 1833 and converted into a workhouse – Latimer, *op. cit.* (note 49), 139–40.

<sup>121</sup> *Bristol Mercury*, 17 February, 7 April 1855.

<sup>122</sup> *Ibid.*, 12, 19 May 1855; Latimer, *op. cit.* (note 49), 346. Their apparent harmony was interrupted for several weeks by a financial dispute associated with the fraud and subsequent dismissal of John Downing, the workhouse master and asylum superintendent – BRO, 31038/2, Reports of Visitors, 26 June, 28 July 1855.

<sup>123</sup> *Bristol Mercury*, 8 September, 13, 20, 27 October, 3 November 1855; Latimer, *op. cit.* (note 49), 346.

<sup>124</sup> *Bristol Mercury*, 27 October 1855; Early, *op. cit.* (note 119), 6.

<sup>125</sup> *Bristol Mercury*, 24 November, 1, 29 December; Early, *op. cit.* (note 119), 6–7.

consent. In Bristol the decision brought condemnation of both sets of commissioners and all centralised direction.<sup>126</sup> However, every party now accepted that the battle had ended.

Bristol's town council then acted quickly. By late 1856 a new site at Stapleton had been acquired and the Commissioners in Lunacy's consent obtained. A building 'of a simple but cheerful character' for two hundred patients was designed by a local architect, J.R. Lysaght, builder of the County Cork lunatic asylum. In March 1857 William Herepath proudly told a council meeting that they 'had taken care not to adopt the most beautiful plan, but had chosen one which was neat but not gaudy', and the projected cost of £30 000 was significantly less than feared.<sup>127</sup> After the inevitable delays the Bristol Borough Lunatic Asylum finally opened in February 1861. Fifty men and sixty-three women were transferred from St Peter's Hospital. Dramatic improvements in their health and demeanour were reported following the move to the new asylum in its semi-rural setting.<sup>128</sup>

### Twilight Years

The last years of St Peter's Hospital lunatic asylum's operation proved extremely problematic. Its various deficiencies, the subject of so much hostile attention, became increasingly apparent as escalating admissions brought increased overcrowding. Patient numbers rose from 67 in May 1856 to 88 by the end of the year, and beds had to be moved closer together.<sup>129</sup> The difficulties continued through 1857, accentuated by transfers of patients from the Somerset, Wiltshire and Gloucester asylums.<sup>130</sup> Some relief came in December, with conversion of the workhouse 'passengers' wards into two seclusion rooms and a bedroom for 'the most disorderly patients'.<sup>131</sup> In mid-July 1858, with 98 people, the house was 'very full'. Beds in the female wards were moved together to 'an inconvenient extent', and another workhouse ward was acquired to give space for 15 additional beds.<sup>132</sup> In July 1859 Clifton Union sought admission of several females, and by December the asylum housed 106 patients.<sup>133</sup> People were sent on leave to create space, despite a report in May 1860 that 10 women out 'on trial' were really not 'fit persons to be discharged'.<sup>134</sup>

It was not merely a question of numbers. In terms that became familiar in many public asylums, the visitors complained bitterly about the actual patients they had to manage.<sup>135</sup> In December 1856 they noted the 'many utterly hopeless cases, especially amongst the women'.<sup>136</sup> Responding in May 1857 to the Commissioners in Lunacy's

<sup>126</sup> *Bristol Mercury*, 6 March 1856, 21 March 1857.

<sup>127</sup> *Ibid.*, 25 October, 13 December 1856, 21 March 1857. The former asylum is now a campus of the University of the West of England.

<sup>128</sup> BRO, 31038/2, Reports of Visitors, 8 March 1859, 23 February, 15 May 1860; BRO, M/BCC/MEH/1/3, Bristol Lunatic Asylum Visiting Committee, 1857–65, 20 January, 24 February, 9 April, 16 May 1860; Latimer, *op. cit.* (note 49), 346–7; *Report of the Committee of Visitors of the Lunatic Asylum for the City and County of Bristol as Presented to the Town Council on the First January, 1862* (Bristol: Somertons, Mercury Office, 1862), 7–9 – copy in the Museum of the Mind, Glenside, Bristol. The eventual cost exceeded £40 000.

<sup>129</sup> BRO, 31038/2, Reports of Visitors, 1 May, 10, 18 December 1856, 14 January 1857.

<sup>130</sup> *Ibid.*, 14 January, 15 May, 3, 25 June, 9 October 1857.

<sup>131</sup> *Ibid.*, 13 July, 3 September, 30 October, 4, 16 December 1857.

<sup>132</sup> *Ibid.*, 17 April, 10, 15, 26 July, 25 August, 19 November 1858.

<sup>133</sup> *Ibid.*, 8 March, 23 July, 10 December 1859; BRO, M/BCC/MEH/1/3, Bristol Lunatic Asylum Visiting Committee, 29 July 1859.

<sup>134</sup> BRO, 31038/2, Reports of Visitors, 29 September 1859, 23 February, 22 March, 15 May 1860.

<sup>135</sup> Scull, *op. cit.* (note 1), 275–6, 370–2; Melling and Forsythe, *op. cit.* (note 1), 183–8; Peter McCandless, '“Build! Build!” the controversy over the care of the chronically insane in England, 1855–1870', *Bulletin of the History of Medicine* 53 (1979), 553–74; Cherry, *op. cit.* (note 110), 83–91.

<sup>136</sup> BRO, 31038/2, Reports of Visitors, 10 December 1856.

contention that conditions in the house were responsible for very high mortality rates, the visitors countered that it contained 'about 90 of the most desperate & for the most part incurable cases' who demonstrated 'all the worst features to which Insanity is exposed'.<sup>137</sup> In October they claimed many cases 'presented more marked features of insanity than we have generally observed', most being incurable.<sup>138</sup> In early 1860, with overcrowding acute, the asylum was receiving only dangerous cases 'of the most unfavourable character'. According to the visitors, 'the House never before contained so many deplorable objects'.<sup>139</sup>

These circumstances contributed to the numerous incidents of patient violence, some serious in nature, both between patients and directed toward nurses, attendants and more senior staff. Mechanical restraint and seclusion in a 'strong room' were being deployed with increasing frequency to contain dangerous and threatening behaviours, sometimes for extended periods.<sup>140</sup> Whilst the Commissioners in Lunacy condemned the extent of their use, they largely accepted arguments by the visitors that the buildings' limitations made it difficult to manage patients otherwise.<sup>141</sup> Standards of care were also materially affected by the low calibre of staff employed. The commissioners alluded to this in 1859, identifying poor pay as a significant determinant.<sup>142</sup> Wage levels in the asylum had always been low, particularly for females, corresponding more to those in workhouses than in county lunatic asylums.<sup>143</sup> Several of those recruited to the female lunatic wards were previously workhouse inmates, a common phenomenon in many large urban workhouses.<sup>144</sup> During the 1850s several nurses, both male and female, were dismissed for misconduct ranging from drunkenness and verbal abuse to assaults on patients.<sup>145</sup> In early 1857 the appointment of a former police constable, with 'a good character for humanity & general good conduct', was perhaps a sign of raised standards preparatory to the new borough asylum.<sup>146</sup>

<sup>137</sup> *Ibid.*, 15 May 1857.

<sup>138</sup> *Ibid.*, 30 October 1857.

<sup>139</sup> *Ibid.*, 23 February 1860.

<sup>140</sup> *Ibid.*, 26 June, 31 July, 28 September, 27 October 1855, 11 March, 1 May, 11, 20, 24 June, 9, 11 August, 2, 22 October, 12 November 1856, 14 January, 11 March, 25 June, 11, 22 August 1857, 18 March, 18, 26 May, 2 July, 11, 23 September 1858, 23 February, 3 August 1859.

<sup>141</sup> BRO, 31038/1, Reports of Visitors, 11 September 1848; BRO, 31038/2, 25 July 1853, 5 July 1854, 12 May 1857, 19 November 1858.

<sup>142</sup> BRO, 31038/2, Reports of Visitors, 8 March 1859.

<sup>143</sup> BRO, M/BCC/MEH/1/1, Bristol Town Council, Lunatic Asylum Committee of Visitors, 17 April 1846; BRO, M/BCC/MEH/1/2, Lunatic Asylum Committee of Visitors, 20 January 1854; BRO, 31038/2, Reports of Visitors, 9 January 1854. For comparisons, see – Smith, *op. cit.* (note 1), 143–5; John Walton, 'The treatment of pauper lunatics in Victorian England, 1816–1870: the case of Lancaster Asylum', in Andrew Scull (ed.), *Madhouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian Era* (London: Athlone, 1981), 166–197.

<sup>144</sup> Catherine Toombs, for example, was brought up in Stapleton workhouse. After a period in domestic service she became a prostitute. She contracted syphilis and was frequently admitted to the medical wards of St Peter's Hospital. Being 'strong and muscular' she was recruited as a nurse on the lunatic ward, though later dismissed for violence toward patients. She was subsequently admitted to the lunatic ward as a patient – BRO, 40513/C/1/1, Bristol Lunatic Asylum/St Peter's Hospital, Male and Female Case Book, 1847–8, 22 March 1847. For staffing in other urban workhouse insane wards see BPP 1859, Vol. IX, 'On the Condition, Character, and Treatment of Lunatics in Workhouses', 20.

<sup>145</sup> BRO, 31038/1, Reports of Visitors, 7 September, 10 October 1850; BRO, 31038/2, 9 July 1853, 7 December 1855; BRO, M/BCC/MEH/1/1, Lunatic Asylum Committee of Visitors, 6 December 1850. The male attendants in the asylum at St Peter's Hospital were usually referred to as 'nurses'.

<sup>146</sup> BRO, 31038/2, Reports of Visitors, 14 January 1857.

### Conclusion – ‘Bristol Fashion’

In recent years there has been an evolving discourse within the history of medicine and related disciplines surrounding questions of ‘place’ and locality.<sup>147</sup> Medical historians have been reminded that the national narrative is determined to a large degree by a summation of events that occurred in numerous cities, towns and villages and by the contributions of a diverse range of actors within those places. Indeed, frequently these did not conform to the overall picture and localised studies have become increasingly necessary to generate more comprehensive representations of historical developments.<sup>148</sup>

A growing focus on place has been particularly evident within the history of psychiatry and of institutions to accommodate people deemed insane, particularly through the work of Chris Philo.<sup>149</sup> Such a perspective seems particularly apposite in considering the history of St Peter’s Hospital and its provision for the insane. The institution’s constricted riverside location in rambling, crowded buildings in the centre of a teeming port city, surrounded by industrial facilities, was perceived as a serious impediment both to inmates’ basic physical health and to the implementation of practices consistent with the emergent tenets of ‘moral management’.

Bristol’s early decision to make public provision for the insane poor within its workhouse deflected any potential impetus toward the voluntary lunatic hospital approach adopted elsewhere in the eighteenth century. It meant, however, that the city was for a long time saddled with a facility far inferior to those available to many of its contemporaries. The highly unusual re-designation of St Peter’s Hospital as a county lunatic asylum, by means of what constituted legislative sleight of hand, characterised Bristol’s singularly local approach to addressing the growing problem of pauper insanity. It also ensured the perpetuation of outmoded practices and the avoidance of any requirements to provide suitable facilities in a more favourable location. The lunatic asylum contained within St Peter’s Hospital consequently represented key elements that the reform lobby, in the guise of the Commissioners in Lunacy, sought to confront. It comprised, in reality, little more than the crowded insane wards of an urban workhouse, bereft of any of the attributes regarded as essential for the curative treatment of mentally disordered people. Its peculiar legal status, in conjunction with Bristol’s regional and national prominence, made it subject to the commissioners’ particular attentions. Their determined efforts to force the city’s authorities into providing a replacement borough asylum were noticeably earlier and greater than their endeavours in relation to other large towns or cities.<sup>150</sup>

In Bristol the adherence to an entrenched policy of determined opposition to any additional burden on the city’s ratepayers was strengthened by a deep resentment of all manifestations of central government direction in matters regarded as within the purview

<sup>147</sup> E. Dyck and C. Fletcher (eds), *Locating Health: Historical and Anthropological Investigations of Health and Place* (London: Pickering and Chatto, 2011); S. Naylor, ‘Introduction: Historical Geographies of Science: Places, Contexts, Cartographies’, *British Journal for the History of Science* 38, 1 (March 2005), 1–12.

<sup>148</sup> Jonathan Reinartz, ‘Putting medicine in its place: the importance of historical geography to the history of health care’, in Dyck and Fletcher, *op. cit.* (note 147), 29–42.

<sup>149</sup> Andrew Scull, *The Insanity of Place/The Place of Insanity: Essays in the History of Psychiatry* (London: Routledge, 2006); Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913–1997* (London: Routledge, 1998); Philo, *op. cit.* (note 1); Chris Philo, ‘Fit Localities for an Asylum: The Historical Geography of the Nineteenth-Century “Mad-Business” in England as Viewed through the Pages of the Asylum Journal’, *Journal of Historical Geography*, 13, 4 (1997), 398–415.

<sup>150</sup> Philo, *op. cit.* (note 1), 576–7; Melling, Forsythe and Adair, *op. cit.* (note 83), 74–8. Pressure was also applied to Hull in the 1850s, but cities like Plymouth and Exeter were not singled out until the 1860s.

of the city and its people. These perspectives informed an approach which overlooked, rationalised or tolerated extremely poor conditions, a high level of institutional violence and the extensive use of mechanical restraint. However, the ultimate consequence of assertions of local independence and stubborn resistance to state intervention was to make commissioners and ministers even more determined to enforce their will. In the end the city's authorities had to concede. Nevertheless, despite all the criticisms and prevarications, Bristol could still claim to be only the second English borough to construct its own pauper lunatic asylum under the 1845 legislation.<sup>151</sup>

The historical significance of the lunatic asylum in St Peter's Hospital is rather more than its persistence as an anomalous institution in a major city, or of a conflict between local autonomy and central authority, important as those were. Beyond them there was the vexed question of entitlement. The Earl of Shaftesbury and his fellow lunacy reformers, through the legislation of 1845 and the endeavours of the Commissioners in Lunacy, had successfully captured the intellectual as well as the practical initiative. By the early 1850s, the public asylum based on moral management had become the accepted model of provision for most poor people with a mental disorder.<sup>152</sup> In contrast, the Bristol authorities' defensive position was motivated partly by a conception that urban pauper lunatics could neither appreciate nor benefit from a relatively lavish semi-rural institution. Rather, they were construed as being entitled only to something more basic, within the workhouse. The improvements and adaptations made there, designed to offer standards of comfort and care somewhat superior to those experienced by other inmates, were part of a real attempt to uphold a workhouse-based model of provision for the full range of mentally disordered people.<sup>153</sup> In these circumstances, Bristol's eventual capitulation signified a major victory for the reformers and moral managers. Henceforth, the purpose-built county or borough asylum was confirmed as the normal place of confinement and curative treatment, while urban workhouses were to provide primarily for the residual groups of largely 'harmless' people, with immanent or chronic disorders, for whom asylum treatment was deemed inappropriate.<sup>154</sup>

<sup>151</sup> While Birmingham, in 1850, had been the first to build its own asylum, several other boroughs joined with neighbouring counties to do so.

<sup>152</sup> Donnelly, *op. cit.* (note 77), 31–56, 96–7; Smith, *op. cit.* (note 1), 207–13, 228–43, 272–7, 286–7; Melling and Forsythe, *op. cit.* (note 1), 47–53; Cherry, *op. cit.* (note 110), 59–73.

<sup>153</sup> This was also apparent from the casebooks; the medical officers carefully recorded their treatment methods, as in other county asylums – BRO, 40513/C/1/1, Male and Female Casebook, 1847–8; 40513/C/2/1, Male Casebook, 1853–9; 40513/C/3/1, Female Casebook, 1852–4.

<sup>154</sup> Scull, *op. cit.* (note 1), 267–93; Bartlett, *op. cit.* (note 5), 218–24, 260–1, 263–4; Mellett, *op. cit.* (note 4), 137–57.