Cane Hill and 'Mental Health' Policy 1882

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[As part of the Cane Hill Hospital Centenary celebrations, the Southern Division of the College held its 1982 Annual General Meeting there last June. Dr Alexander Walk was invited to prepare a paper to mark the occasion. Readers of the *Bulletin* will know that Dr Walk died in July last year. Poor health had prevented him from giving his paper, though it was read at the meeting.

Dr A. Walk served Cane Hill Hospital with great distinction as Medical Superintendent from 1949–62. As a further tribute to him, the Southern Division felt that his paper, 'Cane Hill and "Mental Health" Policy—1882', should have a larger audience through the columns of the *Bulletin*.]

In 1808, when it was decided to create public asylums for pauper lunatics, their management was entrusted to the County Administrative Body, which at that time consisted of the Justices of the Peace assembled in Quarter Session. No doubt the County was chosen as being the only area larger than the individual Parish and able to support an institution of this kind. This seemed especially reasonable because the Justices were concerned with the Poor Law as well as with county administratrion, but by the Act of 1834 this connection was lost and the new Unions provided expanded areas for the erection of large workhouses. Possibly if the creation of public asylums had been delayed, they might have been placed under the authority of the Poor Law Guardians, which would have meant a lower standard of care and impeded progress. As it was, the County (and later Borough) Asylums remained unique: right up to 1930, even when renamed 'mental hospitals', they remained the only residential institutions (other than schools) controlled by local, as distinct from Poor Law authorities.

It is not to be supposed, however, that all patients were meant to be housed in asylums. There was, in fact, meant to be a tripartite classification: acute, curable and a proportion of chronic patients in the asylums who might remain in the workhouses or others considered fit to remain at home or with friends with the aid of some medical and other Poor Law relief. This so-called 'Class' included many mentally handicapped people, who were not differentiated administratively from the mentally ill. As the word 'imbecile' was often used for those suffering from dementia, no estimate of their numbers can be formed. But there was no adequate machinery for ensuring a reasonable classification; Boards of Guardians, whose main concern was for cheapness, were reluctant to send patients to the more expensive asylums, and asylum doctors constantly complained that cases were sent to them too late, and that on the other hand patients discharged back to the workhouse relapsed or deteriorated under the often wretched conditions there. These conditions, as far as London was concerned, were exposed by a commission set up by *The Lancet* in the 1860s. The only London parish where the 'lunatic wards' were commended was Camberwell—foreshadowing perhaps the central role of Camberwell in English psychiatry a century later.

Meanwhile the asylums originally conceived as containing not more than 300 inmates had begun their inexorable expansion, due to the growth of the population, to the accumulation of chronic cases, and possibly to a real increase in mental illness. By their size, their overcrowding and understaffing and consequent routinization of their medical and moral treatment, they acquired antitherapeutic features, which were realized at the time and for which remedies were sought.

Many thought that a more intelligent use could be made of the workhouses by upgrading their mental wards and providing specialist medical attention; or that auxiliary asylums of simpler construction could house chronic patients; or that numbers of patients might be boarded out or constitute an actual colony after the model of Gheel in Belgium. All these suggestions were with a view to restoring to asylums their curative function. Others put forward proposals for the better treatment of recent cases with the object of warding off chronicity—such as allowing 'early cases' to be admitted as voluntary patients ('boarders' was the term used) and opening dispensaries or out-patient departments and, in London, 'reception houses' or observation and short-term treatment units. There was even, in the 1860s, a proposal for a Maudsley-type hospital in London.

Examples of most of these devices could be found in England and Scotland, and we must now consider one development which is particularly relevant to the foundation of Cane Hill.

It has to be remembered that until 1888 Surrey included the greater part of South London with, in 1881, a population of about 700,000 in what later became the County of London. But although there was no one central authority for the future County area, there were in 1882 two authorities with practical functions. The Metropolitan Board of Works is not of concern here, but the Metropolitan Asylum Board's institutions are very relevant. The Board was formed in 1867 under Gathorne-Hardy's Act, which also provided for one or more infirmaries, distinct from the workhouses, in each parish or union. The Board was essentially a Poor Law body entrusted with providing certain services for the London parishes which it was considered could be more suitably administered in common. Among these services was the care of that 'harmless and imbecile class' hitherto kept in work-

houses. For these the Board built the two huge and (at the time) dreary asylums of Leavesden and Caterham (now St Lawrence's)—the cheapest possible buildings on the cheapest possible sites. Here again, classification was haphazard and many of the early patients were neither harmless nor chronic. Nevertheless, the system was approved by the Medico-Psychological Association, who urged its extension to other parts of the country. Middlesex, needing to build a third asylum for the growing population of Northern London, decided to follow the same policy, place it on a cheap and remote site and give it over to chronic patients. So Banstead Asylum was opened in 1877, on a plan very similar to Caterham and Leavesden. This again was not a success—more disturbed patients were soon being admitted and by 1880 the experiment was abandoned and patients of all types were being taken. The enormous amount of reconstruction and modernization which Banstead has needed over the years is familiar to many. A popular work, Walford's *Greater London* (about 1880), looked at Banstead through rose-coloured spectacles: 'The eminent doctors have classified the patients; and the treatment is in accordance with all the newest and most approved theories.'

Yet at the same time, Dr Clay Shaw, the Medical Superintendent, was lamenting the absence of any effective treatment of any kind, as follows: 'Except tonic treatment to improve the general health and special treatment for cases of suspected syphilis, gout, or lead poisoning, there is really very little that can be done. In most cases the time for treatment has passed when the patients are admitted. So that the true way of keeping asylums empty is an anticipatory treatment which shall prevent them from getting full. Electrical apparatus, baths of various kinds are conspicuous by their absence, and now that the use of sedatives is generally discountenanced, it is easy to see why the drug and surgical instrument account generally averages ½*d* a week per head. Beyond good dietary, open air occupation and protection, there seems little in the treatment of the insane nowadays, and the reproach so constantly brought against the medical men of this speciality for doing so little to advance it, will not bear criticism. If lunatic asylums were in large towns where libraries are easy of access, where men could meet others and compare ideas or refer difficult and disputed points, or if costly scientific apparatus could be procured at the expense of the asylum, and specialists in their use were at hand, there is no doubt more would be done, but such is not the case. Asylums and their officers are practically isolated.'

But the notion that some effective physical therapy already existed or could readily be devised by the application of science persisted, as shall be seen later. This entirely belies what is often stated by historians of psychiatry today, namely that belief in physical causes of mental disorder implied belief in the theory of degeneration and therefore induced therapeutic nihilism.

In 1875 the Surrey Justices were faced with a similar problem to that of Middlesex a few years earlier. The County possessed two asylums. The first, dating from the 1840s, had been built, not in remote country, but as near as possible to the fringe of the built-up area of South London, near Wandsworth Common. It was generally known as the Wandsworth Asylum, though now it is Springfield hospital. The second, Brookwood, near Woking, served the western part of the County, and here again proximity to a railway and convenience of access were considered. The following summary of the Justices' proceedings shows how the third asylum, Cane Hill, came into being. It may be of interest here, as showing the predominance of South London as the County's centre of gravity, that the Justices' meeting place was not in the traditional county town of Guildford, nor in the later administrative centre of Kingston, but at the Session House in Newington Causeway, now rebuilt and serving as one of London's Crown Courts.

In April 1875 they received a memorial from the Richmond Guardians. Because of shortage of beds in the two Surrey Asylums, they had had to send patients to a number of Private Licensed Houses, and these had recently increased their charges. Similar memorials were also received from several Inner London parishes and unions—Lambeth, St Saviour's (Southwark) and St Olave's (Bermondsey), and from the Visiting Committee of Wandsworth Asylum. All of these represented the need for the Justices to provide a third asylum for the County. The saving on the private asylum's charges would more than compensate for the cost of the new building, which was estimated at £150,000. But the project was urged on grounds of humanity as well as economy—patients would receive better care and there would be more frequent recoveries. Further memorials were received later and a committee was appointed to draft a scheme, and also to consider whether criminal lunatics should be admitted as an overflow from Broadmoor.

The Committee reported that there was no alternative to building. The London Unions refused to open more lunatic wards in the workhouses, and the superintendents of Wandsworth and Brookwood said that they had already sent many patients to Leavesden and Caterham and had no more that were suitable. Nor would they contemplate enlarging their asylums any further—though they had to do so in later years.

The Justices then considered whether to follow the example of Middlesex and start building something similar to Banstead, and at once raised firm objections. Existing asylums would have to be adapted to deal exclusively with acute and turbulent patients, both structurally (more single rooms) and by increased staffing. Recoveries would be diminished as it was most beneficial for the troublesome patients to commingle with the harmless. The conclusion was that an all-purpose asylum should be built, for 1,000 patients, with special provision for epileptics.

There was still some controversy with some of the more rural Poor Law Unions, such as Guildford and Farnham,

who were objecting to the expense involved, and who pointed out that the recovery rate of even the conventional all-purpose asylums was very low—12 per cent at Wandsworth. But the Justices considered that recovery rate was no criterion of need, and went on to declare that among the incurables were those who required 'the most anxious care and most expensive treatment'.

This having been decided, a site had to be acquired, accessible from South London and the eastern half of the County, and the one chosen was the northern part of the Portnalls Estate, to the south of the hamlet then called Smitham Bottom and adjacent to the Brighton Road and the railways to Brighton and the South-East. On paper this looks like an ideal site, with the prospect of a new railway station at the hospital gates; but in 3-dimension the picture is different, for the asylum was perched on the summit of a hill and had to be approached by an immensely long drive or steeper winding ones. Because of these several approaches, the outer grounds were fully accessible, with no locked gates, but instead the buildings and ward gardens were tightly enclosed by a brick wall with a peripheral drive just outside, creating many difficulties in later years.

As to the asylum plan, it was intended to be a contrast to Caterham and Banstead, in that the ward blocks were to be of several different types, so that the wards could be adapted to the needs of different categories of patients—infirm, epileptic, acute, chronic turbulent, chronic peaceful, etc. Many changes have been made in the allocation of the wards, but looking back it is hard to see how at any time this adaptation could have been looked on as successful. The plan is an early example of what not long afterwards became the standard semi-circular corridor type of asylum, but there is so much variation on the semi-circular theme, that Sir Henry Burdett, writing in the 1890s, called the plan the most complicated he had seen. The old monotonous radiating plan is modified by having smaller, two-storey blocks inserted between the larger three-storey ones, but the effect is cramped and restricted.

Nevertheless once the hospital was completed in 1882, a good deal of praise was given to its plan and arrangements, and the following is an account of how it was suggested as an example for asylum construction in America.

In 1887 the Legislature of the State of Pennsylvania, having in mind the probable need for a new asylum, appointed a committee to enquire into the whole matter of asylum construction and management of asylums. The Committee decided to present a view of prominent and typical European asylums, and for this purpose appealed to Daniel Hack Tuke because of his unrivalled knowledge of the subject. In his reply, Hack Tuke said that rather than describe several typical asylums, he would send plans and a description of an asylum which was the result of experience and modern views. He would choose the best asylum in England as regards its architectural arrangements—and this was Cane Hill. The superintendent, James (afterwards Sir James) Moody, had found it 'very workable' and the architect was appending to the plan an account of the different wards. Middlesex was planning a new asylum of the same description.

This in fact was Claybury, which those who know both hospitals will hardly think similar even in plan, and certainly not in appearance and character, showing much more of the cheerful exuberance of late Victorian and Edwardian architecture.

Despite diligent enquiries, I have never been able to find out whether Tuke's advice was ever acted on, and whether there exists, somewhere in Pennsylvania, a duplicate Cane Hill or a state hospital with any resemblance to it. Hack Tuke, however, remained faithful to his recommendation, for in his Dictionary of Psychological Medicine, published in 1892, he describes Cane Hill as the culmination of the architect's ideas and has no further examples of progress to demonstrate. In fact, his faith in asylums generally does not seem to have changed since he gave them general praise in his Presidential Address of 1881, saying that the present system was based on a belief in 'sweetness and light'.

A different and perhaps more convincing tribute was paid a year or two later by Dr (later Sir) Clifford Allbutt, then a newly appointed Commissioner in Lunacy and soon to become Regius Professor of Physic in the University of Cambridge. He was giving evidence before a Committee of the London County Council.

This may need a brief explanation. In 1889 among other reforms in Local Government, the County of London was formed, and this entailed changes in the ownership of a number of asylums. The newly formed London County Council took over the Middlesex asylums—Hanwell, Colney Hatch, Banstead and the fourth asylum, Claybury, under construction. From Surrey it took over Cane Hill, which was now to serve mainly South London, and also for the time being, Croydon. However, as a County Borough, Croydon was expected to provide its own asylum in due course. A three-cornered exchange was arranged, by which Surrey's original asylum, Springfield, was handed over to Middlesex, which being greatly reduced in size and population, was considered to be able to make do with a smaller asylum than the ones transferred to the LCC.

At this point, as I have described elsewhere, the LCC began to think of a Maudsley-type mental hospital in or near Central London itself. Again giving the lie to the idea that belief in somatic causes for mental disorder meant therapeutic nihilism, they felt certain that general physicians attached to the Teaching Hospitals already possessed remedies unknown to asylum doctors, and therefore that the new hospital should be staffed by such physicians. They took evidence from a number of eminent witnesses, and in the course of hearing Dr Allbutt's evidence, Cane Hill came under discussion, and Allbutt said:

'I think it would be the greatest possible mistake to enlarge Cane Hill Asylum, and I should very much regret its being

done. I may say that I was exceedingly pleased with Cane Hill Asylum and what I was saying about the importance of the sympathetic association of the medical officers and attendants with the patients struck me as more fully illustrated there than in any place I have ever been to. I noticed this both on the female and on the male side. I think if you enlarge the place you will stifle the whole thing.'

Well, of course, the place *was* enlarged, but perhaps 'the whole thing' was not entirely stifled.

Another aspect of how mental health policy was swayed and eventually directed may now be considered. This was the persistent agitation, dating back probably to the publication in the 1860s of Charles Reade's *Hard Cash*, for more stringent safeguards against the illegal detention of 'alleged lunatics', especially for private patients. Lewis Dillwyn, MP for Swansea, carried the agitation into Parliament, and although the Select Committee of 1877, over which he himself presided, after extensive examination of witnesses, had found no evidence of illegal practices, he continued year after year to introduce Bills purporting to establish some quasi-judicial procedure in the shape of an order made by a magistrate or some other legal personage. The subsequent events have been well documented, especially in the context of Lord Shaftesbury's attitude—how he vigorously opposed both the Bills introduced by Dillwyn and the subsequent Government Bills on similar lines, to the extent of resigning temporarily his chairmanship of the Commissioners, so that new legislation was not enacted till after his death.

I should now like to refer to the exhaustive study of 'Evolution of the Reception Order' published in our Journal in 1927 (Vol. 73, pp 607–35) by my one-time chief and Senior Editor of our Journal, the late Dr J. R. Lord. Lord examined the question of why Lord Shaftesbury, who had helped to fashion the procedure applying to 'pauper' lunatics, the great majority, which included a magistrate's order, should have strenuously opposed the suggestion a similar procedure should also apply to private patients. And he answered as follows: the intervention of the magistrate was necessary to ensure that patients in need of asylum care and treatment were not wrongly retained in workhouses and gaols; whereas for private patients the magistrate would be an obstacle to treatment in two ways: in acute cases there would be delay in obtaining the Reception Order; in all cases it would increase the reluctance of friends and relatives to seek care and treatment at an early (which was always thought to be synonymous with a curable) stage of illness.

Lord's final conclusion was prophetic of further advances: (1) that the clearance of the workhouses, prisons, etc., of their insane inmates and the alleviation of the conditions under which the mentally afflicted poor suffered and died could not have come about without judicial intervention and the aid of the strong arm of the law. (2) These having been largely effected, there appear to be no longer any grounds for the continuation of judicial intervention in rate-aided cases of mental disorder.

Lord's expectation was, of course, realized in the 1959 Mental Health Act. Lord Shaftesbury, however, was fighting a losing battle, for the 1890 Act did provide for a magistrate's reception order for all classes of patients. This Act has been described as 'the triumph of legalism' and as having retarded the progress of psychiatry for many years. I have not been able to agree with this view, as the changes were comparatively few: the extension of the magistrate's order affected only a minority of patients, and the only other changes of importance were those requiring 're-certification at stated intervals. Even the absence of any provision for voluntary admission to public asylums cannot have been disastrous, as there is no evidence that such patients in the conditions existing at the time (an early schizophrenic, for instance) would have derived any benefit from residence in an asylum. To my mind the real obstacle to progress was the reluctance of Government, of local and Poor-Law authorities and of the voluntary hospitals to do anything for sufferers from mental illness other than by the building of asylums.

It is pleasant to be able to conclude with a brief mention of one progressive piece of legislation which belongs to our period, namely the Idiot's Act of 1886. Although the purpose of the Act was simple, its length short, and although its principles were clearly explained, and the text reproduced in full in the *Journal of Mental Science* for 1887, it has been strangely misunderstood by some writers of psychiatric history. One writer asserted that it authorized the building by County Councils of special asylums for the mentally defective; this was actually included in the Lunacy Act of 1890, though very few authorities took advantage of this clause. All the 1886 Act did was to simplify and make less onerous the procedure for admitting 'imbeciles and idiots' to institutions specially designed for them (such as Earlswood, the Royal Albert, etc). For the prevention of abuse, the class of persons entitled to those new procedures had to be defined. But large numbers of defectives still had to be admitted to ordinary county asylums, and for these no special procedure seemed necessary and they were provided for in the general Lunacy Acts, though once in the asylum they were shown as a separate category in the returns sent to the Commissioners. There was thus no real contradiction between the two Acts, as has been alleged.

Election of Editor

As Members and Fellows will know, the result of the recent ballot was so close that under the Bye-Laws there must be a second ballot between the two candidates who gained the highest number of votes—Dr H. Freeman and Professor E. Paykel.