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Depraved, Deprived, Dangerous and Deviant: Depicting the Insane Child in England's County Asylums, 1845–1907

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Abstract

The representations and experiences of children inside pauper lunatic asylums embody a significant lacuna in the understanding of children and childhood during the nineteenth century. Considering the Victorian period as a time when the conceptual notion of a sheltered and romantic childhood emerged it is essential, both to studies of childhood and to the history of the asylum, to examine how children thought to be mentally abnormal were incorporated into a discourse of innocence. Families and medical professionals played important roles in the admissions process by providing testimonies that led to certifications of insanity. This article examines the concept of the insane child and how it related to ideas of childhood that emerged during the period. Furthermore, important issues are explored such as the fluid nature of describing mental illness during the period, the motives of both family and medical professionals in creating polarized narratives of the sick child, and the place of the child within the medical institution.

I

Following the 1845 Lunacy Acts it was compulsory for each county in England and Wales to provide institutional space for its pauper insane. Those in need of confinement were defined as any 'lunatic, idiot or insane person, or a person of unsound mind'. The language used was that of nineteenth-century medicine and labels such as 'lunatic' and 'insane' became umbrella terms that encompassed a myriad of illnesses and disabilities. For children, the article's focus, this covered a broad spectrum of conditions: from the vegetative and helpless to the destructive and dangerous. Asylums, subsequently, had to adapt to accommodate such a broad array of illnesses and disabilities that the insane presented.

Amidst such diversity the historiography has offered numerous interpretations of the roles that asylums fulfilled for their adult populations.

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Andrew Scull argued that asylums were spaces where alienists attempted to professionalize and establish medical control over the insane by providing curative treatment. However, despite these intentions he contended that they became ‘warehouses of the unwanted’, used to regulate the behaviour of the unproductive in a developing capitalist economy.¹ As more research has been carried out into asylums and their populations such a social control perspective has been increasingly challenged. Cathy Smith proposed that county asylums fulfilled a range of needs and were not simply institutional spaces of control and regulation.² In her study of the Northampton General Lunatic Asylum she observed that the institution provided a place to confine the dangerous and remove the disturbed from society, but, importantly, the asylum was also used as a hospice for a range of physical conditions as well as a place for drunks to sober up; thus they offered broader social relief to those in need.³

Moving beyond arguments of social control, Mark Finnane suggested that the process of asylum confinement was one of a complex dialogue between families, communities, and doctors and the institution and state, rather than an oppressive attempt to rid society of social deviants.⁴ This view has been developed by historians such as John Walton who argued that asylums offered a last resort for families that could not cope with ‘impossible’ rather than merely inconvenient individuals.⁵ Similarly, David Wright highlighted the importance of families who turned to the asylum not as a convenient choice but ‘rather as a pragmatic response of households to the stresses of industrialization’.⁶ These interventions in the historiography have all been restricted to the insanity of adults; the status of younger family members suffering from mental afflictions has rarely been considered. The decision to seek confinement for a child must have been a family decision based on both finance and affection. The insane child would have offered little to the future economy of the family and in terms of childcare they were a drain on resources, especially when they were the eldest child without older siblings to care for them.⁷ Thus, how they were depicted at admission to the asylum is important in developing our understanding of childhood, the asylum, and welfare responses to the poor in the second half of nineteenth-century England.

¹ A. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London, 1979).

² C. Smith, ‘Family, community and the Victorian asylum: a case study of the Northampton General Lunatic Asylum and its pauper lunatics’, *Family & Community History*, 9/2 (2006), pp. 109–24.

³ *Ibid.*, p. 119.

⁴ M. Finnane, ‘Asylums, families and the state’, *History Workshop Journal*, 20 (1985), pp. 134–48.

⁵ J. K. Walton, ‘Casting out and bringing back in Victorian England: pauper lunatics, 1840–70’, in W. F. Bynum, R. Porter and M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, II (London, 1985), pp. 132–46, at p. 141.

⁶ D. Wright, ‘Getting out of the asylum: understanding the confinement of the insane in the nineteenth century’, *Social History of Medicine*, 10/1 (1997), pp.140–2, at p. 139.

⁷ For a concise discussion of the importance of children in the domestic sphere see: Joy Parr, *Labouring Children: British Immigrant Apprentices to Canada, 1869–1924* (London, 1980), ch. 1.

This article goes some way to revealing how insane children were described and represented in asylums, but they have not been totally neglected in the historiography. Melling *et al.* argued that children admitted to the county asylum in Devon were usually male and approaching adolescence. Consequently, they concluded that asylums were tools for regulating the behaviour of this type of patient.⁸ In the analysis that follows it will be demonstrated that this was not always the case and asylums accommodated a spectrum of child mental-health issues that spanned the age range. More recently, Amy Rebok Rosenthal has attempted to extend the discussion by highlighting how child insanity was perceived as a social issue.⁹ She offers a detailed and thorough overview of attitudes towards insane children from alienists and philanthropists, but the agency of families and individuals in the certification process is overlooked. The admission process for child patients is used here as a lens to gauge family involvement and rectify such a lacuna in knowledge.

In his thorough examination of the Royal Earlswood Idiot Asylum, David Wright identified many child patient cases that displayed, on entry to the institution, the behavioural tendencies that feature later in the article.¹⁰ A point of divergence between this and Wright's study is provided by the social status of the children admitted. Earlswood was a specialist and elite institution that admitted children from the 'respectable' working class. To ensure it maintained its class of patients, subscriber recommendations were required and admission was not available to those that had previously received help from the Poor Law. The five asylums featured here (Berrywood, Birmingham Borough, Colney Hatch, Prestwich, and Three Counties), and introduced in more detail in the next section, were not so selective and admitted patients most regularly from their own homes and less frequently from the Poor Law workhouse, but always at public expense. Bearing this in mind, the article breaks new ground in the literature of pauper asylums and childhood.

Children were confined inside asylums at a time when elements of society were beginning to think of childhood as a separate period of life and particularly a time of innocence.¹¹ In this article children have

⁸ J. Melling, B. Forsythe and R. Adair, "A proper lunatic for two years": pauper lunatic children in Victorian and Edwardian England. Child admissions to the Devon County Lunatic Asylum, 1845–1914', *Journal of Social History*, 31/2 (1997), pp. 371–405.

⁹ A. Rebok Rosenthal, 'Insanity, family and community in late-Victorian Britain', in A. Borsay and P. Dale (eds), *Disabled Children: Contested Caring, 1850–1979* (London, 2012), pp. 29–42.

¹⁰ D. Wright, *Mental Disability in Victorian England: The Earlswood Asylum, 1847–1907* (Oxford, 2001), pp. 94–5.

¹¹ The conceptual idea of childhood has been a popular topic of debate for historians, see: P. Ariès, *Centuries of Childhood: A Social History of Family Life* (English translation published London, 1962; originally *L'Enfant et la vie familiale sous l'Ancien Régime* (Paris, 1960); H. Cunningham, *Children and Childhood in Western Society since 1500* (London, 1995); Cunningham, *The Children of the Poor: Representations of Childhood since the Seventeenth Century* (Oxford, 1991), D. Wardle, *The Rise of the Schooled Society: The History of Formal Schooling in England*, (London, 1974); L. Pollock, *Forgotten Children: Parent–Child Relations from 1500–1900* (Cambridge, 1984); Pollock, *A Lasting Relationship: Parents and Children over Three Centuries* (London, 1987).

been defined as aged under fourteen years old; those that had reached this threshold had usually concluded any education that they might have received and were inured into an adult world of work.¹² Literary depictions of the nineteenth-century poor, particularly the novels of Dickens, brought issues of urban poverty and its impact on children to public attention.¹³ The period was consequently one of reform for this specific population. The various Factory Acts (1833–91) and Education Acts (1870–1902) were introduced to regulate the employment and intellectual development of children and were aided in the latter half of the century by the research and influence of various child study proponents, such as scientists, philosophers and psychologists, all of whom staked a claim in defining ‘the child’.¹⁴ The importance of children in a developing industrial economy has not been overlooked.¹⁵ In particular, Jane Humphries and Peter Kirby have both acknowledged a decline in child employment over the period, although the former, using a range of personal accounts from working-class autobiographies, argues that child labour was more common, and at an earlier age, than previously thought.¹⁶ Subsequently, the contribution of the able-bodied child to the household economy was still of importance as the nineteenth century progressed.

It is evident that legislative and social attitudes to children and the insane were shifting. However, it was somewhat paradoxical that children were confined in asylums alongside adults, often without focused and individual treatment, at the very time when they were being seen as ‘children’ for the first time.¹⁷ The conceptualization of insane pauper children as depraved, deprived, dangerous and deviant that accompanied many admissions is particularly complex. These youngsters were acknowledged to be beyond the parameters of normative behaviour by ‘professional’ observers and were ‘othered’ by their disposition, age and class.¹⁸ Therefore it is crucial to understand the motives of those that

¹² K. D. M. Snell, *Annals of the Labouring Poor: Social Change and Agrarian England, 1660–1900* (Cambridge, 1985), p. 326.

¹³ C. Dickens, *Oliver Twist* (London, 2012; originally published 1838); Dickens, *Great Expectations* (London, 2012; originally published 1860); Dickens, *David Copperfield* (London, 2004; originally published 1850).

¹⁴ H. Hendrick, *Child Welfare: England 1872–1989* (London, 1994); Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol, 2003); Hendrick, *Images of Youth: Age, Class, and the Male Youth Problem 1880–1920* (Oxford, 1990); Hendrick, *Children, Childhood and English Society, 1880–1990* (Cambridge, 1997).

¹⁵ M. Hewitt and I. Pinchbeck, *Children in English Society*, II (London, 1973); P. Kirby, *Child Labour in Britain, 1750–1850* (Basingstoke, 2003); J. Humphries, *Childhood and Child Labour in the British Industrial Revolution* (Cambridge, 2010); K. Honeyman, *Child Workers in England, 1780–1820: Parish Apprentices and the Making of the Early Industrial Labour Force* (Aldershot, 2007); Nigel Goose and Katrina Honeyman (eds), *Childhood and Child Labour in Industrial England: Diversity and Agency, 1750–1914* (Aldershot, 2013).

¹⁶ Humphries, *Childhood and Child Labour*; Kirby, *Child Labour in Britain*.

¹⁷ Ariès, *Centuries of Childhood*; Cunningham, *Children and Childhood*; Cunningham, *Children of the Poor*; Wardle, *Rise of the Schooled Society*.

¹⁸ Melling *et al.*, ‘Proper lunatic’, p. 376; see also L. Murdoch, *Imagined Orphans: Poor Families, Child Welfare, and Contested Citizenship in London* (New Brunswick, 2008).

described them, sometimes using quite extreme language. Historians have argued that an innocent childhood was a discourse pursued by reformers and philanthropists of the middle class.¹⁹ Harry Hendrick observed that a key element was the polarization of children of the working poor as either innocent or deviant.²⁰ These labels were imposed by those adults eager to engineer their own ideals of working-class ‘respectability’.²¹ Within this discourse, however, not all working-class children were described negatively. A Victorian childhood was consequently not a linear experience and contemporary descriptions cannot be placed towards either pole of good or bad without acknowledging the nuances and complexities that shaped them. Family background, social interaction, community involvement, education, economic prosperity and health all shaped a child’s life and affected external assessments and perceptions. It was not simply that the insane child was a ‘devil’ and the ‘normal’ child an innocent, nor does the binary model easily fit for parameters of class or variations of ‘insane’ children: yet the binary of ‘good’ and ‘bad’ nevertheless still existed during this period.

This article explores the admission and experience of children, labelled as insane by way of the Lunacy Acts, as a lens to address a number of questions, such as: what types of behaviour and actions featured in descriptions of them? What existing conceptual ideas pertaining to the child helped shape these perceptions? Were insane children polarized between the good and the bad? And, if so, by whom? The answers will provide insights into why children were placed inside asylums alongside adult lunatics and how their mental ill-health was observed and constructed.

By tackling these questions it becomes apparent that perceptions of asylum children existed in isolation from the emerging nineteenth-century discourse of childhood as a space of innocence and perfection. In turn further issues are raised that seek to better explain any polarized portrayals of child mental illness that existed, particularly: did the adults responsible for the welfare of mentally impaired children delve into extreme descriptions of them, and if so why? When parents vilified their children, what did the family have to gain? Were there certain behaviours that particularly caused concern or outrage? And, to what extent were polarized descriptions justified? The analysis demonstrates that families played important and pivotal roles in providing descriptions of their young that often fulfilled professional expectations of insanity and what modern observers may term ‘deviant’ behaviour.

The article is divided between three further sections. The first considers the asylums and sample of patients to be analysed. The second discusses the admission and experience of deprived, deviant and dangerous children into the institutions. And, the third develops the idea of insane children

¹⁹ Hendrick, *Children, Childhood and English Society, 1880–1990*.

²⁰ Hendrick, *Child Welfare*, intro.

²¹ Murdoch, *Imagined Orphans*.

in the context of polarized binaries by exploring the experiences of those described as depraved. Throughout the analysis explanations will be sought for why such descriptions and portrayals occurred.

II

Five pauper lunatic asylums have been used to create a sample of 773 insane children that were certified as insane prior to their fourteenth birthday between the years 1845 and 1907. These years have been selected because they represent the beginning of the compulsory asylum era in England and Wales through to the establishment of the School Medical Service in 1907 and with it shifting jurisdiction over child mental health. The asylums discussed – Colney Hatch, the second Middlesex county asylum; the Birmingham Borough Asylum at Winson Green; Berrywood Asylum in Northamptonshire; Three Counties Asylum serving Bedfordshire, Hertfordshire and Huntingdonshire; and the Prestwich Asylum located just outside of Manchester – have been selected because they covered a geographical range that stretched from the north-west of England to the south-east of the country. They also all had specific individual characteristics that further understandings of how these institutions functioned. For example, when the Colney Hatch Asylum opened in 1851 it was the largest and supposedly most modern institution of its type in Europe. It had the capacity to accommodate 1,250 patients in 1851, but at its peak later in the century it had expanded to hold 3,500 individuals. The Winson Green Asylum (1850) in Birmingham was a borough asylum, rather than county, and only admitted patients from three urbanized Poor Law Unions that made up the city. It was markedly smaller than its counterpart at Colney Hatch, having room for 300 patients when it opened. However, by the turn of the twentieth century it accommodated 1,200 individuals. The Berrywood Asylum in Northamptonshire did not open until 1876, considerably later than the other asylums that feature, and operated with a keen eye on maximizing the amount of money it could make from the pauper insane.²² It also covered much of rural central England. When it opened in 1876 it housed 115 patients, but thirteen years later, in 1889, it was home to 850 patients. The Three Counties Asylum (1860) provided provision for three rural counties with limited industry and no major cities. Like the other institutions its population grew rapidly during the period, from 466 patients in 1860 to 1,000 in 1894. Finally, the Prestwich Asylum in Manchester was one of four institutions that served the county of Lancashire, the others being Lancaster Asylum (1816), Rainhill Asylum (1851) and Whittingham Asylum (1873). It predominantly took its patients

²² For an explanation of the late development of asylum provision in Northamptonshire see: C. Smith, 'Parsimony, power, and prescriptive legislation: the politics of pauper lunacy in Northamptonshire, 1845–1876', *Bulletin of the History of Medicine*, 81/2 (2007), pp. 359–85.

from the city but also admitted significant numbers from the outlying mill towns of Blackburn, Bolton, Burnley, Oldham and Rochdale. Prestwich initially had the capacity to accommodate 350 patients, but this number increased to 2,300 in 1889, following the erection of an ‘annex’ in 1882 that housed 1,100 individuals. By 1903 the asylum was overcrowded with a population of 3,135 patients and had no further space available for admissions. The experience of Prestwich was further complicated by the presence of large numbers of Irish migrants in Lancashire throughout the century.²³ These five selected institutions provide a wide range of experience and offer effective examples of mental health provision in industrial and urbanized areas, as well as large rural populations. They were all heavily influenced by local concerns and consequently were products of the areas that they served, which led to very different experiences of dealing with children.²⁴

A large majority of children (76%) admitted to the asylums were diagnosed as idiots or imbeciles; conditions which are today described as learning disabilities. Asylum records referred to this type of case as ‘chronic and incurable’ with symptoms usually present from birth or infancy. These children posed particular problems to the curative ambitions of the pauper lunatic asylum. In these institutions the first professional psychiatrists were attempting to establish their authority over the insane by providing therapies and treatment that led to recovery. These efforts were, however, thwarted by the presence of long-stay patients that due to their incurability would have been better suited to ‘treatment’ outside the institution.²⁵ Subsequently, Wright has argued that the learning disabled occupied an inferior place in the mind-sets of those running the asylums.²⁶ Lunacy, apposed to idiocy and imbecility, affected adults and was considered a temporary condition that provided asylum doctors with an opportunity to provide cure, undertake empirical research, and to display the benefits of moral and humane therapy. The idiot child, consequently, was of little professional value to the development of the asylum and the psychiatrists inside it.

The Lunacy Acts of 1845 prescribed no age limit on persons that could be certified and confined within newly established asylums.²⁷ This lack of age restriction was exasperated by a quirk in the legislation of lunacy that meant asylum patients were not directly chosen by the institution. Potential patients were identified, examined, ‘diagnosed’, and dispatched to the county asylum by Poor Law Relieving Officers with the

²³ C. Cox and H. Marland, ‘A burden on the county’: madness, institutions of confinement and the Irish patient in Victorian Lancashire’, *Social History of Medicine*, 28/2 (2015), pp. 263–87.

²⁴ S. J. Taylor, *Child Insanity in Nineteenth-Century England* (Basingstoke, 2016); Taylor, ‘Insanity, philanthropy and emigration: dealing with insane children in late-nineteenth-century north-west England’, *History of Psychiatry*, 25/2 (2014), pp. 224–36.

²⁵ Scull, *Museums of Madness*; Scull, *The Most Solitary of Afflictions* (London, 1993).

²⁶ Wright, ‘Learning disability and the New Poor Law in England, 1834–1867’, *Disability and Society*, 15/5 (2000), pp. 731–45.

²⁷ Melling *et al.*, ‘Proper lunatic’, p. 371.

assistance of a Justice of the Peace, rather than asylum doctors.²⁸ Medical Officers of the Poor Law, the initial identifiers of the insane, were usually poorly paid, over-worked, and with little medical training or experience in dealing with the mentally ill.²⁹ It was in this context that a child was certified and dispatched to the asylum. We must assume that in some instances the easier option, particularly for the time-consuming or troublesome patient, was the asylum rather than tolerance in the community. In 1861, the alienist John Millar published a treatise to guide ‘medical men who had no opportunity during their professional education of becoming practically acquainted with Insanity’.³⁰ The aim was to avoid, where possible, the admission of unsuitable patients, but despite Millar’s guidance and children being considered inferior patients they were still admitted regularly to asylums, often to the chagrin of asylum doctors. The confinement of children inside asylums is significant to understanding the nature of childhood during this period as well as the function, development and nature of these institutions.³¹

The presence of the ‘abnormal’ or ‘deviant’ child in mainstream society was abhorrent to middle-class reformers who sought to correct their behaviour. Hence the case studies that feature later in the article often include descriptions of deviant, rather than mentally ill, children. Such circumstances emphasize the importance of exploring and analysing how the young were presented and represented in asylum documents.

The records used here are those that deal specifically with the admission and observation of patients, such as casebooks and Certificates of Insanity.³² The corpus of material left by asylums is dense and an alternative methodology could have been attempted using records such as annual reports, visitor reports, and material created by the asylum inspectorate – the Commissioners in Lunacy. Such an approach would have, however, led to another top-down examination of asylum populations and was therefore disregarded in order to focus on family, lived experience, and medical descriptions of the young.

The asylum records offer limited access to the child’s voice but they are rich in material created by a professional middle class that depicted

²⁸ Walton, ‘Lunacy in the Industrial Revolution: a study of asylum admissions in Lancashire, 1848–1850’, *Journal of Social History*, 13 (1979–80), pp. 1–22; P. Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth-Century England* (London, 1999), pp. 47–51.

²⁹ K. Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834–1900* (London, 2015), pp. 21–48; S. York, ‘Suicide, lunacy and the asylum in nineteenth-century England’, (University of Birmingham, unpublished PhD thesis, 2010), p. 96.

³⁰ J. Millar, *Hints on Insanity* (London, 1861), preface; ‘alienist’ was the term used to describe a doctor specializing in mental illness. This was later succeeded by the term ‘psychiatrist’.

³¹ Melling *et al.*, ‘Proper lunatic’; Wright, *Earlwood*; S. J. Taylor, ‘“All his ways are those of an idiot”’: the admission, treatment of and social reaction to two idiot children of Northampton Pauper Lunatic asylum’, *Family and Community History*, 15/1 (2012), pp. 34–43.

³² J. Andrews, ‘Case notes, case histories, and the patient’s experience of insanity at Gartnavel Royal Asylum, Glasgow, in the nineteenth century’, *Social History of Medicine*, 11/2 (1998), pp. 255–81; L. Wannell, ‘Patients, relatives and psychiatric doctors: letter writing in the York Retreat, 1875–1910’, *Social History of Medicine*, 20/2 (1997), pp. 297–313.

the youngster. From them it is possible to glean insights into ideas of childhood through the othering of the deviant or abnormal by educated medical professionals, many of whom thought that insane children were incapable of an ‘innocent’ childhood because they were tainted by the bad heredity of their class and the darkness of their own minds. From Table 1 we can see the number of children that each of the five institutions confined.

Table 1 Admissions of children by institution, 1845–1907

	Birmingham	Colney Hatch	Manchester	Northampton	Three Counties	Total
	M – F	M – F	M – F	M – F	M – F	M – F
Admissions	55 – 40	157 – 56	37 – 35	140 – 89	97 – 67	486 – 287

Source: Birmingham Central Library (BCL), Male Patient Casebooks, MS344/12/2 & 2a, MS344/12/5, MS344/12/7–9, MS344/12/11–14, MS344/12/20–2, MS344/12/27; BCL, Female Patient Casebooks, MS344/12/41–7, MS344/12/49–51, MS344/12/53 & 54, MS344/12/56 & 57, MS344/12/60–3; BCL, Patient Index, MS344/11/1 & 2; London Metropolitan Archive (LMA), Colney Hatch Male Patient Casebooks, H12/CH/B/13/001–61; LMA, Colney Hatch Female Patient Casebooks, H12/CH/B/11/001–085; Northamptonshire Record Officer (NRO), Male Patient Casebooks, NCLA/6/2/2/1–12; NRO Female Patient Casebooks, NCLA/6/2/1/1–13; Greater Manchester County Record Office (GMCRO), Male Patient Casebooks, ADMM/2/1–16; GMCRO, ADMF/2/1–21; Lancashire Record Office (LRO), Male Patient Casebooks, QAM/6/6/1–34; LRO, Female Patient Casebooks, QAM/6/6/1–34; Bedford and Luton Archives Service (BLAS), Male Patient Casebooks, LF31/1–12; BLAS, Female Patient Casebooks, LF29/1–12.

The historiography has established a narrative of asylums being a response to early capitalism.³³ This clearly was not the situation, and child insanity was a more acute issue in agricultural regions rather than urban cities. Such a discrepancy can be explained by the uneven regional development that occurred in England during the eighteenth and nineteenth centuries. As industrial cities expanded to accommodate their ever-increasing work forces they also developed a range of responses to manage child poverty and illness. These new welfare options included: numerous charities such as the Barnardo’s Homes, The Waifs and Strays Society, The Manchester and Salford Boys’ and Girls’ Refuge, and the Middlemore Homes; larger workhouse wards particularly in Birmingham; and the birth of the children’s hospital with medical facilities specifically for the young established in London at Great Ormond Street (1852), Manchester (1852) and Birmingham (1860).³⁴ In contrast, rural areas were slower to develop, often losing their excess population through migration to cities and leaving the Poor Law and Asylum as the spaces where medical relief could be sought for those living at the margins of society.

³³ Scull, *Museums of Madness*; Walton, ‘Casting out and bringing back’.

³⁴ L. Smith, ‘A sad spectacle of hopeless mental degradation’: the management of the insane in West Midlands workhouses, 1815–1860’, in J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse*

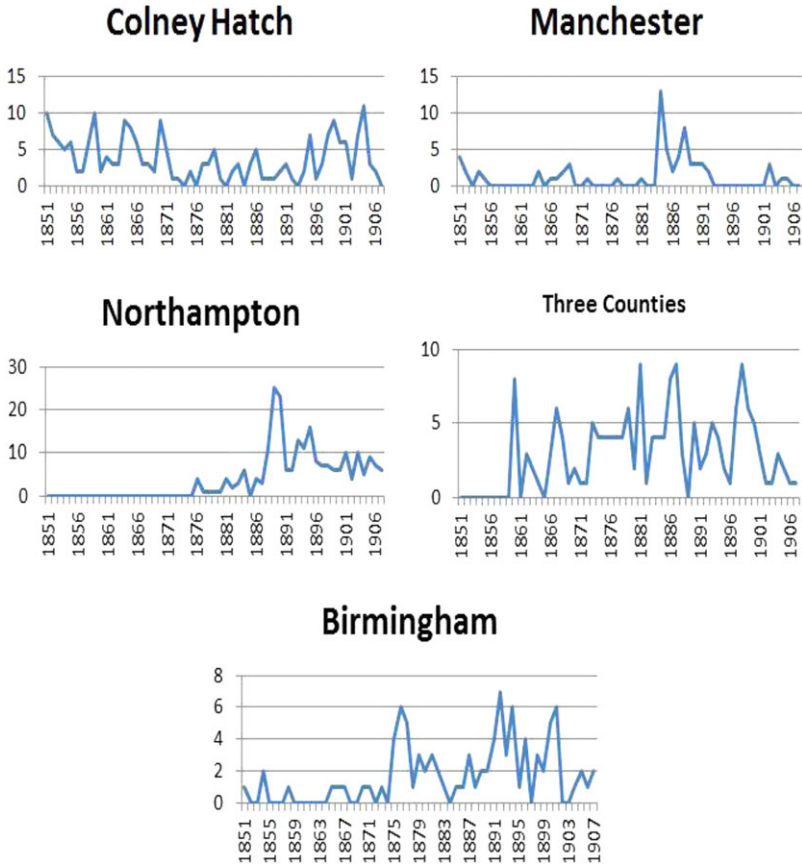


Figure 1 Child admissions by year for individual asylums
 Source: BCL, Male Patient Casebooks, MS344/12/2 & 2a, MS344/12/5, MS344/12/7–9, MS344/12/11–14, MS344/12/20–2, MS344/12/27; BCL, Female Patient Casebooks, MS344/12/41–7, MS344/12/49–51, MS344/12/53 & 54, MS344/12/56 & 57, MS344/12/60–3; BCL, Patient Index, MS344/11/1 & 2; LMA, Colney Hatch Male Patient Casebooks, H12/CH/B/13/001–61; LMA, Colney Hatch Female Patient Casebooks, H12/CH/B/11/001–085; NRO, Male Patient Casebooks, NCLA/6/2/1–12; NRO Female Patient Casebooks, NCLA/6/2/1/1–13; GMCRO, Male Patient Casebooks, ADMM/2/1–16; GMCRO, ADMF/2/1–21; LRO, Male Patient Casebooks, QAM/6/6/1–34; LRO, Female Patient Casebooks, QAM/6/6/1–34; BLAS, Male Patient Casebooks, LF31/1–12; BLAS, Female Patient Casebooks, LF29/1–12.

Looking at Figure 1 it is evident that children were admitted to asylums throughout the chronological period examined here. Whilst variations

(Woodbridge, 2013), pp. 103–22; for a discussion of care networks see Taylor, *Child Insanity*; Taylor, 'Insanity, philanthropy and emigration'.

existed in the numbers admitted across asylums, the peaks and troughs in admission were consistent across the country. The influxes of the 1880s can be explained by numerous internal and external factors such as increased institutional capacity, a popular acceptance of eugenicist principals, and the impact of the Poor Law crusade against out-relief limiting welfare options for pauper families.³⁵

Of the children confined, there were 585 (76%) diagnosed with the mental disabilities of idiocy or imbecility. These conditions were considered permanent states of mental disability and the prominent contemporaneous French psychologist Edouard Seguin described sufferers as those ‘who know nothing, can do nothing, cannot even desire to do anything’.³⁶ The remaining 24% of children in the sample were certified as maniacs, demented, melancholics and epileptics. The inability of the asylum to ‘improve’ the mental abilities of these children is essential for framing the analysis that follows.

The historiography has assumed that older male children were most commonly admitted to pauper asylums.³⁷ An examination of the patient sample constructed here demonstrates that such a statement is only partially accurate. The gender split amongst child patients was made up of 63% boys and 37% girls. This is somewhat peculiar as society at this time contained more women. Explanations for why more male children were confined have been offered elsewhere, but they link to issues of regulating male behaviour and the suitability of female children in completing household chores.³⁸ The question of age is more complex. Children were admitted across the age range, from as young as two up to thirteen. But when the asylums are divided between rural and urban, this picture becomes even more fascinating. Urban institutions most regularly admitted older children, whereas rural asylums accommodated children of all ages, as can be observed in Figure 2, thus highlighting the different functionality of asylums in different areas.

The representations of children constructed in a medico-legal context differ from those created in an everyday or less formal environment. Asylum doctors were often overworked and regularly attempted to comment on more patients than the asylum was designed to confine. As a consequence they relied on other members of staff around the asylum to help form their opinions and case-notes entries. Nevertheless, there are definite and clear examples that demonstrate that children

³⁵ E. Hurren, *Protesting about Pauperism: Poverty, Politics and Poor Relief in Late-Victorian England, 1870–1900* (Woodbridge, 2008); Taylor, ‘Insanity, philanthropy and emigration’.

³⁶ E. Seguin, *Idiocy: And its Treatment by the Physiological Method* (New York, 1866), p. 29.

³⁷ Melling *et al.*, ‘Proper lunatic’.

³⁸ *Ibid.*; also see: Wright, *Earlwood*, p. 82; Wright, ‘Familial care of “idiot” children in Victorian England’, in P. Horden and R. Smith (eds), *The Locus of Care: Families, Communities, Institutions and the Provision of Welfare since Antiquity* (London, 1997), pp. 176–97, at p. 183; the role of healthy children as care providers for their younger siblings is discussed by Parr, *Labouring Children*, pp. 16–19.

suffering mental illness and disabilities were described both positively and negatively within the institution.

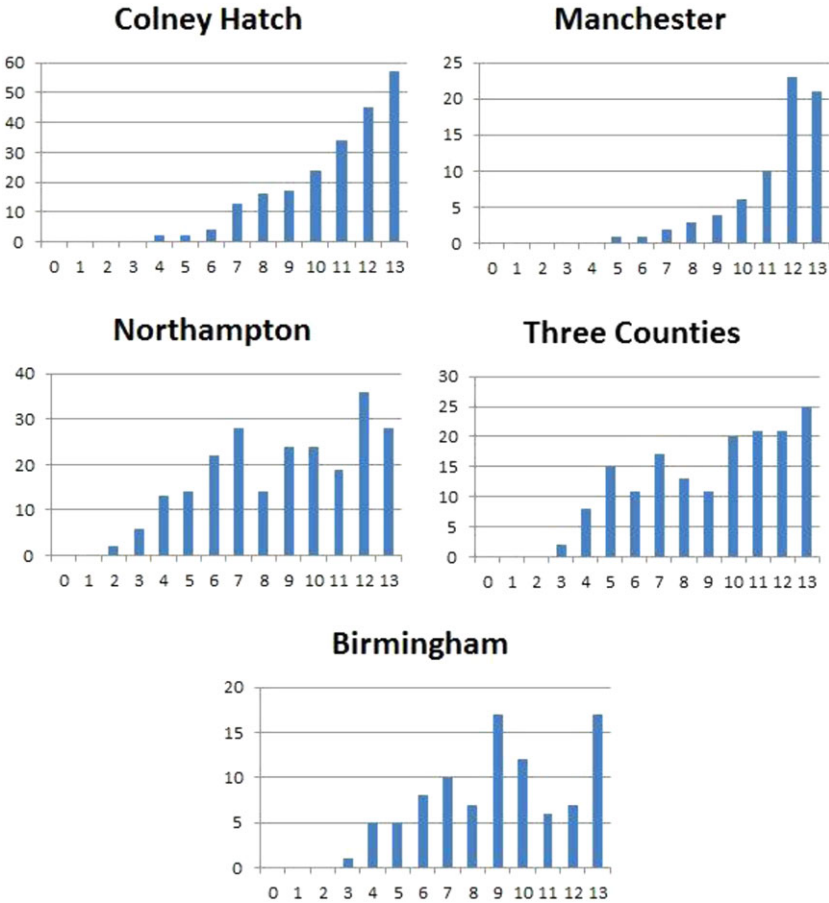


Figure 2 Age at admission by institution
Source: BCL, Male Patient Casebooks, MS344/12/2 & 2a, MS344/12/5, MS344/12/7–9, MS344/12/11–14, MS344/12/20–22, MS344/12/27; BCL, Female Patient Casebooks, MS344/12/41–7, MS344/12/49–51, MS344/12/53 & 54, MS344/12/56 & 57, MS344/12/60–3; BCL, Patient Index, MS344/11/1 & 2; LMA, Colney Hatch Male Patient Casebooks, H12/CH/B/13/001–61; LMA, Colney Hatch Female Patient Casebooks, H12/CH/B/11/001–085; NRO, Male Patient Casebooks, NCLA/6/2/2/1–12; NRO Female Patient Casebooks, NCLA/6/2/1/1–13; GMCRO, Male Patient Casebooks, ADMM/2/1–16; GMCRO, ADMF/2/1–21; LRO, Male Patient Casebooks, QAM/6/6/1–34; LRO, Female Patient Casebooks, QAM/6/6/1–34; BLAS, Male Patient Casebooks, LF31/1–12; BLAS, Female Patient Casebooks, LF29/1–12.

The centrality of the relationship between the Poor Law and the asylum has already been outlined, but it is vital to develop the mechanics of

this relationship a little further. The asylum, at least in the selection of patients, can be considered an institution of the Poor Law.³⁹ The Poor Law Amendment Act (1834), however, only made one reference to the insane: that all dangerous lunatics should be removed from a workhouse within fourteen days of being admitted.⁴⁰ In the eyes of the Poor Law, and the paupers that became familiar with its operation, dangerousness was a core element of constructing insanity.⁴¹ Suicide and the danger posed to the self was a common symptom of insanity for adult patients and usually expedited their admission to the asylum.⁴² For children, who rarely displayed such characteristics and suffered from conditions considered more harmless, some degree of dangerousness had to be constructed in order to access the more comfortable environment of the asylum, rather than treatment in the workhouse or through out-relief payments.⁴³ By way of example, John Wenborn who was admitted, aged 6, to the Northampton Pauper Lunatic Asylum in 1877, was said to be destructive and often ran into the fire; thus he constituted a danger to himself.⁴⁴ While in the asylum however, the boy was quiet, placid and never displayed any dangerous or destructive tendencies. Consequently, it can be ascertained that an element of dangerousness was crucial to ensuring he entered the institution.

At the point of admission, staff tried to identify and filter those that were considered unsuitable but it was not an easy task. Patient casebooks were used to record personal information about the individuals that were admitted. First, they noted the name, age, and next of kin for each child. This was followed by a diagnosis of their condition and testimonies taken from the Certificate of Insanity (completed by Poor Law Medical Officers after 1853) and the child's family. These testimonies provided initial descriptions of the children and are essential to the discussion here. In actuality they were subjective social assessments constructed in a manner that justified admission to the asylum. Subsequently, many testimonies, such as in the case of Wenborn, relied on presenting the dangerousness of the child in order to secure admission. Such descriptions were the initial presentation of insane children in the polarized language of bad and good, abnormal and normal.

Furthermore, it is important to highlight that 'ideas' about what constituted 'insane' behaviour, especially for children, were fluid

³⁹ Bartlett, *Poor Law of Lunacy*; Bartlett, 'The asylum and the Poor Law: the productive alliance', in J. Melling and B. Forsythe (eds), *Insanity, Institutions and Society, 1880–1914* (London, 1999), pp. 48–67.

⁴⁰ Bartlett, *Poor Law of Lunacy*, p. 44.

⁴¹ On pauper understanding of the Poor Law system see S. A. King, 'Negotiating the law of poor relief in England 1800–1840', *History*, 96 (2011), pp. 410–35; for the importance of families in the process of admission see Wright, 'Getting out of the asylum', p. 154.

⁴² A. Shepherd and D. Wright, 'Madness, suicide and the Victorian asylum: attempted self-murder in the age of non-restraint', *Medical History*, 46 (2002), pp. 175–96; Wright, 'The certification of insanity'; York, 'Suicide, lunacy and the asylum', p. 143.

⁴³ Smith, 'Family, community and the Victorian asylum', p. 118.

⁴⁴ Taylor, 'All his ways are those of an idiot', p. 36.

throughout the nineteenth century. Ideas of degeneration and the 'scientific' influence of eugenicists began to take hold in the 1870s and 1880s and had a specific impact on the young.⁴⁵ These discourses introduced gradations of mental 'deficiency' that led to a more intense focus on the classification of childhood conditions.⁴⁶ In an intellectual climate influenced by Darwin's *On the Origin of Species*, the terms 'feeble-minded' and 'weak minded' emerged as descriptors for individuals who occupied a perceived grey area between 'normal' mental abilities and imbecility. Those who occupied this 'borderland' were thought prone to criminality, poverty and promiscuity, and thus posed a threat to wider society.⁴⁷ Social policy and attitudes towards the young were influenced by these ideas and saw children increasingly moved away from the workplace and their intellectual abilities placed under intense scrutiny inside compulsory state schools. In 1845, at the beginning of the period in question, it would have been easy for a family to shelter their mentally disabled child in the domestic home if they so desired. However, by the turn of the century, the intellect of a child was cast into a public arena with peers, neighbours, teachers and school attendance officers all on hand to make inexpert judgements if needed. It is in this social context of increased public scrutiny that child insanity needs to be examined.

III

To construct the dangerous child, in need of asylum confinement, a number of key techniques were employed across the period. These are explored through four emblematic case studies that were selected from the wider corpus of patient records using random sampling techniques. The chosen cases have all been selected from after 1870 in order to ensure as complete as possible case histories; prior to this year records were partially completed and at times totally neglected, with some patients not having case files updated for a number of years. A common feature of admission documentation was the danger that a child might pose to other children. For instance, Caroline Holsey was confined in the Three Counties Asylum on 28 August 1872 when only five years old. It was stated at admission that 'if not prevented [she] would injure the children in the ward. Treats the children in the ward very roughly. She kicks and bites the children and this morning threw one of them on the floor and injured its

⁴⁵ J. Saunders, 'Quarantining the weak-minded: psychiatric definitions of degeneracy and the late-Victorian asylum', in W. F. Bynum, R. Porter and M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, III (London, 1988), pp. 273–96.

⁴⁶ M. Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain c.1870–1959* (Oxford, 1998); M. Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in late Victorian and Edwardian England* (Manchester, 2000); M. Jackson, "Grown-up children": understandings of health and mental deficiency in Edwardian England', in M. Giswilt-Hofstra and H. Marland (eds), *Cultures of Child Health in Britain and the Netherlands in the Twentieth Century* (Amsterdam, 2003), pp. 149–68.

⁴⁷ Jackson, *The Borderland of Imbecility*, p. 1.

head.⁴⁸ The perceived danger posed by Caroline is apparent, but what is less clear is whether her behaviour was witnessed in the lunatic ward of the workhouse from where she was admitted, or after a brief spell in the asylum.

The records for Alfred Sowter indicate that he was a specific danger to his mother, rather than other children. He was confined in Colney Hatch, aged 12, after being admitted on 12 February 1897. The Medical Certificate stated that he was ‘deficient in moral sense. Acknowledges that he attempted to poison his mother, because he refused to go to the Hospital’.⁴⁹ In this example the child was considered capable of confessing to his transgressions. These were illustrated further by the certifying Medical Officer, who recorded that he is ‘very violent at times, has struck his mother on the head causing a scalp wound, and last Thursday put a poisonous potion into her tea’.⁵⁰ This was followed by a statement from the asylum that echoed the Medical Certificate: ‘the patient is evidently deficient in moral sense. He is full of mischief, always ready to fight, has attempted to poison his mother and has done her other injuries.’ Consequently, the negative portrayal of Sowter’s actions, and his supposed violent personality, corroborated by his own confession, meant he was considered dangerous and thus suitable for confinement in the asylum.

A more serious threat to society was posed by William Rickard, aged 10, sent to Colney Hatch on 8 October 1898 as a criminal lunatic.⁵¹ The case provides a unique opportunity to assess the threat that the insane child might have posed to the general public. The asylum case-notes are accompanied by a newspaper report. Rickard was ‘charged with seriously injuring a boy of 6 years of age, by hitting them on the head with a chopper. He frequently threatens and attempts to injure others when excited.’⁵² In addition a number of suicide attempts were also recorded. He posed a danger not just to himself, but to others as well. Such a situation was further corroborated when admitted to the asylum. It was recorded that ‘he has fits of maniacal excitement at times, when he requires to be held to prevent him from attempting to injure others, or from knocking himself against the wall. At these times he appears to have absolutely no control over himself and scarcely to know what he is doing.’⁵³ Alongside the asylum notes the newspaper clipping reported: ‘Criminal Lunatic Aged Ten: A little fellow, with a peculiar look and a hideous grin named William Rickard ... perhaps the youngest prisoner ever committed for trial’. The newspaper presents Rickard as a monster

⁴⁸ Bedford and Luton Archives (BLA), Three Counties Asylum, Female Patient Casebook 3, LF29/3, Caroline Holsey, p. 97.

⁴⁹ London Metropolitan Archive (LMA), Friern Hospital, Male Patient Casebook 44, H12/CH/B/13/044, Alfred Sowter, p. 111.

⁵⁰ *Ibid.*

⁵¹ LMA, Friern, Male Casebook 46, H12/CH/B/13/046, William Rickard, p. 107.

⁵² *Ibid.*

⁵³ *Ibid.*

that is physically dangerous and morally depraved in order to emphasize his threat to society. Of further interest is the focus on the fact that he was possibly the youngest person committed for trial; which on the one hand insinuates that this is a sensational case, perhaps an anomaly, but nevertheless intends to provoke a wider depiction of the insane child as the deviant other. Consequently, in this instance the idea of the mentally abnormal child as dangerous or devilish extends beyond the perceptions of the family or asylum, but to society more generally.

Finally, David Walford was admitted to the Birmingham Asylum, aged 6, on 26 March 1907. This case marks a return to the danger that a child might pose to other children, especially younger siblings, demonstrating at the end of the period a continuity in the techniques used to define dangerousness. The Medical Certificate that initiated his confinement stated that Walford 'kept being cruel to his sister, throwing himself on her and beating her. Then he tried to set a lot of papers on fire and kept pushing sticks in the fire and chasing the other children with them.' These read like a list of events that happened one after the other, but it was more probable that the Medical Officer either witnessed them on separate occasions, or, more likely, was told about them by family members over a period of time. The dangerousness of David Walford was reinforced by the testimony of his mother. She stated that he 'tried to smother the baby with pillow, also to burn her. Plays with fire and tries to set the other children on fire. Throws knives about and wanders.'⁵⁴ Thus a whole host of reasons could be cited to depict the potential danger posed. He was a threat to other children, he played with fire, he was reckless with dangerous objects, and he was prone to wandering around and getting involved in further mischief. From the family perspective it appeared essential that the asylum was used to regulate the behaviour of this deviant child.

In the four case studies presented, the children were described in a way that explicitly displayed their dangerous tendencies despite changing understandings of child mental impairment across the period. However, some cases were not so clear cut. For example, when in 1875 ten-year-old Rosa Doughty was admitted to the Three Counties Asylum her Medical Certificate stated: 'is an idiot and has lately assumed a dangerous tone, I have never witnessed any of her special wrong-doings, but am convinced of the truthfulness of the information received.'⁵⁵ Rosa was considered deviant and dangerous based on second-hand information. The Medical Officer did not reveal whose testimony he trusted enough to commit the girl to the asylum. It is unclear whether the family, or the Master of the Workhouse, or another third party, was responsible for the depiction of Doughty. It was recorded by the nurse of the ward that the girl used 'obscene language, is dirty in her habits, very mischievous, noisy, annoying and troublesome. Lately she has taken to strike and otherwise annoy those

⁵⁴ Birmingham Archives and Heritage Service (BAHS), All Saints Hospital Collection, Male Patient Casebook 29, MS344/12/29, David Walford, p. 663.

⁵⁵ BLA, Three Counties, Female Casebook 4, LF29/4, Rosa Doughty, p. 61.

with whom she is placed, throws forks, and on one occasion threw a knife at Mary Wilson and Rebecca Smith. The paupers with whom she is placed.⁵⁶ Thus, it can be deduced that the nurse was from a Workhouse lunatic ward as the reference to being placed with paupers reflects the language of Workhouses, rather than that of the asylum.

From these examples it might be expected that children intent on causing harm to those around them were ubiquitous in the asylum. After all, the institution has been observed as a tool to control the behaviour of those unfit for everyday society.⁵⁷ When we look in more detail at experiences inside the institution, however, a different picture emerges. David Walford was transferred to another asylum in Birmingham within a week of his admission. During his brief asylum stay no evidence of the violence and danger that he posed outside the asylum was displayed. The only observation of him was that 'he is restless and excitable. He is unable to talk as a child of his years should and is generally backwards.'⁵⁸ It may have been that Walford was not in the asylum long enough to display the negative traits of his personality, but it is more likely that he was just a child that was difficult to deal with in ordinary society or that his lacking of intellectual ability meant that he would struggle to find employment as an adult and represent an economic drain on the family and likely the Poor Law. Unfortunately the limited records available cannot help resolve which was the most probable.

Caroline Holsey was confined because she posed a danger to other children, but in her first observation on the asylum ward she was stated to be 'much improved in personal appearance, is now under control is very happy'.⁵⁹ In fact all of the observations for Caroline Holsey present the picture of a peaceful and compliant child; she was noted to be 'well behaved and seems to be very comfortable' rather than the dangerous deviant she was admitted as.⁶⁰ Such a statement poses the question whether she was ever out of control or, paradoxically, whether the asylum had an instant effect in bringing about improvement. The former appears most likely as Holsey was not discharged as recovered and died in the asylum on 8 March 1874, eighteen months after being admitted to the institution. The cause of death was recorded as acute phthisis, a degenerative condition of the lungs from which she would have been suffering when admitted. Thus it appears that the difference in perception, 'before and after', was nothing to do with the nature of the child, but rather she was presented negatively in order to access the asylum and the medical provision that was attached to it. The family had managed to deal with the child until her condition worsened but when she needed regular specialist care she would have become a burden on the

⁵⁶ Ibid.

⁵⁷ Scull, *Museums of Madness*, ch. 1.

⁵⁸ BAHS, All Saints, Male Casebook 29, MS344/12/29, Walford, p. 663.

⁵⁹ BLA, Three Counties, Female Casebook 3, Holsey, p. 97, Sept 7 1872.

⁶⁰ Ibid., 20 Sept. 1872.

household economy and Poor Law Medical Officer who was required to pay for treatments out of his own pocket before being reimbursed by the Union Guardians.⁶¹ In this instance the negative portrayal was necessary in order to provide the most comfortable circumstances for a child in poor health.

Discrepancies also occurred in observations of Alfred Sowter. He was sent to Colney Hatch because he posed a threat to his mother, but in the asylum he was described as 'fairly well behaved since admission. Is mischievous and very cheerful.'⁶² Observations of Sowter continued in the same vein and it was later noted that the 'patient is still cheerful and fairly well behaved'.⁶³ Again a paradox emerges where the child was admitted as a menace, but in the asylum appeared more like an ordinary child, if not better. Sowter was discharged to the Darenth School, an institution of the Metropolitan Asylums Board that provided vocational instruction to those with learning difficulties, on 19 March 1897. His brief stay in the asylum was not a reflection of the dangerous, devious and depraved child that was described at admission.

The criminal dimension of William Rickard's admission provided a different set of circumstances. His violent behaviour in attacking another child seemed to confirm the necessity of his place in the asylum, but during his confinement he was never described in the same manner as the newspaper report that vilified him. He was released from the institution as 'recovered' on 13 April 1899, just over six months after being admitted.⁶⁴ Of our dangerous children, Rosa Doughty was the only one that lived up to her reputation whilst inside the asylum and she did so on a regular basis.⁶⁵ The first three years of her casebook observations record 'no change' in her troublesome and dangerous manner.⁶⁶ A shift in her experience took place from about 1886, eleven years after her admission. From this point her behaviour settled, perhaps with maturity and a degree of institutionalization, and the negative observations subsided into ones of quiet acquiescence with the institutional regime. She remained in the asylum until at least 1914, when observations on her file abruptly ceased.

At admission the characteristics of these children were all negative and represented the insane child as dangerous and with demonic tendencies. However, the accuracy of their portrayals can be called into question considering the observational inconsistencies that occurred inside the asylum. It can thus be argued that representations of children were often constructed by adults to necessitate a specific need, whether it be a learning disability, degenerative disease, or to ease the domestic economy.

⁶¹ Price, *Medical Negligence*, pp. 151–2.

⁶² LMA, Friern Hospital, Male Casebook 44, H12/CH/B/13/044, Sowter, p. 111, 20 Feb. 1897.

⁶³ *Ibid.*, 6 March 1897.

⁶⁴ LMA, Friern Hospital, Male Casebook 49, H12/CH/B/13/046, William Rickard, p. 107.

⁶⁵ BLA, Three Counties, Female Casebook 4, LF29/4, Rosa Doughty, p. 61.

⁶⁶ *Ibid.*

Regardless, in these examples there was a need to move the burden of care from the home or community to the institution.

IV

Some motivations for, and experiences of, admitting dangerous children have been identified so far, and it is clear that often descriptions could drastically vary from the factual elements of a case. Furthermore, we have seen that the symptoms of child insanity were fluid and insane children were not a homogeneous group. This section presents the polarized descriptions of a few children that stand out from the majority of child cases admitted to asylums. These examples revisit some of the themes already presented, but also introduce new avenues of discussion by depicting children who more explicitly upset Victorian middle-class values and morals.

An alternative tactic to danger used to justify child admissions to asylums was their characterization as depraved and a threat to moral society. When the Three counties Asylum admitted Katie Agnes Jones, aged 10 in May 1893, a core element of the Medical Certificate was that 'she exposed herself in a manner showing that she has no notion of decency'. Such actions were reinforced by her mother, who stated: 'she has no notion of decency and has at different times literally torn the clothes off her back when put out'. Much like the earlier examples, Jones did not act while confined in the manner portrayed at her admission to the institution. It could have been that the asylum had a miraculous curative effect, but in reality she was another child suffering from a physical illness and the asylum was utilized for its qualities as a hospice. This does not necessarily mean that she did not 'expose herself' or tear off her clothes, but this may have been a psychosomatic expression that was deliberately interpreted as moral degeneration. Observations of the child show that she was 'restless, throws herself about can do nothing for herself'.⁶⁷ During the summer of 1893 she was observed to be of 'rather poor bodily condition',⁶⁸ and 'pale and thin otherwise no change'.⁶⁹ Katie Agnes Jones was confined in the asylum, mostly in ill health, for seven years. She died from phthisis on 4 September 1900 and provides another example of an embellished narrative being constructed by adults in order to ensure comfortable conditions while declining from a degenerative physical illness.

A similar situation occurred for Albert Stanley, aged 7, admitted to the Birmingham Asylum on 24 November 1895. His Medical Certificate stated that he 'tears clothing. Masturbates. Is dirty in habits'.⁷⁰ It must be questioned whether he had reached a level of physical maturity to commit such acts and he was described during admission as 'dull looking but

⁶⁷ BLA, Three Counties, Female Casebook 12, LF29/12, Katie Agnes Jones, p. 85, 18 May 1893.

⁶⁸ *Ibid.*, 1 June 1893.

⁶⁹ *Ibid.*, 21 July 1893.

⁷⁰ BAHS, All Saints, Male Casebook 14, MS344/12/29/14, Albert Stanley, pp. 523–5.

playful and very restless'. While in the asylum, however, his observation notes refer only to numerous instances of epileptic fits. In December 1895 he experienced twenty fits and thirty-seven in January 1896.⁷¹ Stanley was eventually moved on to the Rubery Hill Asylum just outside of Birmingham, but no reference to the sexual behaviour of the child was noted inside the asylum. The use of sexual awareness and activity was an external construction used to ensure the admission of a child with specialized medical needs. R. P. Neuman argues that control of child sexuality was a core element in the middle-class construction of a sheltered childhood.⁷² He suggests that attitudes towards sex and masturbation reflected a power relationship where sexual activity was considered to be only for 'grown ups'.⁷³ The use of sexual behaviour is important in the case of Stanley because the asylum was designed, and constructed, to regulate those that could not function in society, but it was not supposed to be a refuge for epileptics.

The final case study to be examined is that of Harriet Meadows. She was admitted to the asylum in Northampton, aged 5, on Halloween 1884. This example demonstrates that the truly sexualized child offended the sensibilities of middle-class professionals and provided a source of repulsion in the asylum. At her admission she was described as 'apparently a healthy child until two years old, since then it has been imbecile'.⁷⁴ The case-notes tell of a child that was admitted with a genuine need for care. But she was dehumanized from the beginning of her confinement, being referred to as 'it' in her admission statement. Such language was not uncommon. George Jelly was noted to be 'worse than an animal',⁷⁵ and Oliver Bailey was described as 'a repulsive looking idiot boy'.⁷⁶ The notes for Meadows continued that she was 'a well developed child for an idiot. Has intelligent features and a well formed head', but 'is never at rest a minute picks and twists at everything including its own face and fingers'.⁷⁷ From this depiction we begin to get an image of the child's physical behaviour and the characteristics of her mental condition.

Meadows was placed on a ward in the female side of the asylum. After two days it was noted that she was 'very mischievous she hurts the old women on the ward', and, perhaps most revealingly, she was described as 'a little demon'.⁷⁸ This is the first instance of a few occasions in which Meadows is presented between the poles of good and evil. What is extremely interesting is how descriptions of her oscillate in the notes

⁷¹ Ibid.

⁷² R. P. Neuman, 'Masturbation, madness, and the modern concepts of childhood and adolescence', *Journal of Social History*, 8/3 (1975), pp. 1–27.

⁷³ Ibid., p. 20.

⁷⁴ Northamptonshire Record Office (NRO), St Crispin Collection, Female Patient Casebook 4, NCLA/6/2/1/4, p. 175.

⁷⁵ NRO, St Crispin, Male Casebook 10, NCLA/6/2/2/10, George Jelly, p. 121.

⁷⁶ NRO, St Crispin Collection, Male Casebook 9, NCLA/6/2/2/9, Oliver Bailey, p. 188.

⁷⁷ Ibid.

⁷⁸ Ibid., 2 Nov. 1884.

that follow. She was described as ‘a very good tempered idiot’ and ‘a general favourite’.⁷⁹ Yet a week later on 11 November 1884 it was said that there was ‘no change is often troublesome’.⁸⁰ Such polarized observations might be explained in two ways. First, the behaviour of the child could have fluctuated and consequently led to conflicting observations. This is a plausible explanation for a five-year-old child, but the use of the term ‘a little demon’ on her second full day in the asylum seems quite severe. Also, it might be anticipated that some explicit references to the changes in mood and unpredictability in behaviour would have been recorded in her medical file. The second, more plausible, explanation is that the observations were influenced by differing perceptions of the child’s behaviour. The case-notes of the asylum were always completed by the Medical Superintendent, at this time Richard Greene. He was not capable of observing every patient in the asylum and relied on input from asylum attendants who were responsible for the everyday management of the asylum’s patients. It is most probable that Greene’s observations of Meadows were informed by two separate attendants, most likely a day attendant and night attendant. The statement that declared the child was well behaved and ‘a favourite’ does not correspond with the tone of the previous two entries. It is possible that the comments were relayed to him and he simply noted them in the casebook without checking previous entries. Thus, one of these attendants viewed the five-year-old Harriet Meadows as a dollish figure, whilst the other saw nothing but ‘a little demon’. If this was the case it is essential to examine and analyse why such polarized views of a single child may have emerged.

It is probable that attitudes towards Harriet Meadows were a result of her behaviour being observed in different asylum settings. At night all patients would be required to be quiet and calm; if she was boisterous the ward would be disturbed and the night attendant’s job would be made more difficult. It also seems that she displayed a set of behaviours, more visible at quieter times of the night, that horrified the sensibilities of the attendant. Whilst it is possible that the observations were from a biased and unfeeling attendant, the specific behaviour that they chastise suggests this behaviour did occur, and it was interpreted negatively. For instance, on 22 November 1884 it was recorded that there was ‘no change in this little idiot except that she is often noticed to be fingering about the genitals’.⁸¹ Such inappropriate actions on the part of a young child were considered to be morally unacceptable and would thus explain the negative attitude towards and subsequent depictions of Meadows.

Observations of her throughout 1885 continued to fluctuate. In some descriptions Meadows was ‘clean and quiet’ and in others she ‘screams, kicks the floor and beats her hands together violently’.⁸² Then in the

⁷⁹ *Ibid.*, 3 and 5 Nov. 1884.

⁸⁰ *Ibid.*, 11 Nov. 1884.

⁸¹ *Ibid.*, 22 Nov 1884.

⁸² *Ibid.*, 5 April and 30 Aug. 1885.

autumn of 1886 an intriguing depiction of the child was recorded. It was observed that Meadows, a pauper patient, was ‘dressed up like the child of a gentleman and is a filthy little creature’.⁸³ Thus, regardless of her respectable appearance in the asylum, or perhaps because of her appearance of transcending class boundaries, she was considered beyond human.

The inappropriate sexual conduct of Harriet Meadows meant that she was seen as a threat to the sensibilities of middle-class Victorian England. In 1889 she was forced to sleep with her hands confined because ‘she is a confirmed masturbator manages to get the whole hand and wrist up into the vagina which is dilated and looks almost fully developed. She is only nine years of age’.⁸⁴ The explicit nature of this statement helps to explain the asylum attitude towards Harriet Meadows. She was a child that had developed earlier than her peers. Neuman states that this was considered a fear amongst the Victorian middle class.⁸⁵ Thus Meadows was depicted as a source of revulsion inside the institution because she displayed behaviours that were reserved for adults. She remained in the asylum until she died on 18 April 1910, aged 31, of pneumonia. Into adult life she was continually described between the extremes of destructive and troublesome to tranquil and well behaved, and was very much the embodiment of the varied ways that children in asylums could be presented.

V

The admission processes that led to children being confined in asylums often depicted insane children unpleasantly. This was despite their mental conditions being considered beyond the boundaries of the normal. Their status as mentally ill or disabled was often what instigated the descriptions of their manners and behaviours as deviant. Dangerousness was an essential element in constructing the insane pauper and justifying incarceration and potential treatment, for adults as well as children.⁸⁶ Thus, the children described as dangerous often did not display the same characteristics inside the asylum as those that featured on their certificates of insanity. Often the danger of the child was actually used to mask physical illnesses and ensure that the child received medical care. The situation was much similar for the depraved child. These children were considered to be breaking the boundaries of social etiquette and consequently represented a moral danger opposed to the physical one. Again the reasoning behind such portrayals was to guarantee admission and medical care. It can therefore be argued that the image of the insane

⁸³ Ibid., 8 Oct. 1886, p. 176.

⁸⁴ Ibid., 26 Feb. 1889, p. 177.

⁸⁵ Neuman, ‘Masturbation’, p. 8.

⁸⁶ Bartlett, *Poor Law of Lunacy*, p. 44.

child as a source of threat and horror was a social response to the lack of adequate care and treatment for children of pauper families.

While this article is focused specifically on children it is important to consider how its findings might impact the representation and experience of other patient populations inside the asylum. If discrepancies between representation and experience regularly occurred it would mean that historical understandings of how asylum networks operated need to be reconsidered. A reliance on diagnoses taken from Medical Certificates and asylum admission documents by scholars means that the experience of patients goes unnoticed, unless they were representative of particularly interesting or noteworthy behaviours. Rather, the function of asylums must be evaluated using representations of patients prior to, during and after admission.

Inside the institution indecent sexual behaviour crossed the boundary between deviance and acceptability. Children who conducted themselves in an over-sexualized way (across the spectrum of 'insanity') were a source of horror. Victorian society in general had constructed an ideal of childhood as a sheltered and innocent time, and consequently the realities of a child having knowledge of, let alone performing, sexual activities was unacceptable to moral sensibilities. The few children who crossed this boundary horrified those who witnessed their actions and were indeed considered devilish in both body and soul.

Depictions of children in the nineteenth century are multilayered and problematic when viewed through the prism of insanity. Some were more deviant than others, although this often depended on the motivations and interests of the adults close to them. The sexually aware child was the biggest fear, but few children seemed genuinely to perform the negative acts of which they were accused. The general idea of the insane child as a devil emerged because these children existed at an intersection of sickness and childhood, a nexus that welfare responses had not yet developed sufficiently enough to tackle. Families of these children wanted them to receive care and treatment, while they represented a burden to the overworked and underpaid Medical Officers of the Poor Law.⁸⁷ Consequently, such negative depictions of the children were essential to warrant their confinement in the county asylums that were established in the second half of the nineteenth century, despite the lack of provision for and understanding of the children in their care.

⁸⁷ Price, *Medical Negligence*.