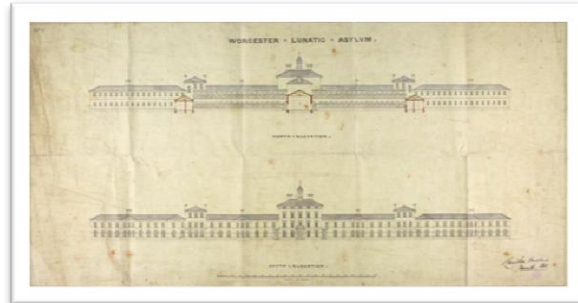


The most deadly disease of asylumdom: The General Paralysis of Insanity at Powick Lunatic Asylum, Worcestershire, 1852 to 1906

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PATIENTS AT THE CITY AND COUNTY OF WORCESTER PAUPER LUNATIC ASYLUM WHO WERE SUFFERING FROM THE GENERAL PARALYSIS OF THE INSANE (GPI) - 1852 TO 1906.

Frank Crompton, the author of this study, remembers watching 'Song of Summer', a television film co-written, produced, and directed by Ken Russell, on BBC television on 15 September 1968. The film was remarkable and it has stuck in Frank's memory for over 50 years. Frederick Delius, the British born composer, contracted syphilis in 1895 and he died over 39 years later on June 10 1934. This was the first film that Ken Russell had made for television. It related to Delius in the last six years of his life, including whilst he suffered from a tertiary period of syphilis, by which time he was paralysed, blind and deteriorating mentally. This man's physical and mental state was clearly similar to that of someone dying of General Paralysis of the Insane (GPI). The film also related to the work of Eric Fenby, who acted as an amanuensis to the composer, in an attempt to continue Delius's efforts to write music. Eventually tertiary syphilis completely expunged the ailing composer's ability to write music. This was the first time that Frank was aware of the effects of tertiary syphilis and this case certainly confirms Gayle Davis's statement, in her article,¹ that the 'rapid decline and certain death of physically able and socially worthy patients on such a grand scale was surely one of the greatest tragedies of the asylum'. It was a synergy between the work of Dr. Davis relating to GPI in Scotland and cases of GPI at The Worcestershire Pauper Lunatic Asylum, that opened at Powick, two miles from Worcester, on 11th August 1852² that resulted in this present study.

The author of this article began his career as a historian by investigating the treatment of children in the workhouses of Worcestershire under the New Poor Law from 1834 to 1871. On one occasion, in January 1847, before Powick Lunatic Asylum existed, the Lunacy Commissioners inspected a 13 year old boy called William Noinent, who was in Worcester Workhouse at that time. He was feeble-minded, but he caused no trouble and the Lunacy Commissioners determined there was no need for him to be sent to a lunatic asylum.³ However, it appeared that the fact that Worcester Workhouse was adjacent to the railway station made inspecting Noinent easy, whilst other Worcestershire workhouses were not inspected by the Lunacy Commission. Thus, it appeared likely that at this stage, in the late 1840s, before the Worcester Pauper Lunatic Asylum opened, in August 1852, some County Poor Law Unions did not record that some inmates were mentally impaired pauper-children who caused no trouble. Thus, D. J. Mellett suggested that the under-reporting of mentally-infirm paupers may have made published statistics regarding workhouse admissions inaccurate.⁴ In other Worcestershire Poor Law Unions mentally-infirm children were sent to lunatic asylums. Indeed, even after the Powick Asylum opened some Worcestershire Poor Law Unions continued to send their mentally-impaired children to the Fairford Asylum, in Gloucestershire,⁵ because this was a cheaper option than sending them to the new Worcestershire Asylum. The author of this study has always tried to write 'History From Below',⁶ which was difficult to do in relation to children in workhouses, given the nature of Poor Law Union's Guardian's Minutes as a source. However, he then became aware of the vast amount of records available on patients at Powick Lunatic Asylum and in retirement he has moved his research interests to the Worcester City and County Pauper Lunatic Asylum at Powick (later Powick Mental Hospital), where the sources are plentiful.

¹ Davis, Gayle, 'The most deadly disease of asylumdom: general paralysis of the insane and Scottish psychiatry, c.1840-1940', *Journal of the Royal College of Physicians of Edinburgh*, Vol. 42, Issue 3, 2012, p. 272.

² For brevities sake this institution will henceforth be referred to as Powick Lunatic Asylum.

³ Crompton, Frank, *Workhouse Children*, Sutton, Stroud, 1997, pp.84-5.

⁴ Mellett, D.J., 'Bureaucracy and Mental illness: The Commission on Lunacy 1845-90', *Journal of Medical History*, 25, 1981, pp. 236-46.

⁵ This asylum was usually referred to as the Fairford Retreat which indicated its adherence to Moral Treatment approaches.

⁶ 'History From Below' focuses on issues looking upwards from a lower working class perspective.

In retirement the author of this study has begun to investigate different groups of patients at Powick Lunatic Asylum between 1852 and 1917, such as housewives and epileptics. He then became aware of the greatest cause of deaths in the asylum – General Paralysis of the Insane (GPI). Thus, the work of two Medical Historians; Gale Davis⁷ and Jennifer Wallis,⁸ about the GPI are excellent and both have great relevance to this study of patients in the Worcester City and County Pauper Lunatic Asylum. This institution was renamed Powick Mental Hospital after the 1890 Lunacy Act⁹ (for brevities sake this institution will henceforth in this article be called Powick Lunatic Asylum). Both of these author's writing look at GPI from a Medical Historian's perspective. As a Social Historian with an interest in Mental Health, in this period, the author of this study believes there is another way of looking at this topic. He has spent a long time attempting to write 'History From Below' of pauper lunatics at the Powick Lunatic Asylum, that opened at Powick, two miles west of Worcester, on 12th August 1852. This institution continued to provide a mental health facility for the citizens of the Worcester Area for the next 137 years. It officially closed as Powick Hospital in 1989. The author of this study, instigated the two medical museums in Worcester and he also secured the records of over 9,600 patients from Powick Lunatic Asylum. It is a digitised version of these records that provided the main source for this study.

An article by Dr. Gayle Davis¹⁰ is of great interest. In spite of having a Scottish focus, this article has great relevance to England and Wales in the period immediately following the 1845 County Lunatic Asylums' Act¹¹ which required all County and County Boroughs in England and Wales to build County Lunatic Asylums to house the poor and criminally insane in their areas, where such institutions did not already exist. A majority of Medical Superintendents appointed to these newly created asylums in England and Wales after 1845 had been trained in the Moral Treatment of Insanity by Professor David Skae at the University of Edinburgh. This was the case for Dr. John Grahamsley, appointed at Powick Lunatic Asylum in July 1852 and for Dr. James Sherlock appointed as Dr. Grahamsley's successor in August 1854. Both of these men were graduates of the University of Edinburgh, Faculty of Medicine and both had also worked as assistants to Professor David Skae at the Royal Edinburgh Lunatic Asylum.

The section of Dr. Wallis's book, *investigating the Body in the Victorian Asylum: Doctor's Patients and practices* (2018), entitled 'General Paralysis of the Insane'¹² is also of great importance because it emphasises the problems of discussing the history of medicine in the past in contemporary terms. Jennifer Wallis cautions about assuming that General Paralysis of the insane is the same and neurosyphilis. Thus, as the focus of this study is on patients at Powick Lunatic Asylum between 1852 and 1906, which was before neurosyphilis existed, it is essential that any analysis is based on sources contemporaneous to this period. For this reason the major source used by the author of this study is the section of Daniel Hack Tuke's *Dictionary of Psychological Medicine* (1892) relating to the General Paralysis of the Insane.¹³ Ironically it is likely that this section of Hack Tuke's Dictionary was written by Thomas Clouston, Professor of Medicine at Edinburgh University, who features in Dr. Gayle Davis's writing.

⁷ Davis, Gayle, *The Cruel Madness of Love: Sex, Syphilis and Psychiatry in Scotland, 1880-1930*, Clio Medica, 2008.

⁸ Wallis, Jennifer, *Investigating the body in a Victorian asylum: doctors, patients and practices*, Palgrave Macmillan, 2018.

⁹ 53 Vict. c.5 (Lunacy Act) 1890.

¹⁰ Davis, Gayle, 'The most deadly disease of asylumdom: general paralysis of the insane an Scottish psychiatry 1840-1940', *Journal of the Royal College of Physicians of Edinburgh*, Vol. 42, pp. 266-273, 2012.

¹¹ 8 & 9 Vict. c. 100 (Lunatic Asylums' Act) 1845.

¹² Wallis, Jennifer Op cit. pp.10-11.

¹³ Hack Tuke, Daniel, *Dictionary of Psychological Medicine*, Blakiston, Philadelphia and London, 1892, pp. 519-544.

In 1892 Daniel Hack Tuke's Dictionary ¹⁴ defined General Paralysis of the Insane (GPI)

...as a disease of the nervous system, especially of the brain marked clinically by (a) ataxy ¹⁵ and finally paresis, ¹⁶ generally following a definite order and course of development; and especially obvious in speech and less so in locomotion; and (b) to, dementia, ¹⁷ but often consisting, in part of, various deliria; ¹⁸ also, but in a less degree by (c) sensory disorder or defect; and by (d) definite organic changes in the nervous systems; especially in the encephalon. ¹⁹ Taking a definition from this source, which was published in 1892, ensured that the definition is contemporaneously appropriate.

He suggested that the duration of attacks of GPI could be a few weeks, a few months, sometimes three years or so, but in a small number of cases the illness was apparent for far longer. Such long term cases apparently originated in the spinal cord and progressed from there. However, if the brain and spinal cord were attacked simultaneously the attack of the affliction could be shorter. In what Hack Tuke referred to as 'galloping General Paralysis', an attack could be very short indeed. In some other cases attacks of General Paralysis were shortened by attacks of epileptiform-seizures ²⁰ and apoplectic seizures, which were often referred to as strokes, also had a reducing effect on the duration of General Paralysis. If seizures of these two types were absent, the duration of General Paralysis was generally longer. General Paralysis attacks also tended to be longer in female patients than in males and perhaps oddly attacks were also longer in cases of well-to-do sufferers than in the poor. GPI attacks also lasted longer where a patient had a hereditary predisposition to the ailment.

Mental symptoms of General Paralysis generally presented themselves first and these symptoms were then followed by distinct motor-symptoms, although the presence of seizures sometimes altered this. Motor-symptoms, included ataxia, the loss of control of bodily movements and this was usually followed by paresis; partial paralysis that caused muscular-weakness and eventually helplessness. The first effects of a motor-affectation was noticed in the patient's speech. This was because the lips, tongue and cheeks tremored and twitched. The mobility of the lower-limbs may also have been affected, as were the patient's eyes, with inequality of the pupils the most noticeable feature here. The 'finer movement of the hands', for instance when in writing, may also have been influenced. Thus, the mental symptoms of a GPI patient will have undergone decay or disintegration over time. The patient's moral feelings will also have altered and this was often referred to as 'perversion of their habits'. The individual sufferer's mood may also have then fluctuated, from euphoric to depressed, or even to morose or peevish. It was at this time that the patient will have entered a state of dementia, which meant that their senses became blunted or even lost. Then, in the second phase of General Paralysis, what were referred to as 'exalted-delusions' occurred. However, some patients may have become melancholic. Other patient may then have suffered from

¹⁴ Daniel Hack Tuke, Op cit., p. 519.

¹⁵ Ataxy (now ataxia) is defined as the loss of full control of bodily movements.

¹⁶ Paresis is defined as a condition of muscular weakness caused by nerve damage or disease; partial paralysis.

¹⁷ Dementia is defined as a state in which the manifestations of mind are in a greater or lesser degree absent in consequence of disease or decay of the brain itself. It is always an acquired condition, and as such is always distinguishable from amentia, which is either a congenital state or one acquired soon after birth.

¹⁸ Deliria is defined as a temporary mental state characterised by confusion, anxiety, incoherent speech, and hallucinations.

¹⁹ Encephalon is the cerebral matter.

²⁰ Epileptiform-seizures are episodes that can vary from brief and nearly undetectable periods to long periods of vigorous shaking. Such seizures are different from epileptic-seizures, because they progress having originated in an arm or a leg and then progressively effecting other areas of the body. They were different fro epileptic-seizures.

'hypochondriacal delusions'.²¹ However, feelings of these sort may well have disappeared as the patient's General Paralysis proceeded, but in other cases such feelings may have persisted.

In women General Paralysis was usually milder than in men, but it also took a longer average time to develop. Women often suffered what was termed 'quiet dementia', which made them more remote from their surroundings. Seizures were also less common in women than in men. However, some women suffered from a hysterical form of seizures. In women patient's menstrual periods may also have been disrupted and in some cases they disappeared altogether. It was also suggested that some women became erotic and suffered maniacal excitement when they were suffering from GPI. Hack Tuke recognised a simple form of General Paralysis and also a complicated form. In the simple form of this GP, the mental, motor and sensory facets ran their normal course, whereas in the complicated form epileptiform, apoplectic, paralytic and hysterical seizures sometimes occurred that caused muscular atrophy (wasting), acute meningitis²² and encephalitis.²³

Hack Tuke cautioned against ascribing stages to the development of General Paralysis, because he suggested there were too many cases of atypical General Paralysis, where this sort of analysis could not be applied. However, he then did suggest three or four stages of development. The four stages usually applied were: (a) the 'prodromic phase' which was simply, the preliminary phase. In this stage the patient's moral, emotional and intellectual faculties altered. (b) The second stage involved decided mental alienation²⁴ that approximated to dementia. (c) The third phase was characterised by chronic mental disorder, confusion and increasing dementia. (d) Fourthly there was what was described as stupidity, with 'prostration of the powers of movement and nutrition, and of the mentality generally.

THE FIRST PHASE. In General Paralysis of the simplest form, throughout the duration of the disease the patient had dementia, which decayed or destroyed their moral, intellectual and emotional faculties. However, in many other cases their symptoms included deliria.²⁵ In other cases, the individual's moral and aesthetic powers began to decay, or in other cases mental functioning was inhibited, causing altered conduct and habits. Thus a patient's reasoning and judgements failed, and in some cases their sense of morality then also faltered. This was then often described as a 'perversion of the patient's habits'. In turn this frequently caused pilfering to occur and sometimes the patient's language also changed. It became foul, rude, insulting, blasphemous and brutal. Then, the patient's appetite and desires may also have altered, but in some other cases sexual desire was totally expunged, whereas in other cases sexual excesses resulted. Excessive eating and drinking also sometimes occurred.

Hack Tuke now suggested that the patient's highest levels of the human intellect might fail, along with their memory, especially of recent events. Then, with a lessened power of attention, an individual's powers to attain and retain new ideas became impossible. Thus, whereas a patient had previously acquired intellectual attainments, these were then lost. Thus, the patient's friends would then have noticed a profound change in that individual. They may then have become absent-minded and forgetful, which made the patient continuing working and making a living impossible. In this state patients might also become drowsy, forgetful and confused. However, other individuals may then have become dull and excitable and they may now also have had disagreeable dreams. Other patients

²¹ Hypochondriacal delusions were related to the patient believing that they were in poor health, when this was not the case.

²² Meningitis is inflammation of the tissues that cover the surface of the brain.

²³ Encephalitis is inflammation of the brain tissue.

²⁴ Mental alienation included anxiety and obsessive compulsive disorder.

²⁵ Deliria was a state of awareness that was not related to normality.

might also forget what they were about to say and they might also make elementary mistakes in counting, or in simple arithmetic calculations. Failings that might then cause the patient to become depressed, emotional, distressed and disinterested in important affairs. They may also have become neglectful and unconcerned about what went on around them.

A patient's emotions may also have alter rapidly, so that one minute they are weeping, and the next they are laughing. However, this state of affairs was a precursor of what is to come, when some GPI sufferers produced extravagant and grandiose projects, sometimes involving huge expenditure. They would also make needless purchases and they will have given, or promised, expensive gifts to people. Coupled to this, some GPI patients would claim to possess many millions or even billions of pounds and to own vast amounts of property. However, in reality these individuals were paupers. Such individuals may also have been prone to making contradictory statements. Thus, in adjacent sentences they may make opposite statements and they became petulant and angry about any opposition to their inane ideas. Their irrationality and anger may result in violent and destructive acts. This behavior was a typical symptom of General Paralysis.

Hack Tuke also suggested that all changed behavior in a patient that was caused by General Paralysis was due to 'the destructive power of a lesion on the supreme mechanism of the brain',²⁶ which sometimes caused the actions of an individual to be 'unchecked, uninhibited' and completely alien to that individual's actions in their past; such as stealing. In some other patients with General Paralysis 'transitory deafness or blindness' might occur and they may also have suffered from severe headaches, causing some individuals, with this pain, to bang their head against a wall. Migraine and neuralgia might also result from GPI. Patients may also have suffered flushing of their face, tinnitus (ringing in the head), hearing other sounds in their head or perceiving electrical activity in their head.

General Paralysis might also alter delicate operations with the hands, which was sometimes well indicated in an alteration in the person's handwriting. However, the patient's speech might also be altered by the tremoring and twitching of their tongue, lips and cheeks. The pupils of an individual's eyes might also have been influenced, which resulted in contracting of the pupils or irregularity between the pupils. The patient's gait may also have been altered causing their walking to be greatly fatigued and sometimes a patient would drag one leg whilst walking. In a few cases of GPI ataxia and paresis may be absent.

THE SECOND PHASE. When it was established that a patient definitely had GPI, any of the symptoms mentioned above may have increased and the patient's moral and aesthetic senses will have become more impaired. At this point the afflicted individual found it very difficult to assimilate new ideas and thus they have found it impossible to come to conclusions about any new ideas, which caused the patient to use words very differently from the way they had done before they were afflicted with GPI. Thus, an individual was profoundly changed and their mental symptoms may now have included a combination of dementia, delirium, mental-excitement, hypochondriasis,²⁷ melancholia, a persecution complex or stupor.

These symptoms of dementia were found in all forms of mental failure caused by disease and this will have gradually increased an individual's mental-impairment, which ultimately led to a loss of attention, memory, logic and will-power. In some cases this also caused insomnia, meddlesomeness, untidiness, restlessness, destructiveness and in a few cases 'foul habits'. Some patients will also have suffered from amnesia, blunders, forgetfulness, confusion; causing fits of fantasy and a failure to work or converse. The individual may also have been irritable and they might have suffered from vertigo

²⁶ Daniel Hack Tuke, *Op cit*, p. 522.

²⁷ Hypochondriasis is where a person was excessively and unduly worried about having a serious illness.

and headaches. Patients may then also have offended public decency, exhibit coarse manners and been slovenly, or they may have committed criminal assaults on other People. Individuals with GPI may also have developed exalted delusions that were absurd and self-contradictory. This Hack Tuke suggested was because of the patient possessed an unbridle imagination, but simultaneously they lacked reasoning powers. Claims of huge wealth and possessions; owning numerous horses, carriages, servants and jewels; etc. may have been one result of these exalted delusions, but the patient might also have claimed that they were a King, a judge, a bishop, a nobleman, Jesus Christ or even God Almighty. Alternatively they might claim huge sexual powers, great feats of strength, amazing mental-endowments or talents, or they may have claimed to be a great artist, musician, actor, etc. These grandiose ideas were sometimes fed by hallucination of sight or hearing. However, these grand ideas often alternated with self-doubt, childishness, terror and irritability. The same patient may also have become melancholic and confused. Thus patients in the second phase of GPI may have suffered increased excitement and restlessness, which often led to destructiveness and to their using foul language. They were also often untidy and unclean, and they occasionally suffered severe manic-attacks, which made them even more excessively aggressive and violent. They may then have raved and been sleepless, which may have resulted in their becoming exhausted, which in the most extreme cases may led to collapse and even to death.

GPI patients with hypochondriasis often believed that their bodies were hollow, with some of their organs missing. In turn this led to a belief that they could not swallow or defaecate. However, other patients believed that their organs were diseased, rotten and wasting away. They may also have had morbid sensations and fears and in the most severe of these cases the patient feared starvation, gangrene and early death. This, in turn, led some patients to become apathetic, indifferent, and melancholic. Individuals in this state then exhibit twitching of the face when they talked. Such patients were then sometimes also very distressed and even suicidal. Such patients may have felt that they were being persecute and hunted and they often believed they were about to be killed. Thus, they often begged to be saved. In other cases patients feared that they are being poisoned and they sometimes also heard voices accusing them of wickedness and many of them feared they would descend into hell. Some of these patients were paranoiac about persecution, which made them hostile, vindictive, cruel and threatening. In some other cases GPI patients were afflicted with stupor, which meant they were immobile and they would not move about. Other GPI patients had mood-swings, thought to be typical of mania and such individuals alternated between acute excitement and calm. In their periods of excitement these individuals might exhibit delirium, but in their periods of calm such patients were often depressed, delusional and sometimes they suffered from extreme stupor.

In the **THIRD PHASE OF GENERAL PARALYSIS** a patient's speech worsened. This, Hack Tuke thought, was caused by a 'downward extension of the lesion to tongue and mouth,'²⁸ which caused the patient problems with articulation. However, they may also experience problems understanding both spoken and written language. Indeed, such problems sometimes occurred after a patient had suffered a convulsive seizure, when it appeared that they had forgotten how to converse. The face of individuals with GPI sometimes twitched, which was said to distort their smile. However, it was an attempt to protrude their tongue which caused them the greatest difficulty and this caused their face to become flabby with the forehead corrugated and the face distorted. The eye-brows and forehead were also then liable to twitch. The pupils of the patient's eyes were now usually unequal, distorted and

²⁸ At the time Daniel Hack Tuke was writing, the brain was thought to be divided into three basic units; the upper-brain, the middle-brain and the lower-brain, which included the upper part of the spinal-cord, the brain-stem and a wrinkled ball of tissue called the cerebellum. It was then posited that mental illness was caused by lesions; damage to the tissues in these parts of the brain.

irregular in shape. Their eyes also reacted irregularly to light, so that the pupils dilated under strong light.

An afflicted individual's body was now often bent forward awkwardly, or it was bent to one side. Their gait was now 'slow, unsafe and swerving', which sometimes caused the person to zig-zag with their feet wide apart when walking. Then, if they attempted to hurry they became even more unsteady. Sometimes patients dragged a foot behind them when they walked and they occasionally stumbled and almost fell over. A GPI sufferer's gait was also said to be typical of someone suffering from syphilitic degeneration of their spinal-cord. Some other patients suffered from spasticity.²⁹ Progressively, such patient's manual dexterity declined, which meant they needed help with dressing, undressing and writing, or in undertaking any delicate work.

An individual's paralysis now gradually became more profound and they became more helpless. They were also likely to be bedridden, although then they were unable to lie flat, so that their heads were usually raised and they 'gazed fatuously in front of themselves'. The patient's eyelids drooped, which meant that they had impaired vision, as the top part of their eyes were obscured. Patients in this state breathed noisily, they often grasped their heads with their hands and they rubbed their face and eyes. At this stage epileptiform and apoplectic seizures became more common and some patients were now apparently blind, or they were confused about what they saw. At this time a patient's eating habits were also faulty and degraded, and they were incontinent of both urine and faeces. They were by now chronically-ill and their bodies were wasting, with their limbs contracted and they often looked deformed.

THE THIRD AND FOURTH PHASES LEADING TO DEATH. Once the symptoms described above had appeared, there might be a pause in the development of GPI and in a few cases the patient may have appeared to slightly recover. However, in many other cases the patient then drifted into the later stages of dementia. At this time the individual may have also been almost mindless and they sometimes developed new delusions, although, their old delusions may still have existed. However, in such patients a loss of memory and a general failure in their mental health will have become more profound, but the individual's tendency to repeat delusions of exaltation usually lessened. They were then either dull and unemotional, sullen, morose and irascible, or querulous, worried and depressed. In these circumstances, their mood may have changed from day to day. Such patients may also have been filthy in their habits, untidy in their dress and they often became hopelessly demented, with their speech beginning to fail. However, some patients now resorted to 'incoherent reviling ribaldry and obscenity'. The GPI patient's behaviour now often worsened and they may have become even more excited than they had been. Grinding their teeth was often accompanied by increased helplessness and the individual's ability to speak may have been completely lost, or their utterances were of single and often mispronounced words.

As a patient's GPI proceeded it was their speech which most revealed their intellectual weaknesses, although they may have also had an impaired memory. Their speech was slow, sometimes because the patient was searching for words, or in other cases individuals slurred their words. The individual may also have forgotten their train of thought in mid-sentence, which led to sentences being disordered and nonsensical. Thus, in the later stages of GPI, answering a simple question may have produced a totally irrelevant answer, or the patient used what Hack Tuke called 'echo-speaking', when they simply repeated the question. Such speech problems may have also been exacerbated when the patient became excited, so that a flood of words resulted, when the individual tried to speak, whilst stuttering may also have resulted from this excitement. Difficulties in articulating words

²⁹ Spasticity is an increased rigidity of muscles due to brain or spinal cord injury.

may well have been caused by tremulous twitching of the upper-lip and of the other facial-muscles. Hack Tuke referred to such speech as 'thick, slow, circumspect utterances, slurred words (with) the repetition of words and the omission of some syllables in words'. Asking a patient to read aloud usually revealed these problems with speech most starkly.

Entering **THE LAST STAGE OF GENERAL PARALYSIS** was a rarity; indeed few General Paralysis sufferers reached this stage of the disease. However, if they did, any movements they made were accompanied by 'the utmost trembling and shakiness', but if the patient was paralysed their movements were feeble and slight. GPI patients in the last stage of the disease, if seated on a chair they would often tumble forward or to the side. Then, if they were raised to their feet they simply stood still, looking awkward. Alternatively, they would fall if they attempted to walk and it was for this reason that they were usually kept bedridden, with their limbs often contracted. Such individuals were now foul in their habits, with their 'senses blunted and lost' and their ability to make decisions, or to move about, now almost abolished and they were now also often unable to swallow. In Hack Tuke's words 'they lay at the gates of death, wasted, afflicted, sometimes with diarrhoea or pulmonary-lesions and still, perhaps, grinding their teeth.

Having established symptoms that were typical of GPI, as patients progressed through the phases of the disease, it is appropriate to identify individuals who may have been suffering from GPI, amongst the 9,600+ patients committed to Powick Lunatic Asylum, between August 1852 and 1906.³⁰ The Patient's Notes for these individuals were carefully examined and about 450 cases where patients were possibly afflicted with GPI were identified. These were hand-written and some were quite difficult to read, so the notes were transcribed, which essentially involved removing the inevitable repetitions that existed in the Assistant Medical Officer's (AMOs) records of an individual patient's behavior and treatment over time.³¹ The transcribed notes were then in typescript form, so that they were easy to read. Each of these Patient's Notes were selected because it was thought that this patient was likely to have been suffering from GPI. Rejected Patients' Notes were then reconsidered on the basis of comments about the patient's symptoms, which were grouped in terms of Paralysis, Locomotion and Articulation; groupings that would contain all of the symptoms indicative of GPI. It was only in cases where there was comment in at least two of these categories that a patient was considered to be definitely suffering from GPI. This process excluded about a third of the female cases and a quarter of the male cases initially selected for consideration. Eventually, 74 female cases and 286 male cases were identified, where it was considered that GPI had been definitely diagnosed. Thus, there was about a 4:1 male: female proportion in the cases selected.

An analysis of the Marital Status of female patients with GPI, in Powick Pauper Lunatic Asylum, between 1852 and 1906, showed that 76% were married, 15% were single and 9% were widowed. The comparable figures for male patients were 78% were married, 15% were single and were 7% widowed. Thus, there was little difference between these figures in terms of gender, which was no surprise. However, what was certainly the case was that both men and women who were single or widowed may well have been living by themselves, so that it was probably more likely that their

³⁰ Unfortunately the Patients' Notes and other papers relating to Powick Lunatic Asylum were abandoned in the derelict building, which was broken into and several volumes of notes were stolen. Subsequently six volumes of notes were returned to me. Thus there are 51 volumes of these notes extant. However, we suspect, that there are still five volumes of these notes still missing.

³¹ The AMO, who composed the Patients' Notes, was responsible for collating information about individual patients provided by the attendants, craft-instructors and other ordinary staff of the institution, who were in daily contact with the patients. This meant that the AMO, a doctor, who was inevitably middle-class, was summarising the opinions of the ordinary asylum-staff who were themselves working-class.

affliction with GPI went unnoticed for longer, which meant that their committal to the lunatic asylum was probably delayed.

The suggested connection between GPI and syphilis appeared to alter thinking, after 1881, a date that coincided with the death of James Sherlock, the second Medical Superintendent of Powick Lunatic Asylum and the appointment of his successor Edward Marriott Cooke, who had been Dr. Sherlock's assistant. Thus, it is interesting to consider the percentage of female patients admitted to the Powick Institution before 1881 with GPI, when James Sherlock was Medical Superintendent, in comparison with the number of female patients admitted when Edward Marriott Cooke occupied this post. The figures for female patients were 47% before 1882 and 53% after that date. However, the figures for male patients was 67% before 1882 and 33% after 1882. These figures suggested that whilst the numbers of female patients suffering from GPI increased slightly, the numbers of male GPI patients was drastically reduced. This diminution in male numbers was difficult to understand, although it did appear likely that it was due to misdiagnosis of GPI, particularly in the period from 1852 to 1870. It appeared possible that the active discussion of GPI and its connection with syphilis, may have caused more circumspection during diagnosis of the disease in men after 1882. Although Edward Marriott Cooke was Medical Superintendent at a time when there was a tacit acceptance that syphilis might be the cause of GPI, there was little indication that this made any difference to the way that Powick Asylum patients suffering from the disease were regarded and treated.

When the context of the abode of female patients admitted to Powick Pauper Lunatic Asylum with GPI, between 1852 and 1906, was considered; in terms of whether these individuals came from an urban or rural Poor Law Union, 81% came from urban Unions and 19% from rural Unions. The comparable figures for male patients was 87% and 13%, so that these figures were broadly in line with the distribution of the population of Worcestershire at this time, between urban and rural Poor Law Unions. In 1881 this proportion was 82.6% in urban Unions and 17.4% living in rural Unions. However, it was, of course, likely that migration from rural to urban places, between 1851 and 1906 had some effect on these figures, but there were also problems for analysis caused, after 1900, when King's Norton Poor Law Union, a large urban Union became part of Birmingham.

In terms of the occupations of female GPI patients, admitted to Powick Lunatic Asylum committed there between 1852 and 1906, 63% were housewives. However, of these housewives 33% were the spouses of labourers and servants; occupations that were regarded as unskilled, whilst 67% of these wives were married to semi-skilled spouses. However twenty-six women had occupations in their own right and of these women, 62% were employed in unskilled occupations and 38% in skilled occupations. However, there were no women with what might have been termed 'working-class elite occupations'. Of the male GPI patients in Powick Lunatic Asylum between 1852 and 1906, 46% had unskilled occupations, 23% were semi-skilled, and 29.2% skilled and just 1.8% were professionals, who had fallen on hard-times.³² All of this small group of professional male patients with GPI entered the asylum after 1890, when the Lunacy Act of that year made it permissible for Private Patients to enter the Mental Hospitals created after that date that had been Pauper Lunatic Asylums. However, prior to 1890 Powick Pauper Lunatic Asylum had admitted 'private patients'. From the 1860s, patients had been admitted to the Powick Lunatic Asylum who were poor individuals, close to being paupers, whose asylum-fees were paid by someone other than their Poor Law Union of Settlement. This was usually done to ensure that poor insane individuals in a community, who were not strictly paupers, could be treated, so that they ceased to be a threat to their home community. This system was liked by the Committee of Visitors, at Powick Lunatic Asylum, because the Poor Law Board's Regulations at

³² There were six men with professional occupations: one accountant, two architects, one commercial agent, one Registrar and one surveyor.

this time allowed the 'private patient fees' paid for these patients to be placed in a Special Account that could be used to pay for the maintenance of the Powick Asylum-buildings.

The ages of female patients with GPI being committed to Powick Pauper Lunatic Asylum, between 1852 and 1906, indicated there were 15.6% between 17 and 30 years old, 70.7% between 31 and 50 years old and 13.7% between 51 and 60 years old. In the case of male patients; 9.7% were between 16 and 30 years old, 70.6% were between the ages of 31 and 50 years old and 19.7% between 51 and 70 year old. The average age on entry to the asylum for female patients was 39.8 years old and for males 40.0 years old. The age-range of both female and male patients was 16 years to 70 years old. Thus, there was little significant difference in ages between the genders in this context.

The duration of illness of some female patients with GPI, between their entering Powick Pauper Lunatic Asylum and their death, was in some cases a matter of days. One woman died after just four days and another four women survived for less than a month (6.8%). On average women in this group died in about 22 days. In the case of 43 out of 74 other female patients (58.0%) they lived for less than two years, before they died. However, the average duration between the admission and death of these patients was 5.7 months. Of the other 12 female GPI patients (16.2%) died between two years and three years into their incarceration. Six women (8.1%) died between three and five years after their arrival at the Powick Institution and three other women (4.1%) spent between five and ten years in the asylum before they died there. Five other women (6.8%), spent a very long time in Powick Asylum before they died. One woman was there for 10 years and seven months, another for 22 years, and another for almost 23 years, whilst yet another patient spent 23 years and six months there. The longest survival of a female GPI patient at Powick Lunatic Asylum was for 26 years and four months. The overall average stay of a female GPI patient at Powick Asylum before they died was 34 months. However, if the time that the five long stay patients spent in the asylum before they died is excluded from the calculation women GPI sufferers spent about 18 months on average incarcerated in the lunatic asylum before they died there.

The duration of illness of some male patients with GPI, between entering Powick Pauper Lunatic Asylum and their death was in some cases a matter of days. One man died after just seven days and another 19 (5.9%) men survived for less than a month. In the case of the 262 out of 342 (76.5%) male patients they spent less than two years in the asylum before they died there. The average duration between admission and death of these patients was 9.4 months. Of the other male GPI patients 23 (6.7%) died between two years and three years into their incarceration. Eighteen more men (5.3%) died between three and five years after their arrival at the Powick Institution, whilst five other men (1.5%) spent between five and ten years in the asylum before they died. Fourteen other men (4.1%) spent a very long time in Powick Asylum before they died. Four men were in the asylum for between 10 and 14 years. Three men were in Powick Asylum for between 15 and 20 years, whilst five other men were in Powick Asylum for between 20 and 27 years and 6 months. The longest survival of a male GPI patient was for 27 years and six months. The overall average stay of a male GPI patient at Powick Asylum before they died was 21.4 months. However, if the time that the 13 male long stay patients spent in the asylum before they died is excluded from the calculation male GPI sufferers spent on average just over 13 months incarcerated in the lunatic asylum before they died there. This analysis of the duration of illness of male and female GPI sufferers in the Powick Lunatic Asylum before they died of GPI between 1852 and 1906 appeared to conform to the expectations of Daniel Hack Tuke in 1892 and+ the ratio of female to males patients was also what was expected and the notion that female GPI developed later and slower than it did in male patients also appeared to be confirmed.

As previously suggested, the article by Dr. Gayle Davis³³ has great relevance to England and Wales in the period immediately after the 1845 County Lunatic Asylums' Act, the Parliamentary Act that led to the creation of the Powick Pauper Lunatic, that opened in August 1852. In fact Worcestershire was slow in developing its new Asylum. In part this was because the County sought to establish a joint asylum with adjacent counties, all of which had alternative ideas about their futures. Eventually the Committee of Magistrates, for the County of Worcester, approached the City of Worcester Council, which represented a County Borough that was also compelled, by the 1845 Act, to make provision for its mentally afflicted residents. These negotiations took time and they eventually resulted in an agreement between the Worcester County Magistrates and the Worcester City Council to establish a joint Pauper Lunatic Asylum, to be financed pro rata according to the relative population sizes of the County and City (8/9^{ths} :1/9th). There was then a wrangle regarding a suitable site for the asylum, with the City Council demanding that the asylum be built close to the City. The site eventually used, at Powick, was about two miles from the centre of the City of Worcester, but this meant that Dudley Poor Law Union and Shipston-on-Stour Poor Law Union, which were both at this time in Worcestershire were 39 miles from the new institution. Thus, the decision to build the new asylum at Powick was in spite of the fact that Dudley, a very urban Poor Law Union, had a population three times the size of the City of Worcester, so that it was likely that Dudley would have the largest numbers of pauper lunatics to be treated in the new County Asylum and according to the Poor Law Board Regulations insane paupers must be sent to the institution serving the Poor Law Union where the individual's Poor Law Place of Settlement was. Thus, transporting patients from the Poor Law Unions a long way away from the new County Lunatic Asylum continued to be problematical. However, Worcestershire was not alone in locating its new Pauper Lunatic Asylums a long way from some Poor Law Unions. For instance, the Devon County Pauper Lunatic Asylum, at Exminster, was 53 miles from Ilfracome.

The site for the new asylum was selected on the basis of Poor Law Union Regulations. Thus, a Census of all pauper lunatics in the County and City of Worcester revealed the initial need for a Pauper Lunatic Asylum to house 100 male and 100 female patients, which according to the Regulations meant that the asylum-site must be of at least 30 acres. The site also had to be close to a road and on land that sloped away from that road, so that the asylum was not overlooked. It was also to be on well-drained land with a sufficient water-supply. The Powick Site had been a small estate called White Chimney's that had belonged to a Mr. Stallard, of Worcester, who owned much property in the area. The site was within 150 yards of the Worcester to Malvern road, with access via a lane that went downhill. The site overlooked Malvern Old Hills and it had what was considered an adequate water-supply from a stream called Carey's Brook.³⁴ The site also had what was described as 'brick-earth' that was thought suitable to make bricks on site. However, this clay proved unsuitable for making good quality bricks. There was also a slight problem with the site, which was about three acres too small. This was remedied by purchasing two small plots of land, one from Sir John Pakington,³⁵ a

³³ Davis, Gayle (2012), Op cit.

³⁴ In fact Carey's Brook never provided sufficient water for Powick Lunatic Asylum and this continued to be a problem until a water-works was built at the asylum in the 1880s. Many attempts were made to sink wells, but these were all inadequate. The whole roof of the main asylum-buildings were then lined with lead and rain-water was collected in large tanks. However, whilst this water was suitable for use in the laundry and in baths for the patients, it was unsuitable for drinking. It appeared that the water at Powick Lunatic Asylum was always slightly contaminated sewage. For this reason the asylum-brewery produced weak-beer to be consumed by the patients instead of water. Carey's Brook was also the main water-supply for adjacent land, including the Earl of Coventry's Estate and this also caused problems, particularly in the summer months when the brook ran dry.

³⁵ Sir John Pakington, M.P. was a founder member of the Asylum's Committee of Visitors. He was a Minister in six Conservative Governments between 1852, when the Powick Lunatic Asylum opened, and 1867, but he was never present at the Asylum Visitor's Meetings in spite of this.

Worcestershire MP and the other from the Earl of Coventry, whose estate was close adjacent to the asylum-site. A Committee of Visitors was established, that included a range of 'worthies' from the area who agreed to purchase the White Chimney's site so that the new asylum could be constructed.

At this juncture it was inevitable that the Poor Law Board, who had been asked to organise the building of the new asylums created after the 1845 Act, would attempt to influence the design of the new building. They made recommendations that related to creating what they saw as a suitable Pauper Lunatic Asylum, which was in fact a 'super-workhouse'. Implicit in their perception of a lunatic asylum was continuing separation of the various classes of lunatic according to their diagnosed mental illness. This initially meant separation by gender and then according to the patient's diagnosed mental state; demented, idiotic, maniacal and melancholic, together with a special ward for 'dirty patients'. However, this arrangement was to create a problem, because the Poor Law Board would not be responsible for the new Powick Lunatic Asylum. Instead it was the Lunacy Commission, consisting of men with experience of treating the insane, who were given responsibility for the oversight of the new Powick Lunatic Asylum. The Lunacy Commissioners had very different ideas to the Poor Law Board about what a Pauper Lunatic Asylum should be. The only vestige of confinement by classification that was to persist was separation by gender. In the Powick Institution, like all other Pauper Lunatic Asylums created at this date, there were two identical sides to the asylum-buildings, one for females and one for males. With attendance at the asylum-chapel and for weekly entertainments, open to selected patients, being the only time when female and male patients at Powick Lunatic Asylum met.

Initially Central Government had provided funding for the new Pauper Lunatic Asylums, built after the 1845 Act, but by the time Worcestershire applied for funding they were told to raise funding in the City. Thus, they borrowed money from an Insurance company in an arrangement that vaguely resembled a Private Finance Initiative (PFI). Essentially the Visitor's Committee paid a mortgage on the new asylum on a monthly basis, using funds collected from the Poor Law Union Rates. Thus, each Poor Law Union in the County paid funds (pro rata) according to the number of patients incarcerated from their Union in the asylum. These funds were collected from each Poor Law Union on a monthly basis.

The Committee of Visitors, who represented both the County and City Authorities, sought to find a suitable design for the new asylum-buildings. To do this they arranged a competition, with prizes for the three most attractive designs for the new asylum. The Visitors determined the winning design from 42 different designs that were submitted. It was a design by Messrs. Hamilton and Medland, of Gloucester, a partnership that had previous experience of building other public asylums in the recent past. They were selected as winners of the competition, but in fact Messrs. Hamilton and Medland dissolved their partnership soon after they were offered the contract for the new Powick Lunatic Asylum and Mr. James Medland became the sole architect responsible for the construction of the Powick Lunatic Asylum. Indeed, he moved on to the asylum-site and oversaw the construction of the new building, using a number of building contractors to complete the task of constructing what was a very large building.

Construction of the new Powick Lunatic Asylum began in 1847 with the intention of opening the institution by 1850. However problems with the buildings, including having to relay the floors, which cracked, led to an opening date on August 12th 1852. The buildings at Powick were linear and lengthy with a ward on the plans labelled to separately house demented, idiotic, maniacal, melancholic and 'dirty patients' on two storeys, on either side of a Central Administrative Block that was on three

storeys. Interestingly, this part of the building looked very similar to the entrance to Pentonville Prison, in London, that had been built in the early 1840s.³⁶ The only difference between the designs of the entrance area being that the two areas on each side of the entrance at Pentonville Prison contained tread-mills, where prisoners were put to work raising water into the prison. These were absent at Powick Asylum. Each of the wards had an airing-court attached, where patients could go to exercise in the fresh-air. These areas were surrounded by eight-foot high walls to prevent escapes. However, because the asylum-site sloped away towards Malvern Old Hills these walls were not apparent from the windows of the wards they served and it was suggested that this gave an impression on freedom to the inmates. Each Ward had a large day-room, where patients could sit, but also where they ate. Food was dealt with in an adjacent kitchen-area, although most of the cooking took place in large central-kitchens that delivered food to individual wards where it was consumed. There was also a dormitory-area on each of the two levels in each ward, where patients slept, with patients sent to beds in areas thought appropriate to their level of trustworthiness. The least trusted patients were closest to the area where the attendants were. The beds provided for patients varied according to the patient's needs. Some had lockable sides to inhibit a patient's wandering, others were very low, so that patients who fell out of bed did not injure themselves. In the case of epileptic patients their beds were on mattresses put on the floor of the ward. The most restless and awkward patients were housed in a series of single rooms, some of them with large windows in the door, which were described as 'Observation Rooms', whilst others had padded walls and floors to house patients liable to fall about and injure themselves.

Implicit in the 1845 Lunatic Asylum's Act was a requirement that all Pauper Lunatic Asylums created by this legislation should use what was termed a 'Moral Treatment Regime'. This was a new approach to treating the insane that originated in 1792, when Philippe Pinel, then chief physician at the Bicêtre Asylum in Paris, removed the manacles of insane patients in his asylum, at a time when all patients in lunatic asylums were habitually restrained, often with chains. In turn Pinel's actions inspired William Tuke, a York Coffee Merchant, who was a Quaker, to open 'The Retreat', near York, in 1796. This was an institution that dealt with the mentally-ill in a starkly different way to contemporary madhouses. The Retreat was an institution that was run on the principles that Pinel had developed just four years previously, where treatment was not based on the work of medical-men; rather it was based on a self-governing community, where the patients, who initially were mainly Quakers, were allowed to recover their sanity. The Retreat's Community determined how fellow patients, who transgressed, should be treated. In the context of a relatively small community of mentally-ill patients, who were Quakers, this approach proved successful. Thus, when William Tuke and a York Magistrate, named Godfrey Higgins, became aware of the dreadful treatment of patients at the York Borough Asylum that became apparent when Higgins, sent a working-class man who appeared in the court where he was the Chair of the Magistrates to the local York Lunatic Asylum. Some month's later this man's wife took her husband back to Higgins, because whilst in the York Asylum this man had been beaten and otherwise abused, which led Higgins and Tuke to investigate what came to be known as the 'York Asylum Scandal'. The York Asylum was found to have treated its patients brutally and its mortality rates had deliberately been understated. The outcome of this was that Geoffrey Best, the asylum's Medical Superintendent, was forced to flee the country.

The success of the York Retreat led Higgins and Tuke to open the West Riding of Yorkshire Pauper Lunatic Asylum, at Wakefield, in 1818, where from the outset a humane approach based on that of

³⁶ The Asylum's Administrative Block is the only part of the original buildings at Powick that still exists. It has been converted into flats. However, what was the Medical Superintendent's house, close to where the asylum once stood is now used for the education of individuals with learning difficulties.

'The York Retreat' was used in a large Pauper Lunatic Asylum for the first time. This was only possible because the first Medical Superintendent, at the West Riding Pauper Lunatic Asylum, was William Charles Ellis, who had been an apothecary in Hull, when he began to work at the Sculcoates Refuge, which had successfully based its approaches to the treatment of mental illness on those used at 'The Retreat' in York. William Ellis was appointed as superintendent and his wife became Matron at the new West Riding Institution. Then, in 1831, after 13 years of success at the Wakefield Asylum, William Ellis and his wife were approached to introduce the methods they had used in Yorkshire at the new Middlesex County Asylum at Hanwell, where William Ellis became Medical Superintendent and his wife was Matron. It was here that Ellis added what he referred to as 'therapeutic employment' to the humane treatment of the insane and the notion of a 'Moral Treatment Regime of insanity' was then complete.

From 1843 David Skae was a lecturer in the Medical Faculty of Edinburgh University, but he was also appointed the Medical Superintendent of the Royal Edinburgh Lunatic Asylum, at Morningside in 1846. However, according to Frank Fish,³⁷ citing Robert Christison,³⁸ Skae '...who acquired deserved recognition as a physician and administrator in the office of superintendent of our great lunatic asylum, was elected in the full weight of opposition of the then dominant party of the managers'. The cause of this opposition was apparently David Skae's refusal to accept conventional beliefs about the causation and origins of mental illnesses; he resisted notions of phrenology. Eventually Skae produced a scheme of classification mental illnesses that Frank Fish suggested was 'best forgotten'. From 1863 David Skae's assistant at the Edinburgh Royal Lunatic Asylum was Thomas Clouston, who on Skae's death, in April 1873, became the Medical Superintendent of the Royal Mental Hospital. Whilst David Skae was thought wanting as a theoretician, his ability as an administrator of a large lunatic asylum was considered exemplary. His statement, written in 1857, that 'The patient requires to be to be surrounded by experience attendants, allowed the greatest liberty, and treated with the utmost kindness compatible with his own safety'³⁹ summarises precisely what Moral Treatment meant. The Annual Reports of the Edinburgh Royal Mental Hospital during Skae's superintendency there. The Annual Report of the Edinburgh Royal Asylum in 1859 indicated that an 'industrial plan' had been adopted there, so that glazing, painting, carpentry and blacksmithing were occupations undertaken by male patients there, which was similar to William Ellis's idea of the introduction of 'therapeutic employment' at the West Riding of Yorkshire Asylum and later at the Middlesex County Lunatic Asylum, at Hanwell. Although Thomas Clouston took on the task of publishing material produced before David Skae's death; he was to be a very different Medical Director from David Skae. He was considered a much sounder theoretician than his predecessor and he made a greater impact on the history of Psychiatry than did David Skae. Gayle Davis's⁴⁰ publication explores this aspect of the impact of these two Medical Superintendents at the Edinburgh Royal Lunatic Asylum on the history of Scottish Psychiatry and indeed on British psychiatry generally.

There were about 30 Pauper Lunatic Asylums that were built immediately following the 1845 Lunatic Asylums' Act and it appeared that half of these institutions appointed doctors who were trained at the Edinburgh Royal Lunatic Asylum by David Skae. This was mainly because there was no comparable experience of 'Moral Treatment' available elsewhere in the United Kingdom. Professor Skae recommended individuals to become Medical Superintendents of these new asylums and this was the case for Dr. John Grahamsley, appointed as the first Medical Superintendent at Powick Lunatic Asylum

³⁷ Fish, Frank, 'David Skae; Founder of the Edinburgh School of Psychiatry', *Medical History*, Vol. 9, (1), pp. 35-63, 1965.

³⁸ Christison, R., *The Life of Sir Robert Christison* (edited by his sons), Edinburgh, 1885.

³⁹ Skae, David, 'Mental Disease', *Encyclopaedia Britannica*, Edinburgh, 1857, Vol. xiv.

⁴⁰ Davis, Gayle, 'The Most Deadly Disease of Asylumdom: General Paralysis of the Insane and Scottish Psychiatry, c. 1840-1940', *Journal of the Royal College of Physicians Edinburgh*, 42/3, 2012, p. 266.

in July 1852. Skae also recommended Dr. James Sherlock, who was appointed as Dr. Grahamsley's successor, as second Medical Superintendent at Powick Lunatic Asylum in August 1854. Both of these men were graduates of the University of Edinburgh, Faculty of Medicine, and both had also worked as assistants to David Skae at the Royal Edinburgh Asylum. In fact, James Sherlock was married to the sister of David Skae's wife, so that he was Skae's brother-in-law.

John Robert Grahamsley was 26 years old when he was appointed as Medical Superintendent at Powick, Lunatic Asylum. He had married before taking up his appointment and subsequently the first two Reports on the new asylum, from the Lunacy Commissioners; were essentially complimentary about the way the new asylum was developing. However, then, on August 6 1854, Dr. Grahamsley committed suicide, by taking prussic-acid, having first chloroformed himself to deaden the pain. He was found in the rectifying-house of the asylum's gas-works, by the asylum's coachman. Grahamsley apparently took his own life because of a decision he had made to appoint his sister-in-law, Mrs. Paget, as Matron at the Worcester Institution, without informing the Committee of Visitors about his relationship with the appointee. However, the new Matron then apparently helped the female domestic-staff of the institution to strike to demand higher wages,⁴¹ which put John Grahamsley in a position where he had to answer to the Asylum Visitors questions about this matter on the day following his death. By this time of his death the Grahamsley's had one child, aged about 18 months old, and his wife was again pregnant, when he died. The effects of John Grahamsley's death on his wife was clearly devastating, and the impact on the relatively new asylum can only be imagined. However, the three Worcester local newspapers simply reported the unfortunate death of the Medical Superintendent of the new lunatic asylum, with no mention of suicide. There was also an Obituary for John Grahamsley, published in the first volume of the *Asylum Journal of Medical Sciences*, in 1855.⁴² This obituary was written by John Charles Bucknill, who was Medical Superintendent of the Devon County Pauper Lunatic Asylum, at Exminster. Bucknill's Obituary was also apparently unaware that Grahamsley's death was from suicide. He attributed his death to the stresses of being a Pauper Lunatic Asylum Medical Superintendent. However, oddly, by sheer chance, the author of this Study discovered an Obituary for John Grahamsley published in the *New York Times*, in 1854, but why the obituary was published there was not clear. This obituary revealed the circumstances of Dr. Grahamsley's death, but it appeared that the cause of John Grahamsley's death remained unreported in Worcestershire.

Within a few weeks of Dr. Grahamsley's death, Professor Skae was again asked to recommend a replacement Medical Superintendent for the Powick Institution. This time he recommended Dr. James Sherlock, who was at that time Medical Superintendent at the Murray Royal Lunatic Asylum, at Perth, in Scotland,⁴³ where he had worked for around twenty months. The Minutes of the Committee that ran the Murray Royal Asylum then indicated that they were resentful that Professor Skae was suggesting that James Sherlock move to Worcester, to the new lunatic asylum there. However Skae was insistent that the post in Worcester would provide better prospects for James Sherlock's career, than the Superintendency in Perth would. However, the fact that James Sherlock was David Skae's brother-in-law, because he had married David Skae's wife's youngest sister in Edinburgh whilst Sherlock was employed at the Edinburgh Royal Lunatic Asylum, may

⁴¹ The unusual source for this information was an engraved copper plate presented to Mrs. Paget by the female staff of the asylum thanking her for her help in attempting to get improved wages.

⁴² *Asylum Journal of Medical Sciences*, Vol. 1 p.48, 1855.

⁴³ The Murray Royal Lunatic Asylum had been created in 1827 by James Murray a local man who had been left a substantial sum of money by his brother, who was a mariner who had died at sea. It was Murray's clear intention to provide aid for the poor of the Perth area afflicted by mental problems.

have meant that there was a family interest in improving James Sherlock's professional prospects. It did appear that there was continued contact between David Skae after James Sherlock moved to Powick and this may have influenced Sherlock's strict adherence to Moral Treatment Principles.

James Sherlock was also 26 years old when he became Medical Superintendent at Powick Lunatic Asylum and he continued to use Moral Treatment approaches in running the asylum, that had been initiated by John Grahamsley, which was surely a logical decision as both men had been imbued with a belief in the Moral Treatment of Insanity, during their training at Edinburgh Royal Lunatic Asylum, where they were contemporaries for a short time. Whilst there was little doubt that James Sherlock was extremely committed to operating a Moral Treatment Regime at Powick Asylum, in the short time that the asylum had been open the building had already ceased being used in the way that the Poor Law Central Authority, who sanctioned the building of the new asylum envisaged. Apparently, with the Lunacy Commission's blessing; apart from classification by gender, the classification of the asylum wards by diagnosis of patients' mental ailment had quickly been abandoned. Whilst the ward for dirty patients was logically kept, for patients who were doubly-incontinent, because it had a granolithic-asphalt floor that could be hosed down, the other wards had wooden-floors, which were regarded as more comfortable. These wards contained a mixture of patients suffering from different mental illness, with the wards now ranked according to the level of behavioural problems given by the patients they housed. There was then promotion or demotion between wards, which was used as an incentive to improved behaviour. This fitted with Dr. Sherlock's belief that, for instance, giving a maniacal patient responsibility for caring for an idiotic patient would benefit both patients, which was a principle apparently acceptable to the Lunacy Commissioners, who inspected the asylum, all of whom had experience of caring for the insane. It was also James Sherlock's contention that what mattered most in treating insane patients was the amount of contact they had with ordinary sane individuals; the ordinary asylum staff, who were employed to look after and to instruct the patients. Dr. Sherlock best demonstrated his absolute commitment to the Moral Treatment of Pauper Lunatics, in the early 1870s, when a new ward to house 137 male patients was planned at the Powick Lunatic Asylum, a development that was necessary to ease increasing overcrowding on the male-side of the institution. However, following the Worcestershire Quarter Sessions in February 1870,⁴⁴ the Sixth Earl Beauchamp, who had been an MP for Worcestershire, who was now Chairman of the County Committee of Magistrates, but who at this time was not a member of the Asylum's Committee of Visitors at this time, although his estate was adjacent to the Lunatic Asylum, suddenly informed the Asylum Visitor's Committee that the County's Magistrates had determined that the new ward should house incurable male idiot patients, who should be put on to a reduced workhouse dietary. This presumably implied that these idiot individuals would lose weight, deteriorate in condition and die quickly. Then, other places in the new ward should house other weaker patients, who should be selected by a census of inmates regarding their physical state. These proposals were absolute anathema to Dr. Sherlock, but he kept his counsel and asked that a Special Visitor's Meeting be held a fortnight later, where this proposal would be discussed.

In the intervening time, before the Special Meeting, the Medical Superintendent investigated the claim, where the Magistrates had implied that pauper patients at Powick Lunatic Asylum were lavishly and expensively fed. James Sherlock had investigated the cost of a normal inmate's diet, fed to patients at the Worcester Workhouse and to his satisfaction he discovered that the dietary at the asylum cost 70% of what the workhouse dietary cost, largely because the lunatic asylum was

⁴⁴ Worcestershire Quarter Sessions Papers for Easter 1870, Worcester Hive Archives.

virtually self-sufficient for its food supply, because by this stage there was an asylum-farm. James Sherlock used this information about the cost of food as part of the argument that he mounted at the Special Meeting held to discuss the Committee of Magistrate's proposal regarding the use of the proposed new large male ward at the asylum. James Sherlock was successful in doing this and he gained the support of the Asylum Visitor's Committee in opposing these proposals. However, Earl Beauchamp continued to promote the Magistrate's proposal and it took over six months before their opposition relented.

For 27 years, from his appointment as Medical Superintendent at Powick Lunatic Asylum, James Sherlock made a great success in developing a highly effective pauper lunatic asylum for Worcestershire. By the mid-1860s 'Moral Treatment' at Powick Lunatic Asylum involved living in the various wards, segregated by gender, but also where possible undertaking work-training in various trades in the asylum. As suggested earlier, initially work for male patients related to completing the asylum's buildings and landscaping its grounds, but there was soon work available for male-patients in black-smithing, brewing, carpentry and joinery, gardening, engineering, painting and decorating, plumbing, tailoring, white-smithing, upholstery, and after about 1860 on a 109-acre farm adjacent to the asylum, although pigs and poultry had been kept on the asylum-site from about 1854. When it opened the asylum-farm had a full-time farm-manager and it provided additional work tasks for patients. However, most importantly it also made the institution almost self-sufficient in terms of food-supplies. Eventually the farm even had its own abattoir. Working on the land was popular with male patients from rural-places, many of whom had been agricultural-labourers before their committal to the asylum.

Although the Powick Lunatic Asylum-buildings for men and women were equal in size and design, the treatment of female patients always appeared discriminatory. Male patients were given opportunities to take part in sports and other amusements, that were not available to their female contemporaries, and the work-opportunities for women patients were also very limited. From the outset of the asylum female patients had been employed in the kitchens, laundry and with the seamstresses or in general cleaning duties anywhere in the asylum-buildings and this range of employment was to continue, although dairy-work and the poultry-keeping areas of the farm now also employed a few women patients. However, so stark was the contrast between the asylum-life of male and female patients that it is interesting to ponder why this was the case. However, it appeared to be likely that the cause lay in different expectations of male and female inmate behaviour, with the asylum-authorities appearing to expect male patients to be more problematical in their behaviour than their female contemporaries. However, this difference may have related to the male doctor's expectations of lower working-class female behaviour. The doctors, including the Medical Superintendent, were inevitably all from middle-class backgrounds and they showed absolute intolerance to women patients using foul and abusive language or sexually explicit language, which was the behaviour that they quite expected in male patients. This intolerance, amongst the AMOs who compiled the Patients' Notes on female patients, was all pervasive and it appeared that female patients who continued to use such language were disapproved of, which was very important in circumstances where approval by the asylum staff was arguably of vital importance as a curative influence. Thus, it is interesting to wonder if during the training of doctors who were going to work with female mentally-ill patients, they were provided with a list of expectations of lower working-class women patients that was somewhat unrealistic. However, it has proved impossible to find detail of the way that these doctors were trained in Moral Treatment by David Skae at Edinburgh. How these medical men were prepared to treat lower working-class female patients was unclear and unfortunately there is little detailed evidence about the training course at the Royal Edinburgh Lunatic Asylum available in the archive at Edinburgh University.

James Sherlock had been a man of culture and humanity whilst he was living in Edinburgh and he continued in this way during his 27 year Superintendency at Powick Lunatic Asylum. In 1879, just two years before his death, James Sherlock invited Edward Elgar, then aged just 22 years old, to become band-master of the Powick Lunatic Asylum Band, that played at the Weekly Dances held in the asylum ball-room. Elgar wrote dance-music for these occasions.⁴⁵ Edward Elgar attended James Sherlock's funeral and he continued as band-master until 1884; gaining what musicologists regard as valuable experience writing music, with the purpose of performing his compositions at the weekly asylum-dances. When Edward Elgar was appointed band-master a bandstand was constructed in the asylum grounds, so that the band could play music in the summer months that would be audible in the asylum-buildings.

There is a monument in honour of James Sherlock, in Powick Parish Church, where he was buried in the churchyard, along with a large number of Powick Lunatic Asylum inmates, who were buried there before the 1870s. In 1852 the Asylum Committee of Visitors, in planning the new asylum, decided that they would arrange for patients who died in the asylum, either to be taken to their home parish for burial, if the patient's relative were willing to pay the costs of doing this, or otherwise the deceased patient would be given a pauper's funeral in Powick Parish Churchyard. This was agreed by the Powick Church Council and burials in the churchyard began in the early 1850s. However, quite quickly there was insufficient space for such burials to continue, so the asylum authorities paid for adjacent land next to the churchyard to be purchased, so that burials of deceased patients could continue. However, in 1870 the Poor Law Board ordered that this practice should cease and that a burial-ground should be created on the asylum-site. However, this decision was resented by some residents of the Parish of Powick, who claimed that the patients at the asylum were just as much Powick Parishioners as they were. Burials in the new asylum burial-ground were recorded as being in the Upton- on-Severn Poor Law Union, at 'White Chimneys' not at Powick Lunatic Asylum. The burial-ground created in the asylum was known by everyone at the institution as 'Pig-Sty Bank'.

In 1871 Edward Marriot Cooke was appointed as Assistant Medical Superintendent to James Sherlock. He was just 20 years old when he was appointed at Powick and he had trained as a doctor at King's College, London. Marriot Cooke was appointed Medical Superintendent of the Wiltshire County Pauper Lunatic Asylum, at Devizes in 1877, but he returned to Powick Lunatic Asylum in 1881 as Medical Superintendent, when James Sherlock suddenly died. Edward Marriot Cooke then very much followed the same management strategies as James Sherlock had done. He was Medical Superintendent when the 1890 Lunacy Act renamed the Powick Lunatic Asylum, Powick Mental Hospital. The institution continued to apply Moral Treatment approaches throughout Edward Marriot Cooke's time at the Powick Institution. In 1898 he was appointed 'Master of Lunacy' at the Lunacy Commission, a post he held until the Commission was abolished in 1914. He was then the first Director of the Board of Control of Lunacy, set up after the 1913 Mental Deficiency Act and he was responsible for implementing that Act. He was knighted for his services to mental health in 1918 and he continued to be influential in the field of Mental Health until his Death in 1931. Part of his Obituary in the *British Medical Journal* in October 1931 related to his career as Medical Superintendent of the Powick Lunatic Asylum and this provided ample testimony to his work at the Powick Institution, when it stated that 'he spent the ensuing 17 years with a single-mind and still not seeking further promotion, the whole of his energies were devoted to the administration of his hospital and to the welfare of its patients and staff'. After 1898 George Braine-Hartnell, who had

⁴⁵ This music was recorded by members of the City of Birmingham Symphony Orchestra; The Innovation Chamber Ensemble. *Edward Elgar; Music For Powick Asylum*, Conducted by Barry Collett, SOMM CD, 252, 2014.

been Edward Marriott Cooke's assistant, became Medical Superintendent. Unfortunately there is little information about George Braine-Hartnell available except for this section of the City and County of Worcester Lunatic Asylum for 1898. This made a statement that appeared to damn George Braine-Hartnell with 'faint praise' stating that Mr. Braine-Hartnell, MRCS (Eng.), LRCP (Lond.) had proved 'quite satisfactory'. It went on 'We advertised for a successor and after giving the fullest consideration to the applications from several candidates for the post, we appointed in Dr. Cooke's stead Mr. G M P Braine-Hartnell, who, for some years had acted as Deputy Medical Superintendent, under Dr. Cooke. We are glad to say that Mr. Braine-Hartnell's appointment has proved quite satisfactory, and he had discharged the very responsible duties that devolve upon him to our entire satisfaction'.⁴⁶ In fact, according to the Reports that the Lunacy Commissioners wrote about George Braine-Hartnell, on their annual inspection visits to Powick Lunatic Asylum, the new incumbent of the Medical Superintendent's post at Powick Lunatic Asylum was more than 'quite satisfactory'. Braine Hartnell held the post of Medical Superintendent until 1920, having been Edward Marriott Cooke's assistant since 1885. He continued to use Moral Treatment approaches in treating patients at Powick Mental Hospital, so that there was little changed in the way that the Powick Institution was administered between 1898 and 1920.

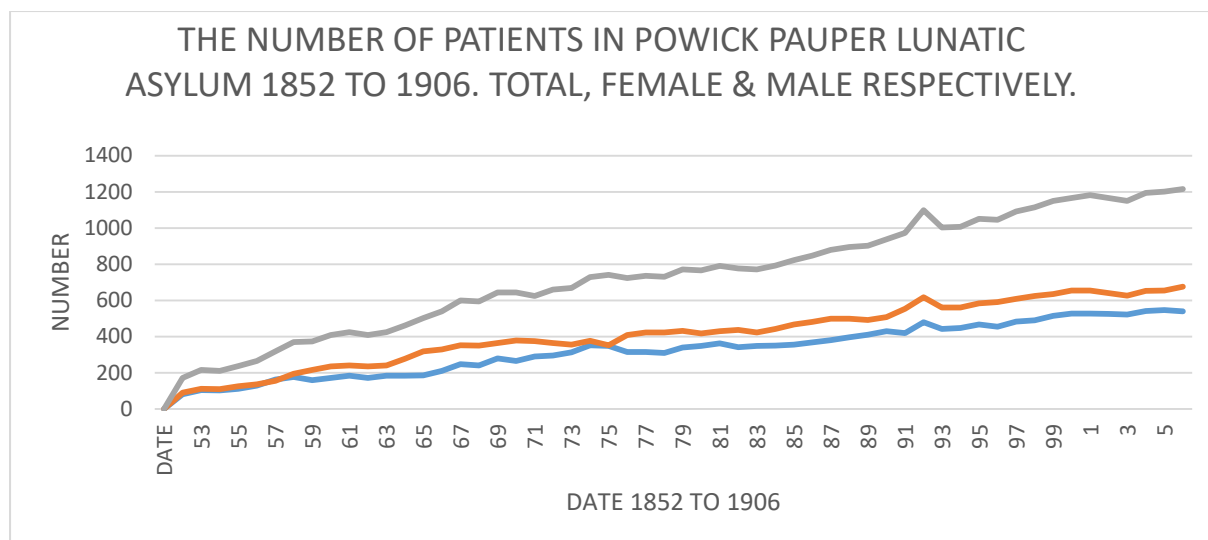
Whilst Powick Lunatic Asylum continued to use a Moral Treatment Regime throughout the period from 1852 to 1920, some aspects of the treatment of patients at the institution did change. For instance, secluding patients that had been a rarity during James Sherlock's tenure as Medical Superintendent after about 1880 became quite common. Patients were then secluded for their own protection, as well as for the protection of other patients and the asylum's ordinary staff, with the duration of such seclusions carefully recorded. However, it appeared that this change was instigated by the Lunacy Commissioners, who made no adverse comments about this practice in their Annual Reports on the Powick institution. However the greatest change at Powick Lunatic Asylum was its size. Table 1 indicates the number of patients in Powick Asylum each year between 1852 and 1906, which is the period for which the Admissions and Discharge Registers for the institution are extant. These statistics were abstracted from the Annual Reports of the institution.⁴⁷

⁴⁶ *British Medical Journal*, October 31, 1931, Wellcome Trust Library.

⁴⁷ *Worcester City and County Mental Hospital: Annual Report*, 1898, p.8. Worcester Hive Archive.

**TABLE 1. The Number of Patients at Powick Lunatic Asylum
Each Year (1852 To 1906).**

DATE	M	F	T	DATE	M	F	T
52	81	91	172	80	348	417	765
53	104	111	215	81	362	429	791
54	102	109	211	82	341	436	777
55	112	125	237	83	349	422	771
56	129	136	265	84	350	442	792
57	162	156	318	85	355	467	822
58	176	194	370	86	367	481	848
59	159	215	374	87	381	498	879
60	172	236	408	88	397	498	895
61	184	241	425	89	410	492	902
62	172	236	408	90	430	508	938
63	184	241	425	91	419	554	973
64	184	277	461	92	480	618	1098
65	185	318	503	93	443	560	1003
66	211	329	540	94	447	560	1007
67	247	352	599	95	467	584	1051
68	241	351	595	96	455	591	1046
69	279	365	644	97	482	609	1091
70	265	379	644	98	490	624	1114
71	290	375	625	99	515	635	1150
72	296	364	660	1900	527	654	1165
73	313	356	669	1	527	654	1181
74	352	377	729	2	526	640	1166
75	349	352	741	3	521	626	1150
76	315	409	724	4	541	653	1194
77	314	422	736	5	546	655	1201
78	309	422	731	6	540	676	1216
79	340	432	772				



The numbers of patients admitted to Powick Lunatic Asylum were plotted on these graphs, which were combined on the same graph. The BLUE line is for males, the RED Line for female and the GREY line for the total number of patients.

Generally the patient numbers increase year on year. However, there were a number of clear exception to this, when the numbers fell slightly. However, between 1852 and 1856 there was relative parity between the numbers of male and females arriving at the asylum. This was because the number of patients identified in the Census of pauper individuals in the county who needed treatment in the new Powick Pauper Lunatic Asylum. They were admitted from the following places. The upturn in numbers in 1891 were caused by the addition of a few Private Patients to the asylum's population.

	<u>PATIENTS FROM</u>				<u>PUBLIC ASYLUMS</u>		
	MALES	FEMALES	TOTAL		MALES	FEMALES	TOTAL
HOME	42	36	74	St Lukes	0	1	1
Workhouse	36	21	41	Birmingham	5	5	10
				Lancaster			
				County	0	1	1
Droitwich	36	38	74	Hanwell	1	0	1
Fairford	25	17	42	Warwick			
Duddeston Hall	2	15	17				
Sandfield	1	8	9	County Gaol	3	0	3
Hunningham	3	1	4	City Gaol	0	1	1
Hook Norton	4	0	3				
Belle Vue							
Devizes	0	3	1	Total	143	146	289
Grove Hall,							
Bow	1	1	2				

If an individual was reported by a relative, a neighbour, a friend, a passer-by or by the Police the Poor Law Union Relieving Officer was informed. This official then made enquiries to discover whether the person reported was a pauper, which meant they were eligible to be treated at Powick Pauper Lunatic Asylum. If this was the case then the potentially insane person was seen by what was known as a Certifier; who was usually a doctor, but there were cases where a clergyman could pass a judgement on an individual's sanity. If the Certifier believed an individual was insane they wrote a Report and the mentally infirm individual was taken to Powick Lunatic Asylum where they were examined and by the Medical Superintendent and then they were admitted to the asylum.

The numbers of patients admitted to Powick Lunatic Asylum after 1860 will certainly have been inflated by groups of up to 30 patients at a time transferred to Powick Asylum from other institutions that were overcrowded; such as Abergavenney, Berkshire, Northamptonshire and Oxfordshire asylums, amongst others. Accepting patients in this way was encouraged by the Powick Asylum Visiting Committee, because this was a lucrative way to make additional money to maintain the Powick Lunatic Asylum-buildings. What the Visitors started to do was to build more accommodation than they needed, when new extensions were planned. They realised that the marginal cost of the additional space that was created, when a new extension was built, was less than if they built the same extra accommodation as a new development. What they then did was to leave the additional space empty and then at some appropriate stage the carpentry, joinery and upholstery departments, who provided work and training for the patients, would equip the new building, so that it was habitable. Doing this meant there was always a surfeit of space available, in Powick Lunatic Asylum, that could then be used to accommodate temporary transferees from other more overcrowded lunatic asylums, usually for periods of three years. The Visiting Committees of the overcrowded institutions, from where these transferees came, were very willing to pay substantial sums of money to alleviate overcrowding in their institution; money that for Powick Asylum was pure profit. This arrangement was allowed under the Poor Law Board Regulations current at this time and the Annual Report of Powick Lunatic Asylum now began to read like the accounts of a business, reflecting this. Indeed, the financial accounts of the asylum now appeared in the Annual Reports ahead of the Medical Superintendent's Report on the treatment of patients.

Table 2 was compiled using information from the Annual Reports of Powick Lunatic Asylum between 1852, when the institution opened and 1906⁴⁸ when the Admissions and Discharge Registers were no longer extant. The Patients' Notes for the 54 year period from 1852 to 1906 are available online at www.medicalmuseum.org.uk/powick-patients. These notes are interesting because they indicate the gender balance between male and female GPI sufferers. However, they are also an indication of the numbers of patients suffering from GPI, who were in the asylum in a particular year, although, because patients survived for varying periods of time, before they died of GPI. These times varied between four days and approaching 27 years. Thus, the same patients will have been counted for one or many years. What was apparent was that the incidence of GPI varied considerably over time. The number of male patients with GPI in the asylum was usually well in excess of the number of female case, with the exception of 1894 and why this was the case was unclear. It is also interesting to wonder why there were no cases of GPI in Powick Mental Hospital in 1905. In spite of a careful search of all available archived no Annual Report for 1889 and 1899 could be found, so that the numbers of patients in these two years is unknown.

⁴⁸ *Worcester City and County Lunatic Asylum (Mental Hospital): Annual Report, 1852-1906.* Worcester Hive Archive.

TABLE 2. The number of GPI cases reported each year (1852-1906)

Please NOTE these numbers include patients who survived for up to 27 years – Thus the same person may appear several times.

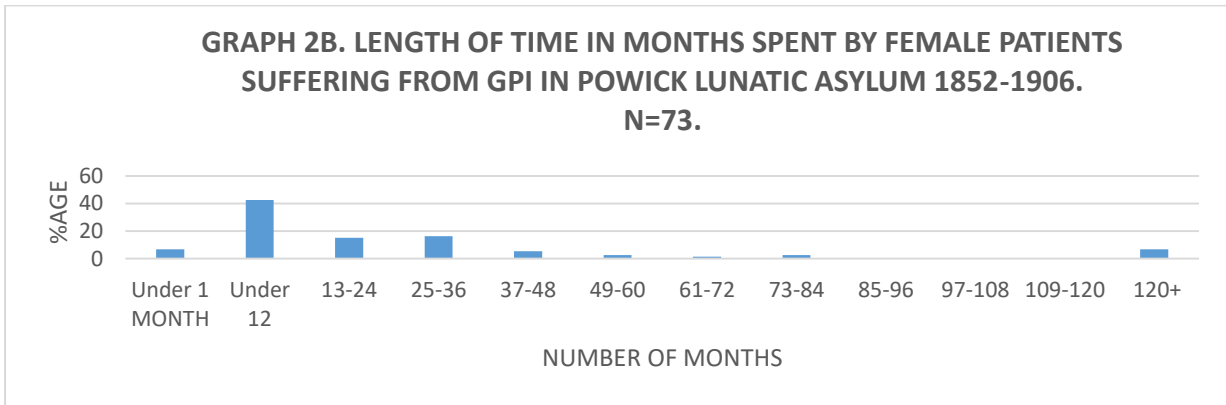
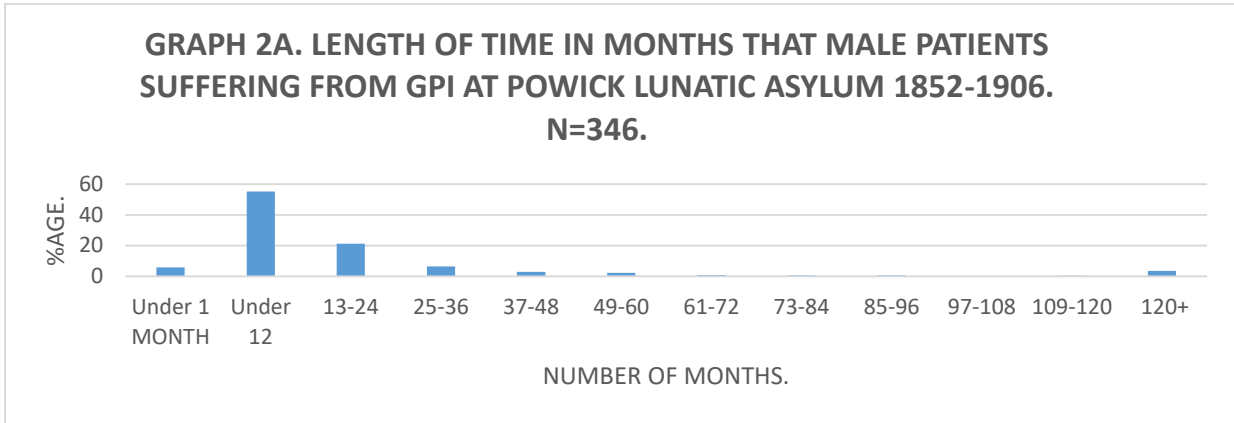
DATE	M	F	T	DATE	M	F	T
52	10	1	11	80	19	1	20
53	10	2	12	81	15	2	17
54	5	0	5	82	4	2	6
55	3	0	3	83	17	2	19
56	2	0	2	84	19	6	25
57	4	0	4	85	16	6	22
58	4	1	5	86	12	8	20
59	7	1	8	87	10	6	16
60	3	2	5	88	2	3	5
61	5	2	7	89	?	?	?
62	4	3	7	90	20	4	24
63	3	1	4	91	14	6	20
64	12	2	14	92	16	2	18
65	9	3	12	93	14	6	20
66	13	4	17	94	4	6	10
67	9	2	11	95	6	5	11
68	10	4	14	96	16	1	17
69	10	4	14	97	10	1	11
70	16	2	18	98	14	4	18
71	14	1	15	99	?	?	?
72	14	4	18	1900	8	3	11
73	21	4	25	1	6	1	7
74	9	2	11	2	8	0	8
75	11	0	11	3	3	2	5
76	15	2	17	4	4	0	4
77	19	1	20	5	0	0	0
78	13	2	15	6	4	3	7
79	15	2	17				

It was decided to test whether there was a significant relationship between the numbers of patients suffering from GPI who died in Powick Asylum, both before and after 1882, the date when it became acceptable to conclude that GPI was caused by syphilis. Essentially, was there a relationship between the incidence GPI and the size of the population in each of the constituent Poor Law Unions of Worcestershire? This was done for female patients and male patients separately, for the periods before and after 1882. The hypothesis tested was 'were the numbers of patients with GPI from each of the 14 Poor Law Unions of Worcestershire significantly related to the population size in each of the Poor Law Union?' In all cases the Chi-Square value and the p-value obtained for these samples suggested no significant relationship between the numbers of patients suffering from GPI and the population of the Poor Law Union they lived in. This was unexpected and was thought worthy of note, because it appeared to suggest that GPI cases were randomly distributed. Thus, a pro rata number of GPI cases for a particular Poor Law Union was impossible to calculate. Indeed, this would also explain why Tenbury-Wells Poor Law Union, the smallest Union in Worcestershire, had a disproportionately high incidence of GPI.

All 9,600+ Patients Notes for individual patients treated at Powick Lunatic Asylum between 1852 and 1906 were carefully examined to determine which patients, both male and female, were suffering from GPI. This was done by identifying

- all patient said to have a mental illness that included GPI.
- all patients where GPI was mentioned by their Certifier.
- all patients where GPI was mentioned in the initial report on their admission to the Asylum.
- all patients where GPI was mentioned anywhere in their Patient's Notes.
- all patients where GPI was mentioned as a Cause of Death.

Selecting patients with GPI to be considered in this Study was a protracted process, which was made necessary because of the approach to diagnosis used at Powick Lunatic Asylum and at all other similar institutions. In the margins of most, but not all, Patient's Notes the individual's mental illness was stated. However, as all of the Patients' Notes were handwritten in ink and it was impossible to discern when the diagnosed affliction was added to the Notes. Thus, the diagnosis could have been attached, at any time, for any of the first four reasons mentioned above, in determining that a patient was indeed suffering from GPI. There was then a further complication, because patients were sometimes transferred to Powick Asylum and some of these patients will already have been diagnosed with GPI, at the institution, or place, where they were transferred from. This meant that it was likely that the men and women shown in Table 2 above, who were admitted to Powick Lunatic Asylum in 1852, 1853 and 1854, will have been diagnosed with GPI before they arrived at the Powick Institution, from 18 different places, including 16 institutions (13 lunatic asylums, 2 prisons, several Union Workhouses and some from their own homes). It was thus necessary to assume that all of these patients' diagnoses with GPI were correct. Similar problems also arose when a patient was admitted to a Lunatic Asylum outside Worcestershire, who was then found to have Poor Legal Settlement within Worcestershire. That person will then have automatically been transferred to Powick Asylum, because legally they must be committed to the Pauper Lunatic Asylum serving their Place of Settlement. Then, if they had already been diagnosed with GPI by the institution from which they were transferred; the person compiling the Patient's Notes at Powick Asylum will have accepted that diagnosis. All of this makes collating the Notes for individuals who definitely had GPI problematical, which meant that another approach to identifying GPI patients was necessary. This alternative approach was to use what, according to Hack Tuke's description of GPI, mentioned above, were symptoms that were very distinctive of this mental illness. Thus Powick Lunatic Asylum's Patients' Notes were carefully examined for indications of a) Paralysis, b) Speech defects caused by Paralysis of the Mouth, Lips and Tongue, c) Locomotion Problems (Gait) and d) Articulation Problems. Then, it was only patients with three of these four conditions that were considered likely to have GPI.



These numbers have been standardized as percentages of the number of months that male (N=319) and female (N=73) patients spent in Powick Lunatic Asylum before they died there. It is hoped that presenting these graphs above each other will make comparison between these two number distributions easier. The average length of time that male patients with GPI spent in the asylum before they died there was 25.5 months and for female patients 32.7 months. However, if the 14 men and four women who were in the asylum for very protracted periods of time before they died there are removed from the calculation of average stay in the asylum before they died the average figure for male patients was 14.2 months and for female patients 16.3 months. This again confirms Hack Tuke’s suggestion that GPI was more protracted in women than in men.

There were 219 men and 42 women admitted to Powick Lunatic Asylum suffering from GPI before 1881, when the relationship of GPI to syphilis was accepted by many psychiatrists. Prior to this patients with GPI were generally thought to have had dissolute characters, which was apparently the reason they were susceptible to GPI. Thus, diagnosis of individuals with GPI was inevitably inexact. It was therefore important to carefully investigate individuals committed to Powick Lunatic Asylum between 1852 and 1881 to discover why they were thought to be suffering from GPI. The youngest man to be committed to Powick Lunatic Asylum with GPI at this time was Robert Atkinson, who was 26 years old when he was committed to Powick Asylum on 12th March 1880. He was suffering from acute mania with GPI. He came from St Clements Square, Henwick, St Johns, in Worcester Poor Law Union and he was a wood-sawyer, who was married. He belonged to the Church of England and he could read and write. This man had been treated in Worcester Infirmary for a stroke and from epileptiform fits. He was then discharged on Parish Relief and he was sent home. However, he had been arrested by the police for talking and gesticulating in a wild and excited manner, so that he was considered dangerously unmanageable. In fact, he had been very violent and he had threatened to murder his wife, who was afraid for her life. Atkinson was a large-framed man, who was fat and flabby. He had a scar on his shoulder and his ankle had been damaged a long time ago. His left arm had also been amputated below the elbow. The pupils of

this man's eyes were unequal and it was thought probable that his GPI was progressing. He was extremely restless and excited. His conversation quickly switched from one topic to another and he slept badly. Instead, he talked and sang all night. His speech now got worse and he was then in an agitated and disturbed state. This man now weighed over 20 stones and he was now deluded and foolish in his conversation. He also remained wild, excited and incoherent and when allowed to do so he wandered about the asylum and the airing-court picking up sticks and rubbish. He also sometimes stripped off his clothes and he was also very liable to fall and hurt himself. He now suffered epileptiform-seizures, which sometimes lasted all-day long, but they were at irregular intervals. Only his left side was affected by paralysis. A mustard-leaf had then been applied to the nape of his neck, which was usually a treatment applied to patients with diabetes. Robert Atkinson was also given an aperient.⁴⁹ He then recovered from a serious epileptiform attack, but he was weakened by it. In spite of this, he was still at times violent to other patients. He was impulsive and he fell over in the airing-court and bruised his face. This man was now in a state where if he was not in the ward he had always to be with an attendant, because he had to be kept out of mischief. He still sometimes stripped off his clothing, but he now destroyed the garments he had discarded. To resolve this problem he was dressed in a strong-suit. He had a double haematoma⁵⁰ and he had a suppuration of his knee-cap. He was now very wet and dirty and he required his clothes to be regularly changed. He died from the exhaustion of GPI on 5 July 1881 having been incarcerated in Powick Asylum for about 16 months at the time of his demise.

One of the oldest men committed to Powick Lunatic Asylum between 1852 and 1881 was William Walker who was from Shrawley in the Martley Poor Law Union. He was a married man, aged 70, who had been a soldier and he had then worked as a letter-carrier. He was committed on 15 February 1854, when he was said to be suffering from GPI with no other mental illness mentioned. He died from GPI on 14 December 1854^{51 53} having been in the Lunatic Asylum for about ten months. There were no Notes on this patient still extant. Another 70 year old man, John Guest, from Upton Warren, in the Droitwich Poor Law Union. He did have a note that showed he was a married man with a family, who belonged to the Church of England and he worked as an agricultural labourer. He was committed to Powick Lunatic Asylum on 14 December 1855, when he was suffering from dementia with GPI. He had always been quiet, sober and industrious. He had suffered from rheumatism for many years and he then had a paralytic stroke. However, he began to recover, but he then had another seizure. His speech was then thick and his movements were very difficult and his mind was then affected. He clearly had GPI and his habits were now perverted and he was very confused. He continued in this restless, anxious and helpless state and he then had difficulty in swallowing and he contracted bronchitis. He was dirty in his habits as he defaecated and urinated under himself in bed. Then his lower limbs began to fail. He rapidly sank and died of GPI on 21 March 1856 after just 99 days incarcerated in the asylum.

The two youngest women suffering from GPI were committed to Powick Lunatic Asylum between 1852 and 1881 were Mary Ann Lane (or Walker), who was a 28 year old single woman, who was transferred from Hoxton Lunatic Asylum to Powick Asylum on 18th December 1865, because her Poor Law Place of Settlement was Worcester. She was suffering from dementia with GPI. She had no occupation recorded for her. This woman had a demented and abstracted face, but her bodily health was moderately good. Her mental-attack was of seven months duration. She had been found by the police wandering about Clapham, in London and she was taken to the workhouse, where she was incoherent and she wandered about at night. She had also stripped off all her clothes and she could also give no account of herself. She was transferred to the Hoxton House on 7 June 1865, where she was treated. When she was transferred to Powick Asylum there was no history of her previous life available. She was gradually getting worse and her speech was

⁴⁹ An aperient was a drug to relieve constipation.

⁵⁰ A haematoma is localised bleeding outside a blood vessel, on this occasion around the patient's knee.

⁵¹ Unfortunately many Patients' Notes from soon after the Powick Lunatic Asylum are no longer extant.

tremulous and she was always inarticulate, but she always said 'quite well' if she was asked how she was. She also claimed she was going to get married. However, she could seldom comprehend the simplest questions, but she usually gave no answers. Her emotive features were always abnormally sensitive and she was always in, with her general sensibility much blunted. She passed her excretions unnoticed. In spite of this she was still said to be in good bodily health and condition. Her GPI now steadily progressed and he was then constantly confined to bed, where she was dirty in her habits and sometimes destructive. However, her appetite was still good. She then developed bed-sores on her sacrum and shoulders, but although she was sometimes wet her bed-sores healed. However, she became feebler and she died of GPI on 23 August 1867 having been incarcerated for 20 months.

Mary Ann Pearsall, was a 28 year old woman, who may not have been married, because there was a question mark about this in her Patient's Notes. She was from Kidderminster Workhouse, but she too had been transferred from London, from Greenwich Workhouse. She was committed to Powick Lunatic Asylum on 14th April 1868, suffering from dementia with GPI. She had no occupation recorded for her. She was of the Established Church and she could only read. The expression on this woman's face was vacant and unoccupied and she was in a very feeble and reduced state of bodily health. Her lips were tremulous and her speech was thick and indistinct. She was paralysed on her left side, with symptoms that indicated GPI. However, how long her attack had endured was unclear. She exhibited strange and wild gesticulations and she had attempted to scratch and strike people around her. She also had frequent attacks of excitement and at the slightest provocation she would attack the nurses. She was epileptic, but otherwise the cause of her illness was unknown, although it was thought it probably resulted from dissipation; indulging in sensual pleasures. It was suggested that this was not her first attack of insanity, but how many previous attacks there had been was unknown. She died of the exhaustion of GPI on 27 March 1869 having been incarcerated at Powick Lunatic Asylum for 11 months.

The oldest woman to be committed to Powick Lunatic Asylum with GPI between 1852 and 1881 was Elizabeth Tisdale. She was a 69 year old widow, who was a farmer, from Hanley Child, in Tenbury-Wells Poor Law Union. She belonged to the Church of England and was committed to Powick Lunatic Asylum on 21 July 1875, having been ill for about a year, with the cause of her illness said to be domestic troubles. She was unable to answer simple questions correctly. This patient was very fond of burning anything she could get her hands on. She also often packed her things and wished to be off. She walked about the institution in a restless and purposeless way. This woman was a fat and well developed, but her muscles were now flabby and weak, and she also had some heart sounds that were concerning. She was often in a very excited state and she talked almost continuously, particularly at night, which meant that she hardly slept at all. Her ideas were now very confused and she was rambling, so that it was impossible to make sense of what she said. However, she now talked in a very nervous and shaky way and she believed she was Countess of Berrington. She was given chloral in brandy as a sedative at night and she then began to settle into the asylum and she slept better at night. This patient now gave little trouble to the attendants and her speech was also now less indistinct. Her body condition remained good and her GPI did not appear to rapidly advance. She also continued to be moderately well behaved, although she was occasionally discontented and it was thought that she had always watching for an opportunity to escape. She now became rather more feeble, somewhat restless and agitated. She was now also more dull and lost and was less capable of interesting herself in her surroundings. However, she still took her food moderately well, but she then became far more paralysed and feeble, which meant she was now often confined to bed, where she no longer spoke or noticed anything that was going on around her. In fact, this woman was now helpless, unable to feed herself or do anything for herself. She was now also wet and dirty and almost entirely confined to bed and gradually getting weaker and more paralysed. She now suffered terribly from bedsores that resisted treatment and one of her sores discharged profusely. She was then given food and medicaments, but

she gradually got worse and she died on April 2nd 1877 of GPI, together with atheroma⁵² and a fatty degeneration of the heart and liver. She had been incarcerated in Powick Asylum for about 20 months before her demise.

The purpose of including these Notes in this study was to indicate to the reader the sorts of information available from this type of source. Such notes are still extant on the majority of patients incarcerated at Powick Lunatic Asylum, between 1852 and 1906, although some of these notes are missing. In a few cases a patient was included in the Admissions and Discharge Register for the Asylum, but then there were no notes available for that patient; a deficiency that was unexplained. However, unfortunately, the Volumes of Patients' Notes for the asylum were abandoned in the asylum buildings which were derelict until it was demolished and several volumes of Patients' Notes were stolen before they were rescued from the old building. Six of these volumes were returned, but it is feared that another five or six volumes are still missing, which explains why some patients have incomplete Notes extant for them.

The suggested connection between GPI and syphilis probably altered thinking about this ailment after 1881, a date that coincided with the death of James Sherlock, the second Medical Superintendent of Powick Lunatic Asylum and the appointment of his successor Edward Marriott Cooke, who had been Dr. Sherlock's assistant for about 11 years. The percentage of female patients admitted to the Powick Institution before 1881 with GPI, when James Sherlock was Medical Superintendent, in comparison with the number of patients when Edward Marriott Cooke occupied that post indicated that 47% of women GPI sufferers were committed to Powick Lunatic Asylum before 1882 and 53% after that date, whereas the percentages for male patients was 67%, before 1882 and 33% after that date, which indicates a starkly larger number of male patients with GPI committed during this earlier period, which probably suggested some problems with the committal of some of these men before 1881; a situation that was probably related to the transfer of male patients who it was accepted had GPI in the years after the asylum opened that was discussed earlier.

Edward Marriot Cooke became Medical Superintendent at Powick Lunatic Asylum at a time when there was apparently a tacit acceptance that syphilis might be the cause of GPI, but there was little indication in the Patient's records that this made any difference to the way that the patients suffering GPI were regarded and treated. Indeed, the comments in the Asylum's Annual Reports written by Dr. Marriott Cooke, between 1882 and 1898, when he left the Superintendency make no mention of this connection. This Study will now investigate patients who were committed to Powick Lunatic Asylum after 1882. Whilst the author of this study does not seek to question the relationship between GPI and Syphilis, revealed in 1882, it is clear that another aspect of this association is also of importance. Individual patients committed to Powick Lunatic Asylum between 1852 and 1899, who were diagnosed with GPI, were sent to the asylum with dementia, mania or melancholia and it was only when many of them arrived at the institution that they were diagnosed with GPI. Otherwise their committal may have been due to anxiety, brain-impairment, domestic troubles, epilepsy, heredity, intemperance, money troubles, previous illness, religious fanaticism or unemployment. All of these were considered sufficient justification for these individuals to be admitted as 'insane'. As such, the Notes that record the 'Asylum careers' of these individuals were written with no reference to the relationship between GPI and syphilis, unless it was known, or suspected, that the patient had this infection. This meant that the majority of the patients with GPI, at Powick Lunatic Asylum in the period 1852 to 1899 were regarded as ordinary patients and their treatment by all staff at the asylum conformed to the expectations of the 'Moral Treatment Regime' which was used to treat all patients.

Thus, GPI patients were housed in asylum wards alongside other patients and if they were considered capable of doing so, they would be sent to training the various trades undertaken by patients at the

⁵² Atheroma is an abnormal accumulation of material in the inner layer of the wall of an artery.

asylum. In two or three cases GPI patients were even trusted enough to be sent to events like the fortnightly Ball, where ordinary individuals from the local community came to dance with patients. Some other GPI patients went walking in the Malvern Hills, accompanied by attendants, although occasionally other such patients made visits to Malvern and Worcester. As suggested earlier the only individuals who could be treated at the Powick institution were paupers, a situation ensured by the Poor Law Union Relieving Officer, who had to give permission for any individual to be treated in that institution. After the 1890 lunacy Act,⁶³ 'Private Patients' who were not paupers could be treated in what now became Mental Hospitals, but the majority of the 35,500 pages of Patients' Notes from Powick Lunatic Asylum, relate to paupers, an under-represented group with regard to detailed sources about them in the nineteenth-century. For this reason these sources are very important. It appeared that no Private Patients at Powick Mental Hospital after 1890 were suffering from GPI.

In the rest of this study it will be assumed that all cases discussed will have exhibited the signs and symptoms of GPI described earlier. The discussion of individual cases will now start with five men committed to Powick Mental Asylum before 1882, the date when it was stated that GPI was always related to syphilis. Prior to this, GPI was considered to be a type of insanity due to having a dissolute character and lifestyle; a situation that was difficult to define precisely, so that the diagnosis of GPI was difficult and misdiagnosis appeared to be inevitable.

When William Jones, a 44-year-old married bricklayer, who was transferred from Kent County Lunatic Asylum to Powick Lunatic Asylum, on January 24 1863, because he had Poor Law Settlement in Stourbridge. However, it was probable that this man arrived at Powick Asylum having already been diagnosed as suffering from GPI.⁵³ However, whilst he was not suffering from syphilis, he did have gonorrhoea and a cerebral irritation, so that his sexual proclivities could have made him liable to contract other sexually transmitted infections. He was 'Discharged Relieved' from the asylum on September 26 1863; an action that was usually only possible if a relative asked for a patient's release and was willing to properly look after them. This man had spent about eight months in Powick Mental Asylum. Although there were several men called William Jones in Powick Lunatic Asylum, after the date when this man was discharged from the asylum, it appeared that he was never readmitted to Powick Lunatic Asylum and we therefore have no idea about when and how this man died.

Thomas Griffin was a 47-year-old married wagoner, from Hasbury, Halesowen, in Stourbridge Poor Law Union. He belonged to the Established Church and he could neither read nor write. He was committed to Powick Lunatic Asylum on March 13 1869 in a weakly and reduced state. This patient had syphilitic sores over his left leg and other scars from sores on his right groin. On admission to the asylum he was very dirty and infested with vermin. He had symptoms of GPI and disease of the brain and he died of GPI on December 30 1869 after about nine and a half months at the asylum.

Edwin Kings was a 27-year-old single market gardener from Holy Cross, in Pershore. He belonged to the Church of England and he could read and write. He was committed to Powick Lunatic Asylum on October 16 1870. On committal to the asylum he was restless, somewhat excited and he spoke 'indistinctly and like someone with GPI'. His habits were of a 'dissolute character' and he was suffering from gonorrhoea and primary syphilis. There was no improvement in this patient and within six weeks he was Discharged Not Improved, on December 5 1870. To be discharged in this way normally meant being transferred to another mental institution.

Peter Mansell was a 39-year-old married man with two children. He was a Wesleyan Methodist, who could only read. He was a boat-loader from 45 Halesowen Street, Netherton, Dudley, who was committed to Powick Lunatic Asylum on March 2 1878. He was diagnosed with Locomotor Ataxia that severely affected his movements. His body was covered with syphilitic psoriasis and he had the remains of a sore on his penis, which was inflamed. His GPI now quickly advanced and he

⁵³ William Jones's Patients Notes include a ? after the words general paralysis, which may have been significant.

became even more infirm, so that he was quite unable to do anything for himself. He died on November 21 1878 of GPI, after about eight and a half months incarcerated in Powick Lunatic Asylum.

William Pegg was a 40 year old married licensed victualler, from 7 Temperance Street, Blockhouse, Worcester, a lower working-class part of the city. He belonged to Lady Huntindon's Connection; a free church and he could read and write. He was committed to Powick Lunatic Asylum on September 16 1880. He was supposed to be ill because he had 'married a prostitute', which was a good example of 'circumstantial evidence' being used in determining the likelihood of a patient suffering from syphilis. This man may have contracted syphilis from his wife, but there was no evidence that this was the case cited in his Patient's Notes. He was epileptic and 'absolutely sodden' with urine, which he had passed involuntarily. He also became violent when attempts were made to change his clothing and his 'memory of past events was now obliterated'. His speech now also failed. Once at the asylum he refused to have himself attended to. He also often became very excited, violent and quite unmanageable. He was then very irritable and he never attended to the calls of nature. He then took himself to his bed and he refused his food. He was now unable to answer the simplest question or to formulate even a short sentence. However, he did sleep well, although he was sometimes very noisy at night, when he shouted and swore. He also hit himself violently on the nose with his fist, which resulted in two black eyes and considerable bruising. This man then gradually began to sink and weaken and he died on January 12 1881 of GPI after about 15 weeks at the asylum. This man's condition was apparently still thought to be explained by his wife's lifestyle as a prostitute, although there was no indication that they still cohabited.

Whilst no women at Powick Mental Asylum before 1882 were definitely diagnosed with syphilis, some were thought likely to have venereal conditions, because they had 'dissolute habits', or they were 'suffering ill-usage by their husbands', 'living a fast life', or being 'sexually intemperate'. Thus, any evidence of women with GPI and syphilis was always circumstantial.

Mary Ann Price, was a 39-year-old married nail-maker from Stafford Street, Dudley who belonged to the Established Church. She could neither read nor write. She was committed to Powick Lunatic Asylum on June 26 1869, having had a 'dissipated life style', with intemperance in drink. She was said to have a vacant and demented look on her face and to be in a 'delicate state of bodily health'. This woman's insanity was said to have caused her to have an 'impaired memory' and she had an 'intellect that was deficient'. On committal to the asylum she sat without speaking for many days, but when she did eventually speak she was 'incoherent and most inarticulate in her utterances'. She was unable to do anything for herself and she was noisy, excited and restless. She also had occasional attacks of paralysis that forced her to remain in bed, where she had to be fed. She died on Christmas Day 1870 having been at the asylum for about 18 months.

Betsy Clements was a 50-year-old, single charwoman, from No. 2 Court, Pheasant Street, Worcester, a lower working-class area of the city. This woman belonged to the Church of England and she could read, but not write. She was committed to Powick Lunatic Asylum on October 24 1872 and it was stated that he had formerly been a drunkard and had kept a brothel, which it was presumed suggested she may have had some contact with syphilis. She was deluded that a gentleman was coming in a carriage, to take her to Malvern, to live with him as a lady and that she would never ever come back to Worcester again. She laughed and grinned when answering questions and she also stated that 'graves were being opened and that her dead mother would greet them on Christmas Day'. She had cooked laurel leaves as cabbage and boiled a dirty stocking with meat to make broth. She cut and tore everything that she could lay her hands on to pieces and her speech was slow and hesitating. She was also full of exalted and extravagant delusions and ideas. In the same breath, she would talk of numerous unconnected subjects and she suffered from hallucinations of both sight and hearing. She claimed she saw heaven open to her and that she had conversed with angels. She was very noisy, both day and night, alternately laughing, crying

and being very mischievous. She was given a sedative to help her sleep, but she remained very restless and noisy at night, when she often destroyed her clothes and bedding. She suffered epileptiform attacks that left her restless, exhausted and entirely confined to bed, with her throat muscles paralysed, which meant she was difficult to feed. She was catheterised, to draw off her urine, because her bladder was also paralysed. In spite of being 'stupid, feeble and paralysed', this patient got out of bed for a few hours each day. However, there was very little improvement in her condition and she suffered more convulsions on her left side. She was then given chloral as a sedative, which provided some 'quietude' and she rallied a little, although she was still heavy and semi-comatose. Towards the end of her life she was in a helpless state, being unable to attend to her own wants and having to be fed and dressed. She could no longer converse and she was paralysed. She then had more convulsions that made her increasingly prostrated and finally she died of GPI on April 29 1874. She had been incarcerated at Powick Asylum for about 18 months at the time of her demise.

Mary Ann Goodyear was a 43-year-old married horse-hair weaver, who belonged to the Church of England and she could read and write. She was from Worcester Workhouse and she was committed to Powick Lunatic Asylum, on June 21 1877, because of 'drink, poverty and prostitution'. For the six-months before her committal to the asylum, this woman had gradually been getting weaker in intellect and she was losing her memory. Upon admission to the asylum, she did no work and she was very incoherent and restless. She wandered about her room at night and she constantly stripped herself naked. Her habits were said to be 'dirty' and she also complained that she had a headache. Her liver was 'dull' and increased in size and she ate ravenously. This patient remained stupid, lost and she answered 'yes' to any question she was asked. She continually cried, with no apparent cause and she constantly repeated her name over and over again. Her conversations were now irrational and incoherent, and she then became even more paralysed and very shaky. She could then no longer stand, so she was confined to bed and it was difficult to feed her. She now complained of constant pain in the front of her head and she became semi-comatose, with her breathing stertorous,⁵⁴ as she gradually weakened. She died on October 20 1877 of GPI and disease of her brain, liver and kidneys, having been committed to the asylum four months previously.

Although there were no Autopsy Reports regarding patients who died at the Powick Lunatic Asylum, the Patients' Notes, compiled at the Powick Institution, did usually include either a Death Certificate, or a summary of the patient's 'cause of death', which included a comment on any autopsy that had been performed. This was usually signed by the Medical Superintendent; Dr. James Sherlock between 1854 and 1881, and Dr Edward Marriott Cooke between 1882 and 1898. Thus, between 1882 and 1898 Dr Marriott Cooke signed the death certificates of Powick patients dying of GPI, at a time when the connection recently established between GPI and syphilis was known. However, it was only once that he included a mention of syphilis on the death certificates of a patient with GPI at Powick Lunatic Asylum.

This was in the case of Thomas Stokes, a 47-year-old married miner, with five children, who belonged to the Church of England, who could neither read nor write. He was from Tabernacle Street, Oldbury, in West Bromwich Poor Law Union, who was committed to Powick Lunatic Asylum on July 2 1885, with dementia with GPI. His was certainly a case where syphilis was involved in his illness and death. His attack was of five months' duration and the cause was said to be unknown. This man was totally unaware of where he worked, or who employed him, in spite of the fact that he had worked until quite recently. He had also broken cups and saucers and had tried to light his pipe without a light. On admission to the asylum he was in a very dirty state and he was covered with lice and fleas. He was certainly showing signs typical of GPI, with drawling speech and an inability to protrude his tongue. In recent times he had also made no effort to

⁵⁴ Stertorous breathing was when the patient made a snoring sound when breathing.

employ himself; instead he had 'stood listlessly in a corner, without the sense to sit down when he was fatigued'. It took him some time to say what his name was and he could no longer keep up a conversation. He was thought harmless and quiet, but he was also wet and dirty in his habits. After his arrival at the asylum he was immediately sent to the hospital ward and put to sleep in a single-room with a padded floor on account of his feebleness. He then became even more ill and was kept in bed, where he claimed he was full of toads and he had denied himself food, so he could feed his pigs. He tore his clothes to pieces and he was very violent in his language. This patient was extremely restless and he had the 'physical and mental signs of GPI'. His delusions were about his great personal importance, power and wealth. He believed he had built many hospitals in London. Once he arrived at the asylum, he climbed the airing-court wall and escaped, but he was brought back soon afterwards. He was then quiet and well-behaved. This man's insanity was then said to be related to the death of his wife. However, he still had exalted ideas about his strength and capabilities, and he said he had died and had been brought back to life by being stabbed. His symptoms of GPI were now more marked. He still had great ideas about himself, including that he had a great deal of money in the Bank of England and that he owned many of Kidderminster's public buildings. He worked with the bricklayers in the asylum, working at his old trade, where he gave no trouble. The man's left testicle became swollen and it was discharging a foetid fluid, a problem that was treated and he recovered. He now worked in the gardens, but he was still deluded and convinced that he had died and been resurrected. Mentally this man was unchanged. His GPI symptoms now increased and he was suffering from a testicular hernia, so that his scrotum was swollen and his testicle was protruding. He also had a tender spot on his testicle, which then 'broke down' and a gland in his groin began to suppurate. There was still a foetid discharge from his testicle and his penis was now ulcerated, with an infection in both groins. He died on September 15 1887, of 'Sloughing of the Skin' of his scrotum and penis and cancer of the liver after being incarcerated in the asylum for two years and nine months. His Death Certificate stated that he had died of Syphilitic Disease of the Brain.

The illness of George Porter, a 43-year-old married reporter from Occupation Street, Himley Road, Dudley, who belonged to the Church of England and was said to have had a 'fair education' was unusual. He was committed to Lunatic Asylum on April 2 1883. He was unusual in that his mental condition was explained by the 'immorality of this man and his wife', together with their intemperance in drink. He had recently suffered minor epileptic-seizures and he had a wild expression on his face. He was incoherent in speech and he was deluded that he was a great actor, speaker, artist and musician, who the King had presented with a grand gold cross for his bravery in India; actions he claimed were for the glory of the 'Most High God'. He also suggested that he had formed a band that was going to travel the world as musicians and crusaders to convert heathens. Some years ago, this man drank heavily and this led him to a 'loose life', but his wife's character was also 'questionable'. He had delusions of a very exalted character, so that he still fancied himself as God, King, musician, millionaire-author, priest, the Pope and a missionary. Once at Powick Mental Asylum he made an escape over the airing-court wall, but was immediately caught and brought back by an attendant. He then had 'remarkable hallucinations of sight', in which he saw bushes and trees, in the distance, as large companies of soldiers, which he believed were part of 'the first Resurrection'. He made utterly unfounded charges against the ward-attendants and he told the AMO that one of the attendants had beaten a boy severely with a big stick. He then also recounted details of two murders that he claimed happened that morning in the airing-court and he even offered to show the corpses that he said were hidden under the bank. He then believed that female patients walking two-by-two in the fields, were the 'Children of Israel coming to bombard the town with canons, torpedoes and boats'. He then suffered slight partial right-hemiplegia,⁵⁷ but he did not lose consciousness. He became fightable, restless, noisy, deluded and aggressive, and he was getting even more paralysed. He still had exalted ideas about himself, claiming he was worth billions or even trillions of pounds and that the world was created by him. His gait now became very unsteady and his dementia progressed rapidly. He still

talking sensibly about other topics and he could still relate to past events. He was now so paralysed that he could not stand and he lay 'chronically ill' in bed, where he told the doctor that 'the streets of Derby were swimming with patients' blood'. He then began to pass urine and motions under himself and he had bedsores on his upper thighs. This man now gradually lost weight, although he continued to talk a good deal in spite of being extremely paralysed. He died on September 10 1884 from GPI. He had been a patient incarcerated at Powick Asylum for 17 months at the time of his demise.

The only female patient committed to Powick Lunatic Asylum between 1882 and 1906 who definitely had syphilis was Myra Cartwright, a 41-year-old married housewife. She belonged to the Church of England and she could neither read nor write. She was from Dark Lane, Lye, in Stourbridge Poor Law Union. She was committed to Powick Lunatic Asylum on January 23 1882. This was her first attack of insanity, the cause of which was 'syphilis and grief'. She was rambling, incoherent and disconnected in her talk, she did not know where she lived and she had no recollection of things that had happened recently. She was silly and mindless and she wandered about the house without any object. She often stripped herself and claimed she would murder her husband, if he went away without her. She had married when she was 22 years old and her syphilis was put down to her living husband being a 'dissolute and intemperate fellow' who had given her a 'bad disorder' on several occasions.⁵⁷ Her first child, born 14 years earlier, had survived for three years, but the next six children were all born dead, events that were probably explained by the fact that this woman had syphilis. Although she was born in Worcestershire, her Poor Law Place of Settlement was Rotherham, in Yorkshire. On admission to the asylum she was in a most neglected condition, with her body and hair filthy dirty; indeed her clothes were so filthy they had to be burned. Her articulation was 'imperfect', her tongue and lips were tremulous and she was paralysed, so it was difficult to understand her. She claimed she had been in the asylum for 60 years, while in fact she had absolutely no idea where she was and she was totally unaware of any people about her. She was dirty in her habits and extremely restless at night, when she hammered on the door of her room for hours on end. She even pulled the lintel off her door. She was quite unable to occupy or amuse herself in any way and she made absolutely no improvement. She was lost, vacant and deluded, but usually quiet and she gave little trouble. On June 26 1882 after about five months at Powick Lunatic Asylum, she was transferred to the South Yorkshire Asylum at Wadsley, because her Place of Settlement was Rotherham in Yorkshire. She was 'Discharged Relieved' from Powick Mental Asylum. This meant that we have no idea of when she died or what the cause of her death was. This concludes cases where syphilis existed or was suspected.

There were just 106 men and 18 women who were committed with GPI, who died from the disease at Powick Lunatic Asylum, between 1882 and 1906. These deaths included that of William Stokes, the single case that Dr Marriott Cooke attributed to 'Syphilitic Brain-disease'. Other cases include James Sefton, a 54-year-old married shoemaker with eight children, who belonged to, the Church of England. He could read and write. He was from Worcester Workhouse, but he was committed to Powick Lunatic Asylum, on February 9 1882, with mania and GPI. His insanity was caused by a previous illness that had prevented him working for five years. He had delusions about money and he claimed he was worth about £2,000,000. He then suggested that he was not being treated in the way he expected in his station of life. On admission to the workhouse he had claimed his wealth worried him and he had then refused to get out of bed until his proper clothes arrived. He said that when he got them, he would go to the bank, draw his money out and go to London, where he was to be married. He had threatened other workhouse inmates and his language to the attendants and officers there was described as 'horrible'. He was at the workhouse for four years. He had claimed that the money he had in the bank was augmented by a massive annual income and that various people had tried to induce him to sign away his money. On arriving at Powick Mental Asylum he immediately suspected that the AMO wanted to rob him. However, he then became quieter and he was now well behaved. He got up and dressed

himself, without much trouble and he also took his food well. He now only occasionally mentioned his money, but his delusions remained unchanged. His physical condition now deteriorated and he had sloughing skin on his toes, that it was feared could cause gangrene. This man was still confined to bed and his bodily health now improved, with granulation on the stump of his toe showing that the wound was improving. His exalted delusions now returned and he now claimed he was worth £20,000,000. The skin on his big-toe then sloughed, but he did not develop gangrene. He then became less feeble, although he was very deaf and his mental state was poor. He now sat around all day doing nothing. He was then again put to bed because his feet were swollen and tender. He now suffered a hemiplegic-attack and developed bedsores. He died on April 4 1885 of a cerebral haemorrhage, having spent about three years and two months at the asylum. There was no mention of GPI as a cause of his death.

George Hardy was a 49-year-old married carpenter, with six children, who was a member of the Church of England. He could read and write and he was from 3 Heals Building, Dawlish Road, Bournbrook, in Kings Norton Poor Law Union. He was admitted to Powick Lunatic Asylum on June 1 1882 with 'mania with GPI'. The cause of his insanity was said to be domestic troubles. He continually talked about exaggerated devices, that he claimed he had invented. For instance, there was a patent-box that carried 100 tons of furniture, without needing packing, in a box that was only six-foot square. He said he had paid £16,000 for groceries in two years and that in five minutes he could make a box, six feet by four feet, that could hold the asylum; and that he could make a boat out of a pill-box to cross the sea. He was mentally unchanged, but he now claimed that he had never felt better in his life. He had stripped off all of his clothes, which he then destroyed. Suddenly this patient no longer showed signs of his previous delusions and he was usefully employed in the carpenter's shop, working at his own old trade. He still felt he was possessed of great wealth, but he now gave very little trouble and he was without his delusions. However, his GPI then made rapid progress and he had convulsions and passed into a coma. He died of GPI, on December 10 1883, having been incarcerated in Powick Lunatic Asylum for 21 months.

William Thomas Jones was a 36-year-old married ironmonger's assistant, with three children. He belonged to Lady Huntingdon's Connection; a free church, and he was said to be 'well educated'. He was from 5 Alexander Place, Blockhouse, Worcester, in a lower working-class area of the city. He was committed to Powick Lunatic Asylum on July 28 1882, with GPI the only mental illness identified. His insanity was said to be due to loss of money, after he lost his job. However, he still believed that he was possessed of millions of pounds and he had promised gifts to everyone he met. He also said he would buy several mansions and that he was going to London to fetch his money. He used foul and violent language and he required constant supervision. He had 'Locomotor Ataxia', which hampered his movement. He was deluded about his own greatness; claiming that he was the Bishop of Worcester and that he was to be ordained tomorrow. He cried and shouted without cause, and he sometimes stripped himself naked. He was then dressed in strong-clothing to prevent this happening. He gradually became more helpless and he was then almost completely paralysed. The AMO was called when William Jones was found in a state of coma, and he died, on November 24 1882, of GPI after four months incarcerated at the asylum.

William Henry Skelton was a 42-year-old married labourer, with two children. He belonged to the Church of England and he could neither read nor write. He was from 11 Church Street, Dudley and he was committed to Powick Lunatic Asylum, on October 1 1883, having been addicted to drink. He had also lived a 'fast immoral life' for many years. He had been in Dudley Hospital suffering from rheumatism, which left him in a state of 'marked emaciation'. He claimed people were going to shoot him and he often shouted 'Murder'. He gave his Certifier a handkerchief and claimed that it was a book for him to read. This patient was very violent in his behaviour and he attempted to bite and throw articles at anyone near him. His language was violent and he said there were pigs and rats in his room. He could neither crouch nor stand and he needed feeding and assisting in even the simplest of acts. He obeyed simple directions, such as 'put out your tongue',

but he could no longer answer any questions about his position, occupation, or past life. He later possessed no powers of thought and moved about his room on his hands and knees. He died, on October 13 1883, of a cerebral tumour. At the time of his death it was unclear whether his limbs were paralysed. He had only been in the asylum for 12 days.

Frederick Whittaker was a 35-year-old widowed auditor, with legal Poor Law Settlement in Droitwich. He was transferred to Powick Mental Asylum from Colney Hatch Asylum, in Middlesex, on September 16 1884. This man's Patient's Notes were quite brief, but his delusions were grandiose. He claimed he was related to the Royal Family and that he was about to be presented at Court, by Lord Granville. He said he was too young to get into Parliament, but if he did get there he would pass a Bill to remove all land from its owners and give it to the people to gain their gratitude. He claimed he was 'President of the British Republic', that he was very rich, with ten million pounds of funds, and that he was a superb cricketer. He died of GPI on December 27 1884, after about three months incarcerated in Powick Lunatic Asylum.

Job Webb was a 46-year-old married miner, with one child, who belonged to the Church of England and he could neither read nor write. He was from 3 Garden Walk, Flood Street, Dudley. He was committed to Powick Lunatic Asylum, on October 27 1884 and it was said that he had led a 'fast life' and was a drinking man. He was morose and he claimed he was going to leave and go somewhere else, where he could get £10 a day. He had wandered about the street almost in the nude and he had ordered goods that he could not afford. He was filthy in his habits. He tore his clothes and he threw bricks at people. He had acute mania, together with GPI and he was inclined to be violent. He was also deluded that he was still working in a coal-pit and that his leg was broken. He was very noisy at night, when he believed he was doing double-time in the mine and that he had driven through 15 yards of coal, having done two or three days' work during the night. He was moved between wards; demoted, because he was restless and shaky. He was then ordered to bed, where it was said he was 'going to the bad'. He got much weaker and he then had two fits that affected his right side. He died, on December 31 1884, of GPI having been incarcerated for about nine weeks.

James Corfield was a 42-year-old married labourer, with 13 children. He belonged to the Church of England and he could only read. He was from Kidderminster Workhouse and he was committed to Powick Lunatic Asylum, on June 10 1887, with dementia and GPI. 'Heredity' was the supposed cause of this man's insanity. He was very dangerous to other patients in the workhouse, where he threw things at people and he used very abusive language. He had taken a rope into the attic of the workhouse to hang himself. On his arrival in the asylum this man fancied he was full of tapeworms, which the AMO assured him he did not have. However, it was then found that the patient's fear was well-founded and he was treated for tapeworms. Mentally this patient was unchanged, but he was very certain that he did not want to re-join his wife and 13 children. He then got feebler and his GPI progressed rapidly. He was then inclined to be vicious and he blacked another patient's eye, because the other man snored at night. James Corfield was confined to bed permanently and he died of GPI, on December 28 1890, having been incarcerated in Powick Lunatic Asylum for three years and six months.

Charles Wilkins was a 30-year-old single porter, who belonged to the Church of England and he could read and write. He was from, Selly Oak Workhouse. He was committed to Powick Lunatic Asylum on September 3 1887, with mania with GPI. He claimed that he had lost the unity of his body and that he would get too tall if he did not take pills. Indeed, he said he could live on medicine. He had filled his ears with soft-soap and put soda in his pockets, at the workhouse, believing that this would keep his body in unity. On arriving at the asylum, he had a rash on his trunk and abdomen, that he blamed on the soft-soap he had used in the workhouse. He was initially isolated from other patients, while his rashes were treated. Physically this man improved, but mentally there was no change. He was sent to work on the land, which improved his physical condition

considerably. However, his delusions continued and he now claimed, amongst other things, that he had been dead for some time. This man's health remained good enough for him to continue to work on the asylum farm, but he was as deluded as ever. He now claimed he was hundreds of years old and that he had been dead several times and had been brought back to life. He became feebler and he then thought it was about time for him to die again. At one point he had an epileptiform-seizure that only lasted for a few seconds. He was then confined to bed with influenza and whilst he was in bed he was given brandy and stimulant medicines. He then sank into a critical-condition and he died of broncho-pneumonia and influenza, on February 7 1890, having been incarcerated at Powick Asylum for about two years and five months. There was no mention of GPI on his death certificate.

Joseph Pensotti was a 50-year-old married postman, with three children. He was a Roman Catholic, who could read and write. He was from 9 Salop Street, Dudley. He was committed to Powick Mental Hospital on September 3 1890. The loss of his job was the cause of this man's insanity. He claimed he had £400 in the bank, but in fact he had nothing. He had threatened to drown himself, on several occasions and he was dangerously disposed towards his wife. He bragged that he could walk at five or even ten miles per hour. However, on admission to the asylum he was easily managed. He was very 'demented', with very little mind left. He then claimed that a Catholic priest had given him £3 in a box. He then had several minor strokes and his right arm and leg were affected, although he recovered the use in his limbs within a few hours. However, he was then in bed unconscious and he got worse. He then made something of a recovery and he was then anxious to go out and post letters, which was probably because he had been a postman. He cuddled the bolster, which he said was his wife, and he claimed there was arsenic in his food. He again threatened to commit suicide. In spite of this, he was trusted enough to be allowed go to the weekly entertainments, that were held in the asylum. He was then kept in bed due to paralysis and he got emotional. He was given a chloral sedative to calm him. However, this man now contracted influenza, that left him weaker, but he was still able to get into the garden every day. He then developed a sore-throat, a cough and a high temperature, and it was feared he might die. However, he picked up again and he was said to be 'as well as ever'. He now maintained that his father was dead, when he was in fact still alive, but also that he was 'Count de Pensotti' and that his wife was a Marchioness. He then coughed-up some bloody-mucus that apparently came from an abscess on his right tonsil and he was not as well as usual. He then had a violent convulsion, followed by several other seizures, which made him weaker and unconscious. He died on December 24 1891, having been incarcerated at Powick Mental Hospital for almost one year and four months.

John Thomas was a 38-year-old married butcher from Dudley Workhouse who was suffering from mania. He was committed to Powick Mental Hospital on March 29 1891. He had exposed himself to other workhouse inmates and he had tried to set fire to the workhouse, having constantly demanded rum to drink. On admission to Powick Mental Hospital he had to be restrained, because he was so violent and he boasted about his fighting powers. He claimed he had £2,000,000 in the bank and he stated that he would buy 1,800 fat beasts. He was put in a padded-room and dressed in strong-clothing, but he still continually wanted to fight. He was given a chloral draught at night to calm him down and to help him sleep. He thought that he had been in the asylum two years and that he was near to Tenbury-Wells. However, he was still violent, and struck other patients with no provocation. He always spent an hour every night whistling before he went to sleep. He was caught getting over the airing-court wall, trying to escape, so he was put in a single-room for a week 'to be evaluated'. He continued to be very violent, to assault other patients and he received two black eyes, in a week, because of such attacks. He still had exalted delusions and he 'menaced weaker patients', who he offered to fight with. He now had a fit and was found on the floor in a completely paralysed state. He then had more fits and died of GPI on October 8 1891 without regaining consciousness. He had been incarcerated in Powick Mental Hospital for about 30 weeks.

William Plummer was a 29-year-old single blacksmith, who belonged to the Church of England, who could read and write. He was from 8 Swan Street, Netherton, Dudley and he was committed to Powick Mental Asylum on April 17 1891, with dementia and GPI. He claimed that he had 'shot Blue Beard' and that he was going to buy 24 horses and carriages, to drive about the countryside. He also claimed that he had brought 24 rabbit-skins, to make liveries for his servants, who would drive the carriages. He had exalted delusions on all levels and he boasted that he could run a mile in three quarters of a minute, 100 yards in three quarters of a second and that he could jump 12 feet high. He also claimed he was worth millions of pounds and that his life was insured for £60,000. He then also claimed that he was making a massive steam-engine, bigger than the asylum, with a driving wheel 100 feet across. Oddly, he also said that he would supply the whole world with fish. He died of GPI, on October 6 1892, after about 18 months incarcerated in the Powick Mental Hospital, before his demise. This man was committed to the Powick Institution when it had just been renamed Powick Mental Hospital after the 1890 Lunacy Act.

There were many more patients at Powick Mental Asylum with GPI in the period from 1882 to 1906 and the situation was in line with the suggestion that male-patients would outnumber women by about five to one. Sarah Elizabeth Baldock was a 49-year-old married housewife, with four children, who belonged to the Church of England and she could read and write. She was from 2 B/O, 32 Eel Street, Oldbury, in West Bromwich Poor Law Union. This woman was committed to Powick Lunatic Asylum, on September 2 1886, with mania and chorea which caused her to twitch. 'Heredity' was said to be the cause of this woman's insanity and she was also epileptic. She had sat in a room at home and had refused to eat. She had also wanted to hide a knife and poker to destroy herself and she had also threatened her husband with a knife and had attempted to jump from a bedroom- window. On committal to Powick Lunatic Asylum, this woman constantly talked to herself. She also reported that she had suffered two fits, but the fits she claimed were thought to be caused by her menopause and they were unknown to the AM O. She then did have a convulsive-fit that paralysed her muscles for a short time. However, while she laughed and joked, she also complained of pain in her head. However, she suffered no more seizures until she had some violent convulsions of an epileptic-type, during the night some weeks later. These seizures affected the right side of her body and her face, although she was not unconscious, but she did occasionally twitch. She then had no more convulsions and she now laughed and joked, but she also complained of pain in her head. She suffered no more seizures until she had some violent convulsions of an epileptic-type, during the night some weeks later. These seizures were continuous and they left her comatose. She was given chloral to reduce the number and severity of her seizures. However, she still had a few more slight fits, which left her twitching, but hardly conscious. She was now said to be 'moribund' and 'cyanosed'. She died of GPI, on October 19 1886, less than seven weeks after her committal to the Powick Lunatic Asylum.

Agnes Fergus was a 39-year-old married woman, with no children. She was a member of the Church of England and she could read and write. She had no occupation recorded for her. She was from Worcester Workhouse and she was committed to Powick Lunatic Asylum, on July 28 1888, with the supposed cause of her insanity her 'fast life'. She had mentally been in a low state for some months and she was now dirty in her habits. She also now suffered from hallucinations and she claimed she could see heaven, in the counterpane on her bed and that she had seen her husband falling through the ceiling. She was very restless at night and she destroyed her clothing. However, she also stated that she would not be well until her baby was born, but she was not pregnant. She suffered from Locomotor Ataxia, which severely affected her ability to walk and she had little control over her legs. She was suffering from mania with delusions and she still claimed she was in 'the family way', and expecting to be confined immediately. She also claimed she had thousands of children and millions in money, so that she owned valuable strings of pearls. Although she was given a sedative at night, to help her sleep, she was still extremely noisy and very destructive at night. She then got much worse and she now suffered a series of convulsions, so that she needed everything done for her. She was

much paralysed and she had bedsores. She then fractured her right wrist, near the joint, which made it difficult for her to move her hands. Towards the end of her life this woman was said to have no mind left at all. She died from 'Exhaustion, with Locomotor Ataxia and GPI', on November 9 1888, having been incarcerated at Powick Lunatic Asylum for about 14 weeks.

The youngest woman to be committed to Powick Lunatic Asylum with GPI between 1882 and 1906 was Elizabeth Louisa Evans, who was committed to Powick Mental Hospital, on 27 August 1891, when she was 25 years old. She was single and she had no occupation recorded for her. She was a member of the Church of England and she could read and write. This woman was from Kidderminster, where she had been resident in the workhouse. However, she was suffering from dementia with GPI. This was her first attack of insanity and it had lasted for four months. She constantly grinned, stared and gesticulated and she was very noisy. She had also lifted her clothing and tried to rush about, but she was much hindered by her paralysis. This patient was fairly nourished, but helpless and unable to use her legs. She had no idea of time, or place, and she could not converse. She could now not understand what was said to her. She had perverted habits and was noisy at night. She was also then confined to bed, showing all the signs of GPI. She now had to be fed with her food and she was very restless, so that she rolled about on the floor in her single-room and her habits were now even more perverted. The AMO was called to this patient during the night, when he found her to be paralysed on her right side. However, she did regain some use of her arms, although her body now also twitched on her left side, because she had apparently had a stroke. Her temperature was then 103, with her breathing very rapid and there were rales⁵⁵ all over her chest. This woman got weaker and she died of GPI on 22 November 1891 after having been incarcerated at Powick Lunatic Asylum for about three months.

Having provided fairly full descriptions of various patients in the Powick Lunatic Asylum between 1852 and 1906 who were suffering from GPI, it is now important to relate these individual cases to the notion that syphilis caused GPI. The Patients' Notes, written after 1860, by the AMO responsible for the care of the patients on the male and female sides of the asylum separately, were based on information provided by the ward-attendants and craft-instructors, who cared for and worked with the patients on a daily basis. The AMO then put an 'editorial gloss' on these notes, which will have inevitably effected them. However, in examining Patients' Notes, that were written over many years, by many different AMOs, it was very difficult to discern which AMO wrote a particular note. However, the Patients' Notes from the male and female sides of the asylum were always recognisably different. In spite of the author of this study noting the name of the AMO, who wrote a particular report, and after over 20 years working with these Patients' Notes, it has proved impossible to recognise the notes written by any particular AMO. There is a great commonality between all of these notes. It was probably inevitable that all doctors working at Powick Lunatic Asylum used similar language in their reports, but this was most noticeable, in Patients' Notes about women patients, it appeared that all AMOs had similar attitudes to foul, obscene and sexually-explicit language used by female-patients. This may have been explained by the fact that all AMOs were middle-class males. Thus, the AMOs and with the Medical Superintendents possibly shared common unrealistic expectation of lower working-class womanhood. It is therefore interesting to speculate why this was the case. It appeared likely that these unrealistic expectations of female-patients were instilled in the doctors by the training they received to work in Pauper Lunatic Asylums. If this was the case, it would be no surprise that Patients' Notes, written about individuals with GPI, over the 50 plus years, from 1852 to 1906, were always very similar. Indeed, it was also the case that these notes were unchanged when the Medical Superintendent of the asylum changed, or when the notion of a relationship between GPI and syphilis was established. Whilst it was possible that the relationship between middle-class male doctors and their patients was hegemonic, this possibility was surely ameliorated by the

⁵⁵ Rales were unhealthy rattling sounds heard when the chest was sounded with a stethoscope.

fact that a huge majority of patient's interactions in the institution were with attendants and craft-instructors, who came from very similar social status positions to the patients.

Moral Treatment, as instigated by Professor Skae, from 1845 onwards, continued to be used at Powick Asylum, with the only slight change relating to 'seclusions'. Professor Skae had insisted that patients should never be placed in seclusion, but by the 1870s and 1880s this practice was not uncommon. However, the care with which such periods of seclusion were used, and recorded, suggested that this change was well-considered, because it proved to be an approach that calmed extremely excited patients and reduced the problems in managing such cases. The aim of Moral Treatment in Pauper Lunatic Asylums was to quickly institutionalise patients, so as to ameliorate their errant behaviour; an intention that was certainly achieved with some patients. However, this intention was usually inappropriate to GPI sufferers, most of whom died quite quickly after they were admitted to an asylum. However, there were a few cases at the Powick Institution, where GPI sufferers became 'long-stay patients', with a few individual patients remaining incarcerated 20 years or more. In such cases it was often virtually impossible to use the usual combination of treatment, care and occupational-training that characterised the Moral Treatment Regime at Powick Mental Asylum.

What this study has emphasised is the onerous task of caring for all GPI patients, which makes the exemplary level of care for these patients by ward-attendants, craft instructors, other domestic staff and doctors at Powick Lunatic Asylum awe-inspiring. All patients who left Powick Mental Asylum when they were Discharge Recovered will have gained the approval of the attendants and other asylum staff, which meant they were generally sociable and they formed relationships with staff and with fellow patients. However, few patients with GPI were able to be sociable, particularly as their condition regressed. Thus, while the individuals dealt within this study were amongst the most difficult cases incarcerated at Powick Lunatic Asylum, in the period from 1852 to 1906, the Powick Institution and its staff acquitted themselves well in the care they provided to GPI sufferers. Thus, the humanity of the Powick Institution, its Medical Superintendent, the doctors and its ordinary staff, must be commended, in dealing with individuals diagnosed with GPI. As a Social Historian, the author is satisfied that he can justify the admission of the individuals committed to the asylum with GPI on the basis of matters like anxiety, brain-impairment, domestic troubles, epilepsy, heredity, intemperance, monetary troubles, previous illness, religious fanaticism and unemployment. While the suggestion, made in 1882, about a connection between GPI and syphilis was well-publicised, Dr. Edward Marriott Cooke, one of the foremost practitioners of Psychological Medicine in England and Wales, between 1882 and 1931, could find little evidence of syphilis in GPI patients at the Powick Institution, except in the case of William Stokes and other patients who had initially already been diagnosed with syphilis. Hopefully the descriptions of patients at Powick Mental Asylum with GPI, provided in this Study, gives an impression of the individual patients dealt with by this Mental-Institution.

This study was instigated because of the article published by Gayle Davis, about GPI in Scotland between 1840 and 1940. However, it was decided to use Daniel Hack Tuke's analysis of GPI to provide material that was contemporaneous to the period investigated in this study. This investigation about patients suffering from GPI, at Powick Lunatic Asylum, Worcestershire, between 1852 and 1906, which is the period of time for which Patients' Notes were available. Digitised copies of these notes are available on line on Worcester's medical museums' website.⁵⁶ The approach in this study was taken to provide an alternative analysis to that offered in Dr. Davis's excellent article. However, this publication is very appropriate regarding the Moral Treatment of GPI patients at the Powick Institution because the first two Medical Superintendents there were trained by Professor David Skae, at Edinburgh University Medical Faculty and at the Royal Edinburgh Lunatic Asylum. It was interesting that this investigation of GPI in Worcestershire, more or less, confirms Gayle Davis's

⁵⁶ www.medicalmuseum.org.uk/powick-patients

findings from Scotland. It was assumed that the majority of GPI patients would die and in spite of a dramatic increase in patient numbers, the proportion of male cases to female cases being similar. It was also the case that the diagnosis of GPI was very problematical; often because of uncertainty when the diagnosis was made. In Worcestershire this was a particular problem for male patients in the period before 1882, the date when the suggestion was made that GPI was caused by syphilis. There was an excessive number of male cases of GPI and it appeared that misdiagnosis of this condition was a distinct possibility. This was particularly the case, because the numbers of patients in the asylum at this time was relatively small. It was also interesting that after the 1890 Lunacy Act, when Lunatic Asylums in England and Wales were renamed Mental Hospitals, Private Patients (who were not paupers) were treated in the Powick Institution. It was only now that the problem of highly skilled individuals being cut off in the prime of their lives occurred. There were around 180 portrait photographs of patient at the Powick Institution were included in the Patients' Notes. However, there were no photographs of GPI sufferers and thus it appeared that photography was not used in the diagnosis of GPI at Powick Lunatic Asylum. Post Mortem Examinations were often used there and there were three or four cases where Coroner's Reports were referred to, usually when a GPI committed suicide. Unfortunately Autopsy Reports on patient's deaths at the Powick Institution are no longer extant.

The author of this study concurs with the view of Gayle Davis that 'The chronic and fatal nature of GPI and the intensive care, which it consequently required meant that it took up a disproportionate amount of asylum resources.'⁵⁷ At Powick Lunatic Asylum the numbers of attendants on both sides of the asylum, even in wards where a majority of the patients were sent to work in the various craft departments of the institution, where the inmates received occupational training; a notion that was implicit in the Moral Treatment of Insanity, the staffing always appeared inadequate. This situation appeared even worse at night, when sometimes one attendant was responsible for two wards. However, the situation appeared even more problematical in wards where the patient's behaviour was questionable. In such wards the numbers of patients leaving to work in the craft departments was minimal. It was in these wards that GPI sufferers were housed, along with other inmates with other troublesome individuals; patients who lacked self-control, who were often violent. The forbearance of the attendants in these wards was remarkable and why the men and women employed in such wards continued to work there for many years was difficult to understand.

A similar question might also be asked about the motivation of the Medical Superintendents and the doctors employed in lunatic asylums. Why did some graduates in medicine choose to work in lunatic asylums? However, some insight into this was probably provided by James Phillips Kay (later Kay-Shuttleworth) who was from a mill-owning family in Lancashire. He graduated in Medicine from Edinburgh University in 1827 and he became a General Practitioner in a Dispensary, in one of the poorest areas of Manchester. In 1831 Kay was responsible for organising a system in Manchester to deal with the impending cholera epidemic of 1832, an arrangement that worked. In spite of this work, Dr. Kay failed to be elected to the staff of the Manchester Hospital. Thus, in frustration he ceased practicing medicine and he became a Poor Law Commissioner in Norfolk and Suffolk, where he created a workhouse school at Gressenhall that was organised in a way which became the model of elementary schools across England and Wales. James Kay's experience was not uncommon amongst medical practitioners, who found the career prospects in lunatic asylums, where they were paid an agreed salary to treat the physical and mental ailments of patients, were preferable to attempting to become general-practitioners. This and a desire by some doctors to work with mentally afflicted patients,

⁵⁷ Gayle Davis (2012), Op cit., pp. 267-8.

appeared to be the reason for some medical men deciding to work in public lunatic asylums. However, the numbers of doctors employed in this capacity was always very small.