

The Surrey County Lunatic Asylum (Springfield) Early Years in the Development of an Institution

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In the mid-19th century, the Commissioners in Lunacy continued the direction of the earlier reform movements, but depended upon local magistrates for the execution of their ideas. The early development of a single county asylum is described from its beginnings, as are some of the personalities involved.

In the first years of the 19th century, the movement for reform on behalf of the mentally ill culminated in the County Asylums Act 1808 ("Wynn's Act"). Although they were now enabled to provide public asylums for paupers, and had been given suitable directions to that end, the county authorities were slow to respond, and by 1827 only nine county asylums had been opened. The parliamentary select committees of 1814–17 and the unsuccessful bill of 1819 gave further impetus, and by 1842 another eight asylums had been established; among them was one in Surrey, which on 14 June 1841 formally opened, with the admission on that day of 22 patients.

By that time, further legislation was impending, and the Metropolitan Lunacy Commission of 1828 was to be confirmed in its character and policies by an act of 1845. Under the leadership of Lord Shaftesbury and with continuity of membership, the new Commission exerted a consistent influence over many decades that culminated in the massive asylum-building programme towards the end of the century (Mellet, 1982; Hervey, 1985; Cochrane, 1988). Although the Commissioners developed their ideas centrally and brought a regulated uniformity and efficiency to the service, they depended for their execution upon the local magistrates, who represented at this period the real power in a community (Hervey, 1987).

This paper describes the establishment of a single county asylum, particularly in its early years.

The Committee of Justices

The arrangements for the building and administration of the Surrey Lunatic Asylum were put into the hands of a Committee of Visitors, itself a subcommittee of the Committee of Magistrates, the precursor of the county council. Before the Local Government Act 1888, the magistrates were appointed by the Home Secretary, after nomination by the Lord-Lieutenant of the county. The system ensured that

no tradesman or parvenu was appointed, unless his success had already ensured social acceptance. Although the magistrates were therefore qualified primarily by social status, they included many individuals of exceptional ability and lasting distinction, perhaps the more so near to the metropolis and to Parliament.

For most of the 19th century, the magistrates in Surrey were nominated by William King, Earl of Lovelace, a large landowner and a Committee member from 1837 to 1843. As a young man he had been a promising diplomat, and spoke four or five languages. His wife, the daughter of Lord Byron, was an able mathematician and a friend and correspondent of Charles Babbage. Among others of similar background was the Duke of Northumberland (on the Committee from 1847 to 1869), the largest landowner in the country, who lived near Guildford with his father-in-law, Henry Drummond (on the Committee from 1854 to 1859). Drummond, a banker and a Member of Parliament (MP), is also remembered for founding both the Chair of Political Economy at Oxford in 1825, and the Catholic Apostolic Church in association with Edward Irving, a gifted preacher of Pentecostal doctrines.

Other magistrates with a national reputation included Henry Goulbourn, who had been Under-Secretary of State for the Home Department in 1810, Under-Secretary of State for the Colonies (1812–21), and Secretary for Ireland (1821–28). He became Home Secretary in 1828 and again in 1841, and during this time joined the Committee of Magistrates, which he remained on for eight years, a combination of responsibilities that nowadays is hard to conceive. Richard Baggallay was Solicitor-General and Attorney-General, drafting much governmental legislation. He regularly attended the Committee from 1854 to 1868. William Cubitt (on the Committee from 1847 to 1853), MP for Andover, was an active member of the successful firm of building contractors and more than once was

Lord Mayor of London. Henry Peek, a biscuit manufacturer of great success and wealth, served on the Committee from 1863 to 1865, at the same period as Field-Marshal Sir George Pollock (1863–68), widely known for his daring and successful campaign in Afghanistan in 1842/43. Although he joined the Committee at the age of 80, he, too, missed few meetings.

Few doctors served on the Committee, but Charles Hood (from 1865 to 1868) brought specialist experience, having been Superintendent of Colney Hatch Asylum and later of Bethlem. At a later date was John Haydon Langdon-Down, who had been Superintendent of the Asylum for Idiots at Earlswood (from 1858 to 1868) and who opened his own institution at Normansfield “for the feeble-minded of the upper classes”. In 1866 he made his “observations of the ethnic classification of idiots”, describing the group by which his name is preserved.

In the movement for reform were many sharing the strong evangelical views of Shaftesbury, who tended to appoint such people to the Lunacy Commission. Their influence upon the views of the Commission was considerable (Hervey, 1987). At the local level, the evangelicals were also prominent, following the altruistic example of men such as Shaftesbury rather than enjoying his patronage. In Surrey, the previous generation had settled only a mile or two from the future site of the asylum and had found expression of their evangelical views in the anti-slavery campaign led by Wilberforce. It was now natural that the children of the “Clapham Sect” should also be active in current social issues and in a local charitable work such as a new asylum for the pauper lunatics of Surrey. Among these was Samuel Gurney (on the Committee from 1865 to 1875), who also continued the family tradition as President of the British and Foreign Anti-Slavery Society. Thomas Henry Thornton was a gifted classical and Hebrew scholar at Oxford, and in India distinguished himself in the Mutiny; later he acted as Foreign Secretary to the government of India. Charles Barclay, the brewer, had himself been a member of the Clapham Sect and prominent in the anti-slavery campaign: he served on the Committee from 1837 to 1842. His son, Arthur Kett Barclay (on the Committee from 1837 to 1846) was elected to the Royal Society for his astronomical research, and after his death was remembered as a man of “noble and unselfish character, strong religious principles, just and calm judgment”.

Although among gifted or celebrated individuals there was a considerable leavening, membership of the Committee, with its three-weekly meetings, was not treated as a sinecure. The minute books show that although a quorum was occasionally lacking,

half the Committee attended at least half the meetings. There was some sincerity in a minute of 1837 that the magistrates

“feeling deeply impressed with the importance of the subject confided to their attention, they desire to state their conviction of the superior degree of comfort that would accrue to the afflicted inmates by the erection of a County Lunatic Asylum as well as the additional [opportunities] that would be thereby afforded for their restoration to the blessings of a sound mind.” (Committee of Justices, 1837)

The development of the Asylum

The population of Surrey in 1841 was more than 577 000, concentrated most densely close to the Thames, which before 1880 formed the northern boundary of the county. Although the project was debated at least since 1830 (Morison, 1830), it was not until 1838 that the magistrates decided to buy his Wandsworth estates of 97 acres from Henry Perkins, the brewer who had himself bought the freehold from the Third Earl Spencer two years before. Although complaining of the lack of suitably experienced architects, they settled on William Moseley, who had been recently working at Hanwell; to advise him they turned to William Ellis and Alexander Morison. Since 1809, Morison had been the Visitor to the Surrey Madhouses, from where he had formed his estimate of the accommodation needed. He reported that there were 299 pauper lunatics to be transferred (Committee of Justices, 1841) to the new asylum, a figure coinciding with the recommendations of the act of 1808. In turn, this derived from the example of the Retreat, in York, where the inmates could still be spoken of as “the family” (Tuke, 1813; Digby, 1985) and where kindly treatment had contrasted so strongly with contemporary institutions. The same domestic image pervades the early reports of the Surrey magistrates, namely of a well ordered and tranquil household of well conducted patients, fed, dressed and cared for by kindly attendants.

The space provided at first for 350 patients was soon filled. In 1846 there were still 289 lunatics in the county who could not be admitted (Committee of Justices, 1852) and by the end of 1848, 500 new beds were opened. By 1852 the numbers had risen to 884 and the continued increase, characteristic of all asylums of the period (Scull, 1982), invited explanation.

It was apparent that the asylum had quickly become the repository for all the chronic cases in the county. Those for whom there was still hope of cure were sent, as before, to St Luke’s or Bethlem, where

they were maintained for 12 months without expense to their respective parishes (Morison, 1846). The more chronic population tended to stay in the Springfield asylum, but even when discharged successfully, readmission often occurred without real justification.

"I also beg to call the attention of the Committee to the extremely trivial circumstances which induce the workhouse authorities to return patients here. It frequently happens that an inmate who is a little troublesome in the workhouse is threatened to be sent back to the Asylum. This not only irritates the persons, but they, knowing themselves to be more comfortable here than in the Union House, by their own conduct favour their removal. They are often returned to us as sane in their minds as at the time of their discharge." (Diamond, 1853)

The numbers were also inflated by the physical needs of paupers:

"the great bulk of patients sent to this asylum are from the Metropolitan parishes, and they are generally so enfeebled in constitution, so utterly prostrate in bad health, even before insanity displays itself, that the chances of cure are greatly diminished, and they generally die prematurely of some bodily disease, and often unconnected with the disease of the brain. . . ." (Snape, 1857)

In subsequent decades the same process continued – by the close of the century the number of patients had risen to 1393 – and drew from Hugh Gardiner-Hill (Superintendent from 1889 to 1912) explanations based upon demographic changes and social drift.

"The County, fringing as it does on such a large town as London, has seen the old farmer or market-gardener, who was able to look after his weak-minded but possibly to him useful relative, gradually replaced by the mechanic, who is not, for his work takes him up to town, causing him to leave his home for hours together. . . ."

"There is no doubt that the influence of gravitation is responsible for such a large number of stray cases in the County. Many of the unemployed, and those who have failed to obtain a living in the rural districts, have been finding their way to London . . . owing to the agricultural depression of late years and are predisposed by the disadvantageous condition to which they are reduced to such powerful exciting causes of insanity such as drink, poverty, exposure and mental anxiety." (Gardiner-Hill, 1893)

The continued demand for beds leading to a steady increase in size was a process opposed by Morison (1860) and viewed by the Commission with concern:

"It has always been the opinion of this Board that Asylums beyond a certain size are objectionable, they forfeit the advantage which nothing can replace . . . of individual and responsible supervision . . . vigilant observation of individual peculiarities; but where the patients assembled are so numerous that no medical

officer can bring them within range of his personal examination and judgment, such opportunities are altogether lost, and amid the workings of a great machine, the physician as well as the patient loses his individuality." (Commissioners in Lunacy, 1857)

This gradual disappearance of individual care marked, at Springfield, the change from a 'family' to an institution, which became increasingly self-contained and isolated from the surroundings upon which it impinged, and which eventually reacted against it. If further enlargement were needed, building should take place elsewhere; the case was put forward by the Guardians of the Chertsey Union in 1859:

"the testimony of medical authorities of recent date goes far to establish the proposition that congregating together such large numbers of lunatics is injurious; and that if any increased accommodation is absolutely required, it should be obtained by the erection of an Asylum in the more rural part of the County, on the most economical plan. There are many situations in this county which would afford abundant open space, land of low value, and the most favourable climate." (Committee of Justices, 1859)

The argument led eventually to the building of other hospitals for Surrey at Brookwood (in 1860) and Cane Hill (in 1884). But at this time the magistrates resisted the suggestion that patients should be removed far from their origins; in Wandsworth, a majority of patients retained contact with relatives and were more easily rehabilitated.

Isolation arose not only from a remote site, but from public attitudes, which drew adverse comment from the Commissioners (Mellett, 1982). In 1857, when patients were allowed to walk outside the grounds, "Numerous and serious complaints . . . in a state of great alarm" were received from local residents: 25 years passed before another such excursion was sanctioned by the Committee.

In a now large institution, the inmates needed separation or classification according to their clinical state. Conolly (1847) separated his convalescent patients at Hanwell from the acute, but Prichard, repeating the views of Esquirol and Pinel, carried the process further:

"a lunatic asylum ought to be composed of several parts more or less insulated. There should be a quarter appropriated for each sex, a division for violent lunatics, a second for those that are tranquil, a third for convalescents, a fourth for lunatics who labour under accidental disorders. It will be very useful to have a division for those of melancholy habits, and in a state of dementia. . . ." (Prichard, 1835)

At the Surrey Asylum, the most obvious expression of 'classification' took place when in 1897 a new

'asylum for idiots' made possible the removal of the mentally handicapped (often children) from the ordinary wards. The idea had been debated for 20 years by the Committee, but the advocacy of Hugh Gardiner-Hill brought it into effect:

"that I have always viewed the arrival of these idiot children with deep dislike is well known . . . I trust that the County will soon provide an asylum of its own . . . where weak minded children, suffering from arrested development of intellect, can be educated to help themselves, and to become tolerable artizans and workwomen." (Gardiner-Hill, 1893)

In subsequent years, further building provided for disparate needs within the large "surrogate community" (Mellett, 1982).

The doctors at the Asylum

A consequence of the movement for reform had been to cast much unfavourable light upon asylum medical men. The inquiries at York and Bethlem had left a general impression of complacent ignorance colluding with neglect and inhumanity. While public attitudes were so sceptical, the doctors needed to reassert their leadership and in due course to establish psychiatry as a profession. This process took place only slowly and found expression when, on 19 June 1841, Samuel Hitch of Gloucester circulated a notice to 88 of his colleagues –

"medical gentlemen connected with Lunatic Asylums should be better known to each other – should communicate more fully the results of their individual experience – should cooperate in collecting statistical information relating to insanity and above all should assist each other in improving the treatment of the insane. . . ."

A few weeks later, at their first meeting (on 27 July 1841) those gathered affirmed more formally that their "objects shall be improvement in the management of such Institutions and the treatment of the insane; and the acquirement of a more extensive and more correct knowledge of insanity" (Association of Medical Officers of Lunatic Asylums and Hospitals for the Insane, 1841).

For their new asylum, the Surrey magistrates were obliged by the act of 1828 to have a resident medical officer. Although 11 doctors applied for the job, the magistrates complained of the lack of relevant experience in the profession: "Comparatively few of the medical profession have devoted their minds to the remedial treatment of insanity." The first to be appointed, Thomas Quick, appeared an exception in that he had worked under William Ellis at Hanwell in 1833 and subsequently at Forston Grange, near Dorchester. His wife was appointed as the first

matron, but fell ill, probably with bone tuberculosis, and soon died. Quick immediately quarrelled with the steward over their mutual responsibilities (similar conflicts had occurred at Hanwell (Scull, 1982)) and after his bereavement was accused of overfamiliarity with female patients and nurses, of drunkenness and absence without leave, and he was eventually asked to resign.

Samuel Hill (1811–74), who followed Quick, had never worked with the mentally ill, but his inexperience did not deter him from publishing, in the year following his appointment, "Suggestions for providing for all the Pauper Lunatics in England and Wales". Personally, he soon revealed himself as an uncouth and aggressive man, who threatened his subordinates and was outspokenly rude to his seniors (Morison, 1844*a,b*). He may have mellowed, because in later years he established a reputation as a vigorous superintendent of the South and East Riding Asylum, York, although always known and criticised for his independent, if reactionary, views (Bucknill, 1854).

Joseph Holland, who followed Hill, was without experience, but was a diligent, careful man, given to moroseness. He left for Manchester after three years, but had already been joined, at the insistence of the Lunacy Commissioners, by a second resident; there were by now over 500 patients to be seen daily. Charles Snape had previously worked as a general practitioner and was chosen from 23 candidates only by the Chairman's casting vote. He had a reputation for the meticulous care of his patients, but soon complained that he was not given sufficient deference, while the nurses disliked his dictatorial, authoritarian manner. Morison records in his diary their meetings and ward rounds, but he too complains of Snape's rudeness.

Hugh Diamond (1807–81), appointed in 1849 as the second resident medical superintendent, had considerable experience from Bethlem. He was an agreeable, cultivated companion, and in later life was known as a knowledgeable antiquarian and collector. He was a notable and early photographer, made significant technical advances, and recorded many of the patients at the Surrey Asylum while he worked there.

However, after the death of one of Snape's patients, Diamond absented himself from the inquest, and removed the patient's heart, later burning it in his surgery fire. These ill-judged and unexplained actions led to the Committee demanding his resignation. Although he later prospered as the superintendent of a private madhouse, he never exhibited photographs again (Gilman, 1976; Lodge Patch, 1976; Burrows & Schumacher, 1979).

In trying to ensure the best medical care, the Committee compensated for lack of experience by specifying their doctors' duties with great rigidity. The Resident Medical Superintendent must not only "bleed, cup, and perform all surgical operations and read prayers, morning and evening" but also "reside in the Asylum, and not to absent himself without the permission of the Committee", requirements frequently ignored, at least by Quick and Hill. These oppressive restrictions were to some extent mitigated by enviable material circumstances. With coals, candles, produce from the asylum farm, and £350 a year, Charles Snape, for example, lived in generous accommodation with his wife and three children, along with an unmarried female relative, a footman, lady's maid, governess, and nurse.

The supervision and education of these largely untrained residents lay in the hands of the Visiting Physician, Alexander Morison (1779–1866). The appointment was intended to secure, at a modest fee, the expertise of a senior experienced doctor who would visit the asylum twice weekly. In 1841 Morison was 62 years old, with a substantial private practice (Hervey, 1987). His own training in psychiatry had been haphazard, although his Edinburgh MD thesis of 1799, "*De hydrocephalo phrenetico*", bore some relevance to his later specialty, and in 1804 he had received encouragement towards the "lunatic branch of medicine" from Dr Alexander Crichton of St Petersburg. But his marriage to an heiress had made him a dilettante and he was consulted more on agricultural than medical matters. His appointment in 1809 as Visitor to the Surrey Madhouses (which contributed, 30 years later, to his appointment as Visiting Physician to Springfield) arose from the assiduous cultivation of patronage.

Morison's first deliberate attempt at improving his own psychiatric education was made only in 1818, when he visited Paris. He records many details of the month he spent conversing with Esquirol, attending his lectures, and following his hospital practice. On his return he became more active in psychiatry, visiting William Ellis and the new asylum at Wakefield, and again visiting Esquirol in 1819 and 1820. A longer visit in 1825 enabled him also to meet Spurzheim, Bardenat and others, from whom he learned what he later reproduced in his own lectures. After public advertisement, the first of these were given in Edinburgh in 1823, and in London in 1825. His audiences were (unlike Conolly's) never large, sometimes comprising only two people, but his lectures doggedly continued and were published as notes and more extensively between 1825 and the mid-1840s. At Springfield, from the first, he asked the Committee for permission to use the patients for teaching:

"I have with your sanction been accompanied by a limited number of medical pupils in my visits to the Asylum, and as has been my custom for the last twenty years, I have endeavoured to communicate to them all the information in my power respecting the nature, causes and treatment of the very important class of diseases with which the inmates of the establishment are peculiarly afflicted." (Morison, 1843)

In later years Morison's supervision of the resident doctors dwindled, and when in 1855 he retired from the asylum at the age of 76, he was not replaced as Visiting Physician. By that time such appointments were opposed from within the profession (Scull, 1982), and by the Commissioners who had criticised the ambiguous responsibilities of the visiting physicians at Bethlem, despite the retorts of the governors; Morison himself, on that occasion, had been the subject of hostile questioning (Commissioners in Lunacy, 1852). As a result, the medical superintendents were left to themselves. Snape's over-sensitive personality may have made it difficult to learn from others, and his known therapeutic activity encouraged him to eccentricities, such as the use of prolonged shower baths. When in 1856 he was struck by a patient, he ordered a particularly prolonged shower; the patient subsequently died. The Commissioners in Lunacy charged him with manslaughter, but although exonerated from culpability or punitive intent, Snape was criticised by his colleagues as rash. Therapeutic practice, especially if out of the ordinary, should first be exposed to the critical judgement of colleagues (Bucknill, 1856).

The case, widely discussed, helped to clarify the ethics of practice for many years (Hack Tuke, 1892). At the Springfield Asylum itself, the Committee now accepted the need for more professional supervision and appointed John Meyer (1809–66) as Chief Resident Physician. After graduating in Heidelberg, Meyer had spent ten years as superintendent of the Criminal Lunatic Asylum, New Norfolk, Tasmania. While on leave in Europe, he had been invited to travel with others to the Crimea, and had been in charge of the hospital in Smyrna. After Snape's therapeutic disaster, Meyer brought an experienced, steadying influence to the asylum until, in 1862, he was invited to Broadmoor as its first superintendent.

The Committee replaced him with a safe choice in James Strange Biggs (1829–94), a careful, conscientious man whose psychiatric experience had been gained over four years at Springfield. Recognising the value of Meyer's contribution, the Committee confirmed Biggs in 1864 as the ultimate authority in the asylum, administrative as well as medical. In due course they provided a mansion of appropriate dignity into which Biggs moved in 1881, expressing

in visible form the new supremacy of the medical superintendent (Scull, 1982).

The dissemination of knowledge and the educative purpose of professional intercourse had been important objects of Samuel Hitch's circular, but professional development was hampered by the restrictions imposed upon asylum doctors, and exemplified by the Surrey magistrates:

"the periodical meetings for the interchange of experience and opinion, and the discussion of disputed points, which formed one main object of the Association, have fallen into disuse. The exigent duties of the members, and the system which prevails in this country of vesting in the Medical Superintendent the entire management of an asylum and the treatment of patients, have rendered it impossible that any large proportion of these officers should ever leave home at the same time." (Bucknill, 1853)

No doubt this was why, at the early meetings of the Association, the Surrey Asylum was poorly represented, unless (as on 5 June 1843 and on 19 July 1851) the meeting happened to take place at Springfield itself. But the professional significance of such meetings was stated by Bucknill (1853) in his editorial for the first copy of the new *Asylum Journal* founded by the Association:

"The Medical Officers of lunatic asylums have not only a right to speak with authority on the subjects of their vast and privileged experience, but the public have a right to expect that they shall so speak. . . . Their own especial interests, not less than those of humanity, would eventually suffer from such silence."

Publication was the answer to the practical difficulties of professional gatherings. Charles Snape was one who might not have suffered had his views been earlier made known; the Association's journal was intended to make such communication easier.

Although at this time contributions from the Surrey Asylum did not feature in that journal, Morison's views, derived from Esquirol, were well known, since his lectures and textbook had already appeared in several editions (Morison, 1826, 1828).

In 1838, Morison's second book appeared: *The Physiognomy of Mental Diseases* presented a series of drawings of patients, by various artists and collected over several years, each case being accompanied by a clinical description, diagnosis and brief account of the outcome. Morison expected the appearance of illness, captured in this way, to provide the basis for educating a wider public about the nature of mental illness. Although these hopes were hardly fulfilled, they were the basis of some advance with the advent of photography; Hugh Diamond's portraits of the patients in the Surrey Asylum were the basis of his

paper read to the Royal Society (Diamond, 1856/57) and were also used by Conolly (1858) as the subject of a series of lectures.

Nursing

In 1841, professionalism and tradition among nurses did not exist and the contribution of Florence Nightingale had yet to be made. The Committee of Visitors was left to its own devices in the selection of the attendants who would provide the daily care of their patients. With the help of their matron, herself paid only £80 annually, they recruited those who might fulfil an ambiguous and demanding role:

"Their capacity and good conduct materially affect the comfort and care of their charge. They are instruments for carrying into effect every remedial measure, and it requires on their part firmness and self-control, blended with humanity and forbearance; at the same time they are called on to perform many menial offices." (Committee of Justices, 1844)

Although not necessarily the "dregs of society" (Scull, 1982), the attendants accepted work of the most difficult character, in the most restrictive circumstances, with little or no respite, and scanty rewards. Their lowly status was reflected in their annual pay of £25–31 for men, and for women £12–16, that is, rather less than the cook or laundress and rather more than the housemaid. Besides being required to maintain a rigid ward routine, the attendants slept on the ward and were "not to be permitted to leave their wards except at the times mentioned above, without some sudden or urgent cause; and under no circumstances without previously informing the attendant in the next ward of the occasion of their absence". The exceptions were when they presented themselves at the kitchen for food, with tray and tins, and at the same time collected medicines from the surgery.

On the wards, the proportion of nurses to patients presented a formidable task of supervision and vitiated hope of individual care. Conolly (1847) advocated 1 nurse to 17 patients, or 1 to 13 in troublesome wards. At Springfield the proportion during the first few decades lay nearer to 1 to 20, and did not significantly improve until the end of the century.

These impossible or incompatible demands must have placed great strains upon attendants of limited talents. Nevertheless, the serene example of the Retreat and the Jepsens (Digby, 1985) persisted for others to emulate.

Improvement in conditions only came slowly. In 1855 the Commissioners still drew attention to "the

unpleasant fact that a great and increasing difficulty exists in procuring good attendants", and Bucknill (1856) commented that too much was expected of them or "rather . . . incompatible qualities". It was hardly surprising that the Committee had to consider from time to time episodes of violence committed by nurses, from whom so much was asked.

The Commissioners in Lunacy contributed little practical help beyond drawing attention to the problem. However, in 1847 they circulated to all the superintendents information regarding their attendants which would form the basis of a central register of nurses. They hoped that this might improve standards and "might eventually induce persons of superior qualification to become members of this very useful class" (Commissioners in Lunacy, 1847). Regrettably, Bucknill had to observe in 1856 that the central register had proved useless and must be considered a failure (Bucknill, 1856).

While standards remained a problem, those who were recruited still needed help and education in their difficult work:

"The important delicate task of regulating the conduct of persons of unsound mind, of controlling excitement, restraining waywardness or removing mental depression, is unavoidably confided to persons of limited education; but these are too frequently chosen with little regard to their disposition, temper or intelligence; they are permitted to commence their duties with as little preparation as if their office was merely one of a servant . . . without the consideration and indulgence requisite to support their patience, and to encourage them to be considerate and indulgent to those on whom they attend, and who are wholly in their power." (Conolly, 1847).

To these essential tasks of education and support, the Commissioners contributed little. The new Association for Medical Officers of Lunatic Asylums and Hospitals for the Insane was also dilatory in accepting responsibility. Lectures and examinations were initiated only in the last half of the century, the "Handbook for the Instruction of Attendants on the Insane" appearing in 1885 and an examination in proficiency in 1891. At Springfield, nurses who passed the qualification earned, from 1895, additional pay.

But from the first, the Committee was generous only in its exhortations: "Much attention has likewise been given to the cultivation of systematic habits of kindness and gentleness on the part of the attendants . . . that the full effect of moral influence in word and deed might accompany every remedial measure" (Committee of Justices, 1844).

Alexander Morison (1844a) responded in a more practical way to the need:

"I have this year continued the plan of giving lectures to the male and female attendants; in which I have endeavoured to communicate . . . the principles upon which our conduct towards the insane ought to be regulated: in particular I have pointed out . . . such useful employments and rational amusements, as may tend to divert their minds from hurtful subjects. . . . That my instructions of preceding years have not been without good effects, I trust, may appear evident from the present state of the Asylum and from the fact that, of the four premiums offered to meritorious attendants by the Society for improving the condition of the Insane, three have been awarded to the Surrey Lunatic Asylum. . . ."

Although Morison's claims seem diminished by his self-congratulation, his lectures appear to have been the first regular attempt to educate psychiatric nurses in England. Although it remains uncertain what he had to say, he seems to have addressed the immediate needs of the nurses rather than provided a systematic understanding of their work. The influence of Morison's lectures did not extend beyond the Surrey Asylum, and the Commissioners in Lunacy did not encourage any such wider endeavour.

Discussion

By the time that the Surrey magistrates were starting to build their new asylum, the Metropolitan Commission in Lunacy had been in existence for more than a decade. Its policies, developed centrally, now had to be interpreted locally by the Committee of Justices appointed for the project. Although some of these men had had relevant experience, the qualifications of most lay in their social status, altruism, or in public affairs, sometimes at the highest level. At the outset, their ideas of what had to be done could still be guided by the 1808 Act and the example of the Retreat. They responded by seeking to bring into being an environment conceived on an ideal domestic model. Their immediate difficulties lay in the recruitment of suitable staff, who were woefully scarce, and in a steady escalation in the size of their new institution. Such practical considerations brought changes to their initial ideas.

At times the Committee came into conflict with the central authority, the Commissioners in Lunacy, whose opposition, for example to the continued increase in size, led to their refusal to sanction further building in 1859. The alternative would have meant building further afield. This in turn would have taken patients far from their homes in the most densely populated boroughs near Wandsworth. The Committee's decision to stand by their original principle – and site – led to sharp exchanges with the Commissioners. In the event, the Surrey magistrates prevailed, although accepting

thereby the consequences of increasing size that progressed for the next century.

Further difficulties with the Commissioners arose following the death of Charles Snape's patient as the consequence of a shower bath. Without consulting the Committee or Snape, the Commissioners had instituted an immediate inquiry, called witnesses from the asylum staff and proceeded with a charge of manslaughter against the doctor. The position of the Committee was embarrassing, but they desisted from comment, and loyally supported Snape until the case was over. Only then did they criticise the Commissioners severely for the high-handedness of their actions. The stresses upon the Committee must have been severe and perhaps contributed to the death of the Chairman within a year.

It was ironic that this crisis should have engulfed the Committee so soon after Morison's retirement as Visiting Physician. In deciding not to replace him, they were following a national trend towards allowing complete autonomy to their medical superintendents. Now they were compelled to seek the resignation of one (Hugh Diamond) and to appoint a chief resident physician (John Meyer) for the better supervision of those less experienced. This step also brought forward the hegemony of doctors in the asylum, further confirmed in 1864 when the Committee recognised Biggs as the supreme authority, administrative as well as medical.

Although this step greatly restricted the doctors' opportunity for professional intercourse and development, it provided the Committee conveniently with someone responsible for closely supervising their asylum and its staff. For their nurses, over the first few decades, the Committee could provide nothing beyond the most rigid regulations, and exhortations to kindness.

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