

**“A PROPER LUNATIC FOR TWO YEARS”: PAUPER
LUNATIC CHILDREN IN VICTORIAN AND EDWARDIAN
ENGLAND. CHILD ADMISSIONS TO THE DEVON COUNTY
ASYLUM, 1845–1914**

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Introduction

Social historians of insanity continue to explore the different roads to the asylum traversed by the insane during the nineteenth century. Earlier accounts of therapeutic regimes created under imperialistic asylum superintendents have been followed by detailed research on the role which families and kinship played in negotiating the terms on which lunacy was treated in the new model institutions of modern societies.¹ Recent scholarship has continued this exploration of the complex nexus between families, communities and the asylum in different countries and distinctive contexts, as the functions of the family in the admission and release of the insane member remain a matter of debate.² A significant omission in recent discussions of the influence of families in the construction of insanity during the nineteenth and twentieth centuries has been any consideration of the admission of children to the new county asylums which proliferated after the 1845 Lunacy Act. For the lunacy legislation of 1808, 1845, 1853 and even 1890 did not establish any clear age limits for the certification of the lunatic, nor was specific provision made for the insane child. Indeed, the failure of the state to make such provision is an important, if neglected, feature of the administration of lunacy during the Victorian decades, and we can chart in the lunacy legislation and the psychiatric discourses of the later Victorian years a number of ambiguities in the British state's provision for the pauper family.³ By the end of the period it is possible to see a distinctive shift in policy principles away from the concept of the child as the property of the family to an assumption that the young person was under the guardianship of the state.

This study of the dispatch of children to the Devon County Lunatic Asylum in the years 1845 to 1914 examines the specific provision made for young people under the legislation regulating the treatment of insanity. The essay follows recent research in emphasising the significance of families, relatives and neighbourhood networks in shaping the Victorian lunatic's journey to the new county institutions built in the middle decades of the nineteenth century.⁴ We use a variety of sources to explore the complex ties of authority, dependence and reciprocity which made up the family's strategic response to the institutionalisation of children in Victorian and Edwardian Devon and also to locate these relationships within the institutional politics of the Poor Law and the prefer-

ences expressed by amateur administrators, medical professionals and central state officials in these years.⁵ We now have an impressive number of accounts of voluntary provision for "mental defectives" in the decades before 1914, though much less attention has been devoted to those children who were considered unfit for the voluntary establishments.⁶ The majority of young persons identified as idiots or imbeciles before the Mental Deficiency Act of 1913 appear to have had little experience of such specialist institutional care, remaining with their families, within the immediate neighbourhood or community, or inside the Poor Law workhouse.⁷

The absence of specific provision for these children raises a number of important questions about the limitations of the lunacy legislation of the nineteenth century and a rare example of practical failure by the Lunacy Commission charged with the responsibility to secure the direction of all insane people to the county asylums for their treatment.⁸ The Lunatics Act of 1845 had specified that two or more lunatics could only be detained in an Asylum or registered hospital, but this was only one of many provisions made in the 1845 legislation which was widely ignored in practice. Whilst the Lunacy Commission often pressed for the removal of idiot, imbecile and otherwise insane children to the county institution, there was an early and sustained resistance from various quarters to the widespread use of the lunatic asylum for their accommodation or treatment. D. J. Mellett and others have noted the extent to which many pauper lunatics were retained outside the county asylum even after a stricter regime of inspection was introduced in 1857.⁹ Those children who were sent to the county asylum from the Poor Law workhouses of Devon were portrayed as a threat to the smooth running of the union premises from whence they came. The easiest way to justify their admission to the asylum was to emphasise the danger they posed to those around them. Even the most remote and secluded individual could be constructed as a disruptive idiot or imbecile who had ranged beyond the family's effective control. In contrast to the emphasis found in some of the existing literature, changing medical terminology appears to have played relatively little part in the classification of the children.¹⁰ The provisions of the legislation of 1886–1890 to introduce more strict legal and medical criteria for the certification of children as idiots only gradually altered many of the subjective and impressionistic practices which determined the destiny of the incapable child for much of this period.¹¹

The certification procedure almost inevitably involved a discussion among family or relatives, Poor Law officials and physicians, and a magistrate (who was frequently an elected guardian of the poor), before a decision to dispatch to the county asylum was made. As Bartlett has noted, the Victorian lunatic was a legal as much as a medical construction, and the insane individual was defined in relation to the requirements of certification and the institutions of the Poor Law rather than any simple rules of medical diagnosis.¹² The new burdens laid on the English Poor Law authorities after 1875 for the education and health of children in local areas drew the guardians further into questions of childhood insanity as one element in its growing portfolio of responsibilities for infant and child welfare during the 1880s and 1890s.¹³ In practice, guardians

and officials were given considerable discretion both in the latitude they could allow to Relieving Officers to determine the validity of a claim for relief and in the proportion of paupers required to enter the union workhouse. Although the guardians' autonomy appears to have diminished at the end of the nineteenth century, there remained significant variations of approach which were apparent in their response to the emergence of eugenicist ideas before 1914.¹⁴

It was the gradual ebbing away of the amateur control exercised by magistrates and men of property over local government and the increasing demands of the central state and voluntary pressure groups on both the guardians of the Poor and Asylum Visitors that strengthened the movement towards specialist provision for pauper lunatic children. As we shall see, this was not the result of growing numbers of young people being admitted to the Devon Asylum nor of the ascendancy of psychiatrists within the Poor Law. The remarkable feature of these debates about adequate provision for the child is the continuing reluctance to discuss the insanity of young people in similar terms to adult lunatics, even though legislative and legal instruments provided no clear guidance as to the age at which certification might occur. One of the significant origins of the Mental Deficiency Act of 1913 may be found in the gradual shift in both legislation and administrative provisions from a concern with the responsibility of the family for containing the threat posed by childhood insanity to the community, towards an awareness of the need to protect the child from abuse by the family and also a recognition of the need for specialist services. This transition may have reflected wider changes in Victorian society.

This argument is outlined below as we consider first the end of the committal process and the passage of lunatics into the Devon Asylum. There were only about one hundred children admitted to Exminster in our period but we show that the process of their selection from a much larger host of potential entrants provides insights into the mechanics of institutionalisation as well as the interplay between official preferences and family strategies. These issues are considered in the main body of the paper where we review institutional regimes, family strategies and policy orientation in turn.

Devon and the experience of pauper lunatic children and young persons¹⁵

Decisions on the disposal of child lunatics in Victorian England can be understood within the wider context of institution-building and class relations during the nineteenth century. We can trace in the case of Devon a network of decision-making which corresponded to the power structure within the county for most of the period. The Devon County Pauper Lunatic Asylum opened its doors at Exminster village in 1845 after a long campaign by the Courtenays, Earls of Devon, and their allies within the Tory and Whig county elite to establish a model institution before legislation would require them to do so. The same noble family and its retainers also figured prominently in the creation of the Western Counties Idiot Asylum after a public meeting at Exeter Castle in 1862, which led to the creation of the institution for the "idiot chil-

dren of the poor" capable of mental improvement.¹⁶ Whilst the Idiots' Asylum at Starcross grew to 249 inmates in 1895 and 334 by 1915, the neighbouring County Lunatic Asylum at Exminster housed twelve hundred inmates by the 1890s and almost thirteen hundred by the outbreak of War. Both institutions were designed to serve the needs of the Poor Law, and Starcross was unusual amongst voluntary idiot asylums in catering to significant numbers of pauper children, even if only one third of its inmates were drawn from the native population of the three counties of Cornwall, Devon and Somerset by 1914.¹⁷ The Courtenays also dominated the administration of the Poor Law in Victorian Devon, leading the St. Thomas Union which enclosed the Exminster Asylum near their seat at Powderham Castle. After serving on the Poor Law Board and maintaining close contacts with Lord Shaftesbury in the 1850s, the Courtenay family were still supplying the Local Government Board with a leading Inspector in the 1890s who took a keen interest in the health and education of workhouse children as well as facilities for imbecile inmates at unions such as Axminster.¹⁸

For all their prestige and influence, the Courtenays exercised power within a system of Poor Law and lunacy administration which preserved a large amount of autonomy for local magistrates and guardians. Enthusiastic advocates of the new County Asylum at Exminster, the Earls of Devon could do little to convert entrenched sceptics in far-flung rural unions to identify and dispatch large numbers of lunatics to the institution in the early decades.¹⁹ This unevenness in the use of the Asylum was particularly apparent in the numbers of children sent there from the different Poor Law unions of the county. In the period 1845–1914 approximately one hundred children were sent to Exminster.²⁰ Two thirds of these were male, and their age distribution is indicated in the following table:

Table 1
Children in Exminster: admissions by age and sex 1845–1914

Age	Female	Male	Total
4	2	1	3
5	2	1	3
6	4	4	8
7	0	3	3
8	0	6	6
9	3	5	8
10	3	9	12
11	4	5	9
12	6	9	15
13	3	8	11
14	8	15	23
Total	35	66	101

It can be seen that few very young children were sent to Exminster and that there was a similar distribution of genders aged seven or less. Thereafter there was a clear preponderance of boys over girls with almost twice as many males amongst the older children. This is in marked contrast to the overall balance of the Asylum population in the second half of the nineteenth century, where females predominated in some age groups of admissions and particularly amongst the longer-term residents of the Asylum.²¹

Another interesting feature of the admissions is their consistent pattern over time. In almost every quinquennial period from 1845–1900 about 1.5 children per annum were admitted, rising to 2.5 in the early 1900s before falling back again. There were very few children admitted during the early years of J. C. Bucknill's tenure as Superintendent of the Asylum (which lasted from 1845 until 1862), though by the 1850s there was a steady trickle of young persons coming into the institutions and this level remained remarkably constant during the period as a whole. The ascendancy of male entrants is also established in the 1850s, though girls outnumbered boys in the following decade before the broad ratio of 2:1 in favour of males was confirmed. This consistency is indicated in Table 2.

Plotting the age at admission against the decade of admission enables us to see whether there were any trends as to admitting younger or elder children over time. Table 3 below sets this out. The sample numbers are too small to draw many statistical inferences from such features as the absence of very young children in the middle decades but the broad characteristics can be noted. Once again there is considerable consistency in the admission of the older children though the entrance of very young lunatics to the Devon Asylum is a feature of its early and later years, with no child under seven accepted in the three decades before 1900.²² Most of the "children" in our group belong to the adolescent category and the preponderance of males amongst the entrants indicates the significant presence of adolescent boys amongst the admissions.

Table 2
Secular trend in child admissions by gender 1845–1914

Period	Female		Male		Total
	N	%	N	%	N
1845–1849	3	60	2	40	5
1850–1859	4	25	12	75	16
1860–1869	8	61.5	5	38.5	13
1870–1879	5	33	10	66	15
1880–1889	4	40	6	60	10
1890–1899	5	31	11	69	16
1900–1906	5	29	12	71	17
1907–1914	1	11	8	89	9
<i>Total</i>	35		66		101

Table 3
Children by period of admission and age on admission
1845-1914

Period	4-6 years		7-10 years		11-14 years		Total N
	N	%	N	%	N	%	
1845-49	1	20	0	0	4	80	5
1850-59	3	19	5	31	8	50	16
1860-69	3	23	4	31	6	46	13
1870-79	0	0	6	40	9	60	15
1880-89	0	0	2	20	8	80	10
1890-99	0	0	4	25	12	75	16
1900-06	4	25	5	31	7	44	16
1907-14	3	37.5	2	25	3	37.5	8
<i>Total</i>	14		28		57		99

An appreciation of the distinctive age and gender characteristics of those admitted is vital to an understanding of the motivations of those who dispatched the children. We can see that the "problem" of the child lunatic was more particularly an issue of how the behaviour of older children and adolescents was to be managed. Boys always formed a majority of the intake (except for the handful of very small children), with a trend in favour of more males noticeable from the 1890s. Adolescent males were the largest component of these younger entrants to the Asylum. It is clear that throughout the period it was easier for older boys to gain access to Exminster than girls and it was females approaching puberty who figured more prominently in those entering the Asylum. These trends were accentuated rather than diminished in the years after the passage of the 1890 Lunacy Act. We discuss the significance of these features below. The propensity to send children was also an important factor in the admission process. Whilst there is a noticeable consistency in the numbers of young people flowing into the Devon Asylum, there is much less uniformity in the contribution of the different Poor Law areas to the young inmates entering its gates.²³ The returns from the different Poor Law unions in Devon reveal an unequal distribution ranging from relatively high numbers arriving from St. Thomas and moderate figures from Barnstaple (in north Devon) to a very small presence from such remote rural areas as Okehampton and Axminster. Although children represented a tiny constituency within the Devon Asylum in these decades, it is clear that some boards of guardians were much more reluctant to use the institution to which all had some right of access. The explanation of these disparities must involve an examination of the different institutional regimes through which the children passed and the authorisation of their entry to these institutions.

Certification and the negotiation of a diagnosis

Scholars are now sensitive to the fact that asylum superintendents usually appeared in the lunatic's narrative only at the end of an often protracted and

complicated journey by the individual to the gates of the county institution.²⁴ As one of the most forthright and self-conscious advocates of the psychiatric profession, J. C. Bucknill used his position as Superintendent of Devon's County Asylum to promote his views of insanity and to devalue the opinions of medical men employed by the Poor Law who were usually responsible for the certification of the insane.²⁵ In their celebrated *Manual of Psychological Medicine*, Bucknill and D. Tuke endorsed the view that "idiocy" was a lack of mental faculties from birth or from a period when these "were usually developed," whilst "imbecility" was a less extreme condition and not necessarily congenital.²⁶ Such views were not grounded in legal provisions and were far from universal amongst the working physicians who certified people as insane. There are numerous instances in these early years where children are described as having become idiots after several years of normal development. The documents justifying the deposit of children in the overwhelmingly adult world of the county asylum are as revealing for their ambiguity of statement and frequent absence of specific diagnosis as they are for the substance of the details included.

The first child admitted to Exminster was six-year-old Jane M. of West Anstey, entered in Exminster's admission register as "idiotic" even though her insanity was reported to be only of ten months duration and her certificate had noted that before "the attack the Child had been taught to read, and was considered rather intelligent."²⁷ Even after the Lunacy Act of 1890 provided for the inclusion of facts of insanity amongst known relatives only a minority of the childrens' certificates provided affirmative details in the years 1890–1914.²⁸ Where diagnosis was not in doubt, the symptoms described in support of the conclusion were often impressionistic and vague. This probably reflected the weight of family testimony as much as the incompetence of the physician attending the child.²⁹ The validating information came from the responsible family members and was coloured by their concerns. Details from such documents were then replicated and reappraised by medical staff as the children entered the Asylum itself. Drawing on the information found in the Admission Registers it is possible to group the children admitted to Exminster under three broad headings: those said to have been idiots from birth or whose idiocy appeared in early infancy (by the age of two years); a second group who had recently become insane (within a month or less of admission); and thirdly, those who belonged to neither of these groups. Among ninety children examined on entry to the Devon Asylum, forty-six were classified as idiots and fifteen as imbeciles: together comprising two-thirds of the intake.³⁰ This preponderance of idiots and imbeciles amongst the child entrants can be compared with a mere 5% of adult entrants who were classified in the same way.³¹ Over the whole period we find fifty-five of ninety-four individuals for whom we have reasonable data were referred to as idiots from birth or infancy, i.e. 58.5% of the total.³² Another eleven children (12%) were said to have been insane for a month or less and the remaining 30% were distributed between these extremes.

There is little evidence of gender differences in these groups, though there is an interesting trend in the pattern of entries with most of the early-age diagnosis cases arriving between 1883 and 1897, and also a growth in identification of the children appearing at the end of our period as idiotic "from birth."³³

Similarly, puberty and gender were rarely linked in any explicit way to the diagnosis, though some individuals were construed as suffering from pubescent changes.³⁴ Comparison of the hundred children entrants with the thirteen thousand adult cases recorded in the Asylum admission registers reveals a number of significant variations in the way young people are certified and diagnosed on entry. There was greater reluctance amongst certifying physicians to isolate a "cause of lunacy" in children. More than two-thirds of the documents contain no clear entry. Where causes were entered, insanity was often attributed to physical illnesses such as blood poisoning, scarlet fever, typhus fever, or to accidents befalling the child, or to "a fright" suffered either by the patient or by their mother when carrying them in pregnancy. The most frequent single cause identified (thirteen children in total) was epilepsy or simply "fits," though the entries in the Register of Admissions reveal that more than half of all children admitted were recorded as epileptics.³⁵ Once again we find the term "epilepsy" denoting a fairly wide range of symptoms and conditions which were held to be alternatively present in early life or a progressive illness which weakened the intellect; in the case of Sarah H.'s fits, the disease was held to have destroyed her ability "to control herself and to know right from wrong."³⁶ The most familiar terms used to classify adult lunatics, such as mania and melancholia were rarely found in the children's certificates. Five children were found to have "no symptoms of insanity" on arrival at the Devon Asylum, after one or more physicians and a magistrate had agreed that they should be certified and dispatched. This is a much larger proportion of the child constituency than amongst adult admissions. All of these cases occurred before the 1890 Lunacy Act tightened up the provisions for certification, which gives some grounds for assuming that difficult behaviour rather than any specific characteristics of insanity lay behind the label of madness.³⁷

It is tempting to view the diagnosis of those "not insane" admissions as the product of medical incompetence and collusion.³⁸ The doctor who examined Frances C. of Ide, commented that she was "quite deaf" with the result that he was "unable to elicit any facts in consequence."³⁹ Physicians would also use inappropriate sections of the insanity certificates to interpolate their views on the predicament of the child, as when a medical man responded to the question on the suicidal risk posed by the patient to comment, in George L.'s case, that he was "Incapable of protecting himself" and was also deaf and dumb.⁴⁰ It is clear that the certification of individuals was usually undertaken by physicians with little understanding of contemporary psychiatry, but it may be more helpful to read the "facts" entered in the certificates of insanity and the notes in the admission registers as records of a transaction between different agents rather than simply as testaments of ignorance. The physicians were engaged not only in a competitive demonstration of their own expertise or an attempt to translate the testimony of family witnesses into a coherent legal document. They were also responding to the requirements and strategies of the institutions which they served.

Here is the thread which binds together the narrative of many children who found their way to the county asylum in such counties as Devon. The decision

to certify was a legal, administrative and social transaction which depended on the perceived availability of institutional solutions, rather than a purely medical or therapeutic exercise. There were many children in Poor Law care who were described as “deficient” but never considered eligible for certification, and many others whose deficiencies were decided upon as a matter of institutional strategy rather than clinical examination. The symptoms displayed by an individual child could be presented by both Poor Law authorities and their medical staff to comply with the rubric of different organisations. In the later years of the century, specialist voluntary institutions were created to care for children with physical handicaps, and Devon guardians were often anxious from financial or other motives to place them in such institutions rather than in an idiots’ asylum or the County Asylum.⁴¹ A “Deaf and Dumb lad” called J. was dispatched from his home in Lyme Regis to a voluntary institution in Bath after being rescued by a neighbour from his abusive parents in the 1890s. On the closure of that institution the Axminster Guardians anxiously considered whether he should be diagnosed as an idiot (and therefore a responsibility of the Poor Law), rather than as physically impaired before they eventually negotiated a subsidy from the benign neighbour and sent him on to Bristol at the ratepayers’ expense.⁴² Similarly, guardians often apprenticed out children who were described as “slow” or “defective” but who never appear on the Poor Law returns as idiotic.⁴³ Even when the guardians decided on the certification of an individual there remained the task of convincing the magistrate and other responsible person (such as a clergyman) to authorise the committal. On considering the complaints made in 1852 that Thomas S.’s violent epilepsy disrupted their Workhouse, the St. Thomas’ Guardians concluded that it was “improbable that the Justices could make the order” for his removal to Exminster.⁴⁴ Certification was clearly decided on after the participation of a number of individuals, often after complex negotiations in which many testimonies could figure.

When we read the medical texts against the institutional landscape of the Poor Law and the Lunacy Commission it is essential, therefore, that we map the movement of children against the initiatives of local guardians and of the central regulatory agencies of the state in this period. The county asylum probably offered custody for only a minority of known adult and child “imbeciles” throughout our period. Although Poor Law unions varied in their inclination to use their workhouse for such a purpose, such premises held significant numbers of those later depicted as mentally deficient. As late as 1900 there were 233 adult and 12 juvenile imbeciles recorded in Devon workhouses, ranging from 45 in Newton Abbot to 21 in St. Thomas, 20 in Barnstaple, 14 in Axminster and only 4 in Okehampton, as compared with the 60 imbeciles and 100 epileptics held in the County Asylum.⁴⁵

The question may be posed as to why some children rather than others ended up in an Asylum almost exclusively concerned with the accommodation of adult lunatics? We argue that the answer to this question lies in an examination of the policies of the different institutions of the Poor Law in Devon and secondly in the strategies pursued by the families and communities in which these children lived. We now consider each in turn.

Institutional regimes and unruly behaviour: state provision and the lunatic child

The ambiguities and inconsistencies which surrounded incarceration of children within the county asylum have to be attributed in part to the tensions implicit within the state's provision for the treatment of lunacy in Victorian society. The certification of insane children formed an important terrain for the conflict between different institutional and professional interests. The terms of pauper lunacy relief provided the boundaries within which different groups struggled for effective control of the young people. Any child sent to Exminster had first to qualify as a pauper lunatic. This presented the Poor Law authorities within a paradox. Claims for relief depended on an individual or family being able to demonstrate desperate need and to enter the workhouse to secure support. County asylums were supposedly designed to house those who were unable to afford private care and were strictly intended for those dispatched by the guardians of the Poor Law in each area. Since there was no necessary coincidence between the insanity of a family member and the level of destitution within the family, it was inevitable that a great many of those entering institutions such as Exminster had never fallen into destitution or even been in receipt of parish relief. It is often noted that the logic of less eligibility and the workhouse test embodied in the Poor Law of 1834 actually inhibited the ability of inmates to search for work and almost compelled the guardians to maintain the families even of able-bodied males once they successfully applied for relief. The expenses of creating specialist workhouses within the Poor Law precluded the easy separation of different groups of paupers whilst the persistence of the general workhouse ward made it almost impossible to differentiate the harsh direction of those seen as undeserving vagrants from the more legitimate claims of the infirm and the elderly.⁴⁶

These tensions implicit in the terms of the new Poor Law were practically managed by local guardians, and their hesitancy in maintaining lunatics at the county asylums was eased by the significant subsidy introduced in 1874, but important tensions and variations in approach remained. The different boards of guardians strove to preserve their local autonomy against undue interference from the central state, including the appointment and control of District Medical Officers within their union.⁴⁷ Whilst such physicians were poorly paid and badly regarded with their profession, we can trace in many discussions of child lunacy the efforts of these medical men to assert their own professional status against the power of local guardians.⁴⁸ Their deliverance from the guardians came gradually and was still not secured when the Mental Deficiency Act of 1913 was passed.⁴⁹ Doctors could, however, use their own official reports to appeal to the authority of the central regulators against the guardians who employed them. The Medical Officer for a district of the St. Thomas Union complained to the Poor Law Board in 1858 about the condition of an "idiot child" living in St. Mary's Clist (near Exeter), provoking correspondence between the Board, the Lunacy Commission and the Guardians as well as further visits by eminent physicians to the family home to inspect the child's bedding.⁵⁰ Although the Guardians governed a model union in terms of lunacy administration, they fiercely rejected the claim

that the child was neglected by his parents and thereby denied the Lunacy Commissioners the right to intervene in the matter, insisting that since the question concerned only the qualification of the parents to poor relief, it was "the Guardians alone who have that power."⁵¹ This did not deter the District Medical Officer who proceeded to publish a pamphlet castigating the Guardians who noted with some chagrin that his motives in bringing the matter before the Lunacy Commission were "not so much to benefit the Pauper child as to compel the Guardians to comply with [his] recommendations for relief."⁵² St. Thomas sent the largest numbers of lunatic children to Exminster in our period as well as being an intensive user of the institution for its adult lunatics, but this incident reveals the extent to which even unions sympathetically inclined towards the County Asylum were strongly averse to close direction either by their medical staff or the physicians employed by the Lunacy Commission and Poor Law Board.

The influence of the Lunacy Commission rose steadily during the second half of the century in the face of local intransigence.⁵³ This movement served to grind down the distinctive strategies for pauper lunacy which the different unions had devised in the early decades of the Poor Law and pressed local guardians into a standard pattern of institutional use. Government reorganisation and further legislation after 1888 gave the Commission and the Poor Law authorities a fresh impetus to regulate local Poor Law policies, with direct consequences for the treatment of children under the Lunacy legislation.⁵⁴ There was mounting pressure for improvements from the Local Government Board as well as the Lunacy Commissioners.⁵⁵ During the 1890s the local boards of guardians were subjected to the visitations of the tireless Dr. Needham and forced to reform their premises. After his visit to Axminster Workhouse in 1892 when he recommended stricter attention to the legal detention and certification of the "Imbecile inmates," the Guardians appointed their own special committee to inspect conditions and report.⁵⁶ The following year a public scandal threatened to engulf the Guardians after *The British Medical Journal* published a critical account of the Imbecile Ward, prompting further surprise visits authorised by Courtenay who showed a particular interest in the health of the children at the institution.⁵⁷ The Guardians of Okehampton had weathered a far worse scandal in the 1860s when they had callously presided over pestilential conditions in their Workhouse Infirmary, which resulted in the tragic death of many children.⁵⁸ Even they were forced to improve bathing facilities for imbeciles at the end of the century as the intrepid Dr. Needham and his successor criticised the amenities.⁵⁹ In the same year Needham was to be found taking the Barnstaple Guardians to task for their loose certification procedures and the standard of their workhouse lunacy ward.⁶⁰ The mounting pressures on the Devon guardians to rigorously apply the certification procedures laid down in the 1890 Lunacy Act to children as well as adults may well have led to more young people being identified as idiots, which explains the influx of younger people to Exminster at the end of our period and the increase in those diagnosed as idiots from birth.

The competing interests within the Poor Law and the environment of growing regulation provide an important context in which to understand the ways in which pauper lunatic children were administered in Victorian Devon and

why many of the Asylum entrants had left the workhouse near to their own communities. About one-quarter of child admissions were classed as workhouse residents, which probably should be seen as a minimum, and this proportion was rising at the end of the period.⁶¹ In some instances, children were merely examined there by the Poor Law physician, and the unions varied in the extent to which they used the workhouse for certification; but the majority of children registered as residents seem to have been housed there for some time before arriving at Exminster.⁶² A number of these young people were orphans, such as Catherine N. of Cornwood, whose parents had both died a fortnight before; with no near relatives to care for her Catherine was sent to the workhouse at Plympton St. Mary, where it was found she possessed "not sense enough to feed herself." She was swiftly removed to the Asylum.⁶³ The case of the brothers George and Richard S. at Barnstaple in 1859 exposed the many contending pressures which shaped the world of lunatic children. They were housed in the Workhouse for some time after their parents died, though it was recognised that George as a "weak-minded lad" needed greater care; the Guardians sought the views of their Medical Officer who suggested he "might properly be placed with some careful quiet person instead of being sent to the Asylum." Only when the search failed to discover a suitable home for the boy was he sent to Exminster.⁶⁴ This disinclination to resort to Exminster was also evident during the tenure of J.W. Cooke as Medical Officer at Barnstaple. Cooke was conscious of the burdens of accommodating idiot and imbecile children within the Workhouse. As he told the Guardians when considering the case of the idiot William H. in 1887, he did not consider the boy

would in any way be benefited by removal to an asylum but if the Guardians would wish him to go he should be very glad to send him as he thought there were too many of that class of persons in the House, the accommodation for them being very limited.⁶⁵

A similar ambivalence was evident when Cooke told the Barnstaple Board that another imbecile inmate of the Workhouse "belonged to that class of Cases of mental affection [sic] that could be treated in a Workhouse," but if they decided to send him to Exminster then he would "strongly advise his Removal."⁶⁶ The same Officer appears to have resisted the dispatch of children more firmly than adults, even when they proved "very troublesome" and were difficult to place in charitable institutions.⁶⁷ The evident reluctance of the Medical Officer to certify the boy as an insane lunatic appears to have weighed against an Exminster committal until all other routes were exhausted. Similarly, the Medical Officer at Axminster refused to move William F. from the workhouse to the Asylum despite the recommendations of an Assistant Poor Law Inspector since he had "certified that he was not a Lunatic or an Idiot but a fit subject for a Deaf and Dumb Institution," though his recurring epilepsy had proved an obstacle to his admission to such a place.⁶⁸

In resisting such transfers and pressing for the retention of children within the workhouse, Poor Law Medical Officers often came into direct conflict with workhouse masters who managed a diverse and complex population of inmates without the support of specialist staff. The certificates of insanity and admission registers strongly indicate that the challenge presented to the orderly regime of

the workhouse by lunatic children prompted their dispatch to Exminster. They included violence or the threats of violence, disruptive behaviour including noisiness at night, incontinence and other "dirty" habits. George S. originally came to the attention of the Medical Officer at Barnstaple when he confided to him that he wished the other boys dead, after being bullied, and his threatening of retaliation with a knife in one of his "fits of ungovernable rage."⁶⁹ Attacks on other children, including reported attempts at throwing them on the workhouse fire, were cited in support of the certification of young persons arriving at Exminster from various Devon unions.⁷⁰ Another group of workhouse inmates depicted as vulnerable targets of Exminster's child entrants were the elderly. William Henry S. of Great Torrington appeared at the Asylum aged ten, having attempted "to Bite anyone and to strangle the old women."⁷¹ Evidence was accepted from other workhouse inmates as well as officials.⁷² The master of South Molton Workhouse asked that one boy be removed for his own safety after he made a habit of tormenting and searching the pockets of elderly men living there.⁷³ Many outbreaks of violence were triggered by epilepsy.⁷⁴

Serious harm to the children themselves was another concern for the workhouse authorities who were required to explain any such injuries to Poor Law Board and Lunacy Commissioners.⁷⁵ Even here, the pretext for removal to Exminster was phrased in terms of institutional disorder, as when the master of St. Thomas workhouse complained of Mary H. that she "requires the most constant attention . . . [and] there are no means of separation in the Workhouse, or of giving the requisite attention to her case."⁷⁶ Faced with the strains of managing a general workhouse population, workhouse staff were happy to employ the more tractable and passive imbeciles on menial work but possessed few resources to police the turbulent behaviour of those who were insensible to the scale of incentives and punishments which governed the conduct of other inmates. Only when such children became a source of serious irritation and disruption was the possibility of an asylum solution considered by workhouse masters.

The strains between the concerns of such staff to maintain order by removing troublesome idiots, and guardians who wished (for medical or financial reasons) to retain the child within the locality appear to have intensified in the 1890s. As regulatory authorities pushed for better standards and expressed worries about the certification, sleeping and bathing arrangements provided for idiots and imbeciles in different workhouses, so frictions mounted with Poor Law officials striving to meet expectations. Faced with pressure from a visiting Lunacy Commissioner, Axminster's Guardians agreed to employ able-bodied inmates to supervise the imbecile ward in the early 1890s. The scheme was extended when the Master complained of the disruptive influence of "some of the Idiots" and urged his employers not to hold him "responsible if anything unavoidable happened to them."⁷⁷ As such pressures began to grow at the end of the century, it is possible to trace the emergence of prejudices amongst senior workhouse staff, as when the Matron and Nurse of St. Thomas were censured in 1906 for their harsh treatment of inmates, a year after the Matron complained to the Guardians that children in the nursery seemed "very backward and dull and appear to be in too close contact with the imbeciles, two children sleeping with six imbeciles in the night nursery and when playing in the yard they are surrounded by them."⁷⁸

The evidence of Poor Law records and Asylum admission registers also indicate

that violent behaviour itself was no guarantee of a passage to Exminster in these decades. Certification procedures still varied in different areas of a single county and some unions forcibly restrained children in their own premises. As late as summer 1914 the Local Government Board insisted that an idiot boy held at Axminster Workhouse must be properly certified and the practice of tying him to a chair be recorded as a mechanical restraint under Lunacy Commission rules.⁷⁹ Earlier scandals over the treatment of idiot children in local workhouses, such as the one which erupted at Okehampton in 1846 when a mother protested to the Poor Law Commission at the filthy state in which her two idiot daughters were held, ensured that even the most entrenched opponents of the County Asylum were forced to use its services in times of crisis.⁸⁰ Overcrowding at Exminster in the 1860s helped to protect the lunatic wards of local workhouses against the criticisms of the Lunacy Commission but by the 1880s they were again being subjected to critical scrutiny and compelled to improve their facilities.

At this point Devon guardians found that new specialist institutions had been created on a voluntary basis to cater to such children and were preferred for at least some of the young people for whom the guardians were responsible. Many Poor Law unions subscribed to voluntary institutions and charitable foundations in order to secure the right to nominate children, sometimes emphasising a particular physical disability over mental impairment in their efforts to qualify the individual for entry. Barnstaple's Guardians contemplated residence at an expensive hospital in the Bristol area for some boys, as did their Axminster counterparts.⁸¹ However, there were also obstacles to the use of such establishments as alternatives to Exminster, including the Western Counties Idiots' Asylum in the neighbouring village of Starcross. When Thomas B. was sent to this institution at age thirteen in 1872 he was returned as a hopeless case, "his mind a blank."⁸² Any children who were deemed incapable of education or who suffered from violent epileptic fits were unlikely to reside at Starcross long.⁸³ Since the workhouse staff also found such children difficult to control they were sometimes shuttled back and forth between institutions and their families offered generous inducements of outdoor relief to take them home.⁸⁴ Institutions such as Starcross appeared particularly reluctant to retain adolescent boys who disturbed the orderly regime at the Idiots' Asylum.⁸⁵ Poor Law Medical Officers also avoided sending idiot boys whom they regarded as ineligible. It may be significant that such individuals were frequently disqualified not only on grounds of mental incapacity but with the familiar complaint that they were not toilet trained, as when a Barnstaple lad was described as "dirty in his habits and [has] no power of speech or prospect of improvement."⁸⁶ Once again we find the key decision on dispatch and destination being made within the institutions of the Poor Law.

Nor is it clear that entrance to Starcross was the result of any consistent placement of children who were thought unfit for treatment at the adult Asylum at Exminster. Seven of the children entering the Devon Asylum were recorded as residents of the Western Counties institution. The St. Thomas Guardians brought Thomas M. directly to the County Asylum in 1891, though they failed to approve a similar course for Emily Elizabeth Mc. with the result that she was simply pushed out the gates of the Western Counties institution "and left in the public road."⁸⁷ One reason for the reluctance of the Guardians to trans-

fer Emily was almost assuredly some uncertainty as to her settlement and the responsibility for her maintenance at Exminster.⁸⁸ In other cases the costs of maintenance appears to have precipitated a decision to remove an individual from Starcross when the expected contribution from parents or sponsors failed to materialise.⁸⁹ A discretionary element involving the Poor Law authorities and probably the families of the inmates is also apparent when other Starcross children were brought back to the workhouse rather than sent to Exminster.⁹⁰ In some instances the parents themselves agreed to remove their children from Starcross.⁹¹

Other young people returned from specialist idiots' asylums, epileptic colonies and private hospitals in other parts of the country to their home and thence to Exminster.⁹² Although the onset of adolescence may have provided a cue for the discharge of "trainable" idiots from specialist institutions, particularly when disruptive youths became a threat to good order, most children entering Exminster appear to have experienced little or no formal education before Exminster training, though individuals such as William C. received industrial training at a very young age in Totnes Workhouse where his mother Elizabeth lived and she was described as of "very weak intellect." He eventually was sent on to Exminster.⁹³ This rather complex movement of children around the institutional framework of Victorian social administration suggests the importance of the selective preferences imposed by the different groups on those admitted to their amenities, as well as the mounting pressures within the system as the Poor Law authorities faced more scrupulous inspection and demands for them to provide distinctive facilities for the certifiable child.⁹⁴

What is less apparent but arguably as significant is the changing construction of the lunatic child's family as part of the process of institutional realignment in the late Victorian period. As professionals, administrators and legislators sought to redefine the terms of childhood lunacy and find fresh institutional solutions, so the responsibilities of the family were reassessed. The next section considers the characteristics of this process in the Devon context.

Portraits of insanity: families and the lunatic child

We have suggested that the institutions of the Poor Law usually played a key role in the decision to dispatch a child to the Devon Asylum. The conundrum which many guardians and relieving officers faced was in applying the principles of 1834, ensuring that they could respond to different claims on the Poor Law whilst promoting family responsibility for their relatives. Devon's guardians pursued this course of action by insisting that ratepayers should contribute to the maintenance of lunatic relatives, along with infirm parents and others in receipt of relief. Towards the end of our period, the authorities also pressed the central state to provide grants towards the cost of maintaining workhouse lunatics in their institutions.⁹⁵ The case of young people presented the boards of guardians with particular difficulties. A small number of the children sent to Exminster were orphans and others who had lived with their family inside the workhouse. A higher proportion of the Asylum intake had been placed in the workhouse by relatives who remained outside.⁹⁶ Even if the child was not living on union premises and was not examined there, the certifying doctor was almost invari-

ably in the regular employment of the guardians and contracted for a standard fee in such cases. Whether children were sent directly from the family home to Exminster or came via the workhouse, the circumstances justifying removal to the Asylum appear remarkably similar.

The insights gained from the records are, therefore, acquired almost wholly through the pens of the physicians and officials responsible for the enforcement of the Lunacy Acts. It would be mistaken to conclude from this that the families had little or no influence in the certification and institutionalisation procedures. When a Barnstaple relieving officer conferred with the medical officer on whether an "idiotic child" was in a fit state to be taken into the Workhouse in the 1850s, the boy's parents were also interviewed before the Guardians appealed to the Lunacy Commission for guidance on an appropriate institution.⁹⁷ The scope for Medical Officers to influence the treatment provided for children has been noted already, with the Poor Law Board calling guardians to account after reading reports on individual families. Okehampton Guardians were asked in 1864 what provisions were being made for George B., who lived with his mother in Chagford and was described in the report of the District Medical Officer "as being at times violent." The consequence was his removal to Exminster.⁹⁸ Where Poor Law officers and guardians were reluctant to compel a family to institutionalise a child, it was very difficult to force this through even by pleas to central government. The appeals of a parish clergyman to the Barnstaple Guardians to intervene in the case of Henrietta V., aged six, went unheeded until he wrote to the Home Office and the Lunacy Commission ordered a physician to visit and arrange her removal to the Devon Asylum.⁹⁹ Henrietta was found,

in a Cradle much too short for her, with her hands tied together at the Wrists, and her ankles tied together, and the body fastened down by a cord passed across the chest. She was making inarticulate noises, and was violently beating her face and head with her fists. She appeared entirely void of intelligence.¹⁰⁰

The justification for such restraint appears to have been the family's inability to cope with the physical condition and needs of such a child rather than the physical danger posed to her family.

Where the family took the initiative in securing the certification or committal of their child, they often appear to have done so in consultation with the Poor Law authorities. The support of a Medical Officer was vital if they were to gain access to the Asylum. From the Admission Registers emerge a familiar range of concerns. The threat posed by the lunatic child and adolescent to the safety, good order and respectability of the household and the wider community by "unmanageable behaviour" was a vivid thread in the accounts which justified the appearance of a young person at the gates of Exminster. In order to qualify as particularly dangerous the child was constructed as a disruptive force which damaged the integrity of the family as a whole. A particularly dramatic scenario was posed by the possibility that the child lunatic would engulf the family home in fire. Emily Eliza P. of Totnes was "an idiot at birth" but was only sent to Exminster at age twelve after she had hidden "some Lucifer matches under her pillow and was about to strike them" when her mother discovered her.¹⁰¹ Another idiot child had "set fire to a basket of Clothes and would have set the house on fire if assistance had not arrived."¹⁰² More common in the home as

in the workhouse was the possibility that such children would severely harm themselves.¹⁰³ Sarah Jane H. of Culmstock appeared at Exminster having "been severely burnt" during epileptic fits.¹⁰⁴

More frequent than reports of accidental harm to the child entering Exminster were concerns expressed about the danger posed to other members of the family, particularly to younger siblings. John William E. of Branscombe was certified after the physician himself saw him "slyly attack" his younger brothers and sisters and he had been "confined in a room alone as a protection" against such assaults.¹⁰⁵ Even the very young were held up as objects of terror when their admission to an adult institution was being justified. Mary Ann M. of Tedburn St. Mary appeared at the age of five, after her violent behaviour was found to be dangerous to others.¹⁰⁶ John R. of Hemyock was sent at seven years of age to Wellington Workhouse with his father's testimony that he would "attack any Child or Person with any weapon that he will meet within" his family had been compelled to lock away all knives, continually watching him "for fear that he should injure his sisters."¹⁰⁷ The sister of Florence Harriet M. of St. Thomas had indeed been seriously injured by the nine year old, and Lionel Philip H.B. of Kentisbeare was only six when he split open "his brother's head with a stick, for which no provocation was offered."¹⁰⁸ At the age of five, Frances A. of Wells (Somerset) possessed a litany of behaviour which included biting "her fingers, tears her clothes breaks furniture puts her hands in the fire beats her elder sisters and Infant sister [and] flings knives at people about her."¹⁰⁹ A combination of delusions, misbehaviour and violence against other children within the space of a single week secured the passage of Eveline N. of Bideford to the Asylum.¹¹⁰

The certificates present a portrait of families struggling against a rising tide of threatening behaviour before reaching a decision to commit their child to Exminster. Edward M. of East S. had been insane for a year during which he had "attacked his mother with a knife," leaving her constantly "in bodily fear of harm." Significantly, it was an assault on his ailing father which prompted his removal to the workhouse and, after a week of violence against the inmates, to the County Asylum.¹¹¹ Reading through such testimonies, it appears that the breakdown of parental control and the capacity of the family to absorb disruptive behaviour varied according to the physical problem posed by the child, the proximity of younger siblings and the length and pattern of upheaval caused by the young lunatic. Elizabeth E. of St. Thomas came to Exminster for a second time in 1874 with the reputation that she "curses and swears, destroys her clothes, and the furniture about the house."¹¹² Similarly, Simon V. of Plymtree was said to be "noisy in his manner" and more particularly he had uncertain control of his bowel movements and uttered "horrible language sometimes & is frequently almost unmanageable."¹¹³ Verbal threats of violence often acquired a surprising significance in the decision to commit, as when young George D. of Awlescombe threw lumps of wood and his boots at a little girl, announcing that "if he had a pistol he would shoot someone."¹¹⁴

Such comments only acquired the status of relevant "facts indicating insanity" where there was some concurrence among families, physicians and Poor Law authorities that these children presented an unacceptable threat to the integrity of the family by violence to others or themselves. Ernest Thomas W.'s father explained that his son had tried "to frighten everyone during the night" and

that Ernest's mother was afraid of him, as well as his brothers and sisters who were assaulted without warning. His threats to kill them were noted but it was not until Ernest's own suicide attempt that he was actually committed.¹¹⁵ It was usually children on the threshold of adolescence who seriously attempted suicide, with three twelve year olds all sent to Exminster after trying to take their own life. One of these was Ernest who was described as having "been a proper Lunatic for the last two years and yesterday he tried to hang himself."¹¹⁶ This dramatic event pushed the machinery of committal into motion and took him to Exminster within days.

The Devon evidence suggests that it usually required the active co-operation of relatives to secure the dispatch of a child to the County Asylum. Violent disruption of the family household was the most common explanation of the decision to remove the child, even if this stopped far short of direct harm, as when William C.'s Devonport family complained he was "sometimes up half the night beating the walls &c" and Ellen Axworthy K. was admitted after "grinding her teeth & making noises all night."¹¹⁷ The incapacity of parents to control the child or the loss of "any rule over him," was a familiar theme.¹¹⁸ Deterioration in behaviour and the outbreak of "uncontrollable fits of passion which are stated to be increasing," were fairly common stimuli for action.¹¹⁹ There is abundant evidence that families had attempted to control or contain such children within the household, often with serious costs for the individuals concerned, as when John William E. was confined in a room alone "during the greater part of his time," to protect other siblings.¹²⁰ The father of Ethel Annie Pile G., aged nine, chained her "in a passage all the day" to control her "destructive habits," whilst John L. was "so mischievously disposed" that his mother "was obliged to tie him up with a Dog Chain" to prevent injuries.¹²¹ Very young children might also face a life of restraint before the Asylum. Elizabeth E. at four years was "obliged to be held firmly or tied the whole day," whilst Effie Gladys E. had "been kept under restraint" though she made no attempt at violence or suicide.¹²²

In other instances the public behaviour of the child could draw unwelcome attention to the family and bring shame on the household. John Z. of Crediton was sent to Exminster not because of attacks on the family but after he made a habit of wandering "great distances from home," having been found after three days "in a field in a destitute condition."¹²³ The predicament of the family would become public knowledge in such cases. Where violent behaviour extended beyond the household to the local community then an individual could be swiftly removed. When Alfred T. displayed a propensity to throw knives at local Topsham children this secured his certification.¹²⁴ Adolescents particularly were identified for their violent dislike of other children.¹²⁵ Where violence was not offered then a significant degree of community tolerance of wayward children was evident. Susan C. was known for "roaming about the [Pilton] neighbourhood in a purposeless manner and entering the houses of people without any reason for so doing, and without permission," but this was accepted for some time before her eventual admission in 1868.¹²⁶ John B. of Stoke Gabriel caused "a nuisance to the public [by] exposing his person," which his mother attributed to the incitement of older boys.¹²⁷ It may have been easier to mortally offend public decency in a larger urban centre or where significant numbers of visitors were present than in a smaller and more remote community. Misbehaviour in popular

tourist resorts of Torquay and Dawlish was the pretext for the certification of two boys.¹²⁸ Colourful and erratic behaviour in the ancient Dartmoor town of Tavistock also secured its author a passage to the County Asylum in the 1880s.¹²⁹

Even where a public scandal was threatened, both officials and families appear to have sought to return the erring relative to the family home rather than dispatch them urgently to Exminster. The reluctance to send children and young adolescents directly from a public place to either the workhouse or the Asylum is indicated in the records of these institutions, with the young person almost invariably recorded as having arrived from a family household. A rare exception was Ada Bessie S. of Parracombe who had been in service with a local family and was sent to Exminster after admitting that she was "subject to uncontrollable impulses to do mad things"; it was found that she had given the baby of her master petroleum spirit and she also put the "benzoline in the tea kettle." Ada was discharged from Exminster five weeks later having been found to be not insane.¹³⁰ In almost all cases, therefore, the child came from the family or the workhouse to the Asylum after certification. There were few instances where the committal of the individual was openly resisted by the family, and in the very early days of Bucknill's tenure some parents even travelled to Exminster to explain the circumstances of the certification, presumably to strengthen the case for access.¹³¹

The evidence which we have reviewed on the responses of families in Victorian Devon to the institutionalisation of children reveals both the degree to which relatives were involved in the process of admission to Exminster and the important role which the Poor Law agencies played in the transfer of children to the county institution. Families were not merely responding to the incidence of insanity but participated in the process which provided the evidence and the "facts of insanity" that justified the certification of individuals sent to the Asylum. We have seen that the dispatch of children and even adolescents to Exminster was a relatively rare event. Poor Law doctors were unwilling to send even troublesome youths, though workhouse masters were more anxious to have disruptive elements removed from their care. There appear to be some grounds for assuming that guardians as well as Poor Law officers colluded in maintaining many children who were known to be mentally deficient in some respect in the local area, whether inside the workhouse or even relieved out of doors. Although the admission of children to the Devon Asylum appears to follow a consistent pattern in these later decades, the context in which the rationale for admission was developed altered significantly and led many guardians to re-appraise their policy for the institutionalisation of children. Some consideration of this interplay between central and local institutions helps us to understand the shifts which occurred in the politics of child lunacy during the late Victorian and Edwardian years.

The politics of state regulation of child lunacy in Devon, 1880–1914

During the third quarter of the nineteenth century the mood of optimism which had greeted the passage of the 1845 lunacy legislation gradually ebbed away. Not only did many of the new asylums become congested and overcrowded in these years, but psychiatrists as well as administrators recognised the need for

more specialist provisions for insane children. Voluntary effort laid the foundations for the idiots' institutions at Starcross and elsewhere, though these could cater to only the most able and eligible of the young people presented by subscribers. During these years the central authorities in London appear to have registered the fact that asylum psychiatrists were reluctant to accept idiots and imbeciles and more particularly children who displayed these characteristics. The Local Government Board (which succeeded the Poor Law Board) and the Lunacy Commissioners therefore pressed for improvements in the diet, accommodation and bathing facilities of lunatics held in workhouses during the last quarter of the century.¹³² Before the Axminster Guardians were engulfed by public controversy in regard to the sleeping arrangements for female imbeciles in their workhouse, there had been similar demands for improvement at Barnstaple where the provision of shared beds for such females was condemned as "very objectionable."¹³³ Proposals for improved sanitary arrangements and better airing courts included the provision of more effective separation and screening facilities for individuals who were increasingly being described as defective and deficient in the late Victorian years.

It was rare for the central state authorities to intervene in the procedures of admission during the years following the opening of the Asylum in 1845. During this period there was a modest influx of younger children to Exminster, with particular Poor Law unions actively using the institution according to their ideological principles and pragmatic concern with costs. Throughout the later nineteenth century some guardians demonstrated a reluctance to place children at Exminster, and we can see emerging in the 1860s and 1870s a widespread view that the Asylum was unsuitable for very young children, however impaired they might appear. In some districts at least it is apparent that many children were simply left with their families; even when they became the formal responsibility of the Poor Law, some unions simply permitted clearly vulnerable children to roam well beyond the confines of the workhouse. The Lunacy Commission interrogated the Axminster Board after reports in 1877 that Marina H., an idiot girl from Thorncombe, had fallen pregnant after being "forcibly seduced by a workman" painting the Vicarage House. She was unable to give any account of the incident. The Commissioners communicated their displeasure at the practice of allowing such free range and recommended Marina be removed to the workhouse; failing to do this, the Guardians were called to account again a few weeks later and merely promised in reply that they would install the imbeciles "if found necessary."¹³⁴

Again it was the reports presented by the local Medical Officers which provided the Lunacy Commission with the evidence of lax practices and enabled them to bring the guardians to book. Although there are signs of the growing influence of the central regulators during the period, the capacity of the Lunacy Commissioners to insist on the admission of children to the Asylum was weakened by the unmistakable onset of overcrowding at Exminster and other county asylums during the 1860s which compelled the government to modify its policy and formally recognise the continued retention of certified lunatics in the workhouse. By the 1880s a variety of circumstances persuaded the Lunacy Commission to press local boards of guardians to improve the standards of accommodation and supervision provided for lunatics, idiots and imbeciles in the

workhouse. The wider legal and institutional environment in which children were certified and held under the terms of the lunacy legislation began to alter.

Local guardians and Poor Law Medical Officers found that they could no longer pursue their earlier, intuitive strategies for dealing with children. There was an increasing volume of legislative and administrative burdens as relieving and medical officers struggled to cope with school inspection, vaccination, and the enforcement of new child protection laws, including the 1894 Prevention of Cruelty to Children Act. Voluntary organisations were also pressing guardians to fulfil their responsibilities for child protection, and rising standards of professionalism expected of Poor Law personnel limited the scope for different boards to pursue their own philosophical bent, even where personnel survived the local government reorganisation of 1888–1890. The imbecile ward of the workhouse was no longer a model to which guardians could retreat when in doubt about the appropriate institutional provision for the lunatic child; nor was the workhouse always a place of safety for young people. This was apparent in Barnstaple during 1904 when the Society for the Prevention of Cruelty to Children prosecuted the father of Beatrice Ci. for neglect. She was removed to the workhouse by a Justice's Order only until Mr. Ci. himself applied to enter as an indoor pauper. After consultation with the Society the Guardians sent Beatrice to the Exeter Borough Asylum, later refusing the father's request for the return of his daughter on the grounds that the parents were unfit to have custody of her.¹³⁵

The Ci. case marks the extent of the shift in the relationship among children, families and the institutions of the Poor Law during the previous decades. It was now tacitly acknowledged even in remote areas of Devon that such children were the property of society and wards of the state rather than merely the subject of negotiation over the specific terms of the Poor Law and lunacy legislation. There was also a dawning consensus that specialist provision could not be effectively provided within the workhouse and that some form of dedicated institution was appropriate. Whilst the county asylum model as a receptacle for child lunatics had never been discredited and there were indeed moves to provide more adequate facilities for idiot boys at the end of the century, there were practical as well as growing intellectual doubts as to the suitability of Exminster. The Asylum was overcrowded to bursting point by the mid-1890s and there was a clear reluctance to take children, as when Maria S. from Barnstaple was refused entry in 1896.¹³⁶ An examination of the minutes of the Visiting Committee of the County Council responsible for managing the Asylum after 1888 indicates the strength of the opposition from Exminster staff to the admission of idiot children by the end of the century.

This resistance hardened as the inmate population of Exminster rose to 1,000 for the first time in 1892 and to 1,200 patients in 1900 with an intake of 249 cases in that year alone.¹³⁷ In 1890 the Asylum Superintendent, Saunders, asked the magistrates governing Exminster to return the two B. brothers (aged fourteen and seven) to the guardians who recently sent them, just as a boy S. was quickly returned.¹³⁸ Three other boys were similarly returned in 1892 and even the favoured union of St. Thomas found Florence Dinah W., aged fifteen, returned to them the next year.¹³⁹ Just as the Lunacy Commissioners pressed local guardians to improve facilities for imbeciles in the 1890s, so they criticised the

Devon Asylum itself for the accommodation provided. This prompted the Asylum Visitors to call the attention of the County Council to the matter claiming an "enquiry should be made whether adjoining counties would join us in providing a separate building for the reception of such."¹⁴⁰ The matter was again discussed without any resolution being reached in 1895, amidst continuing refusals to accept children.¹⁴¹ These matters were left until 1907 when the visiting Lunacy Commissioners again noted the presence of "some small boys" in the adult wards and recommended that "these cases should be warded separately in a room by themselves, and that some toys and other means of amusement might properly be provided for their recreation and instruction."¹⁴² The Superintendent provided the separate room, though when the Commission asked a few years later if the Asylum authorities would favourably consider applications "for the reception of Idiot Children" from other asylums which provided no separate accommodation, the Visitors firmly refused.¹⁴³ They resisted any encouragement from London to establish a specialist facility which other counties could then utilise.

The pressures on the local guardians and the Asylum authorities alike forced the Poor Law unions to pursue fresh approaches to the supervision of certifiable children in their districts. The different boards slowly moved to a consensus on the need for dedicated institutions for epileptics as well as imbeciles before the passage of the 1913 Mental Deficiency legislation. The Exeter Borough Asylum at Digbys Field was certainly willing to accept some children, though this was not sufficient to prevent the Barnstaple Guardians calling on the Local Government Board in 1903 to remove all imbeciles and epileptics from workhouses and house them in a specialist institution.¹⁴⁴ The Royal Commission on the Feeble Minded was appointed and requested evidence from the Asylum Visitors by 1905, though the pressures continued to mount in the pre-war years as Exeter and Devon Poor Law unions struggled to find practical solutions to the problem of accommodating the workhouse lunatic.¹⁴⁵ The guardians of north Devon explored the possibility of converting one workhouse (at Torrington) into a dedicated institution for their epileptics, idiots and imbeciles, only to stumble over the costs of converting the building and local opposition from the community.¹⁴⁶ At this point a cascade of correspondence began to fall on the Local Government Board from local unions calling for more effective control of the feeble-minded, and Devon guardians began to respond to the evangelical activity of the Eugenics Education Society.¹⁴⁷ Urgent protests from the Devon unions followed the Liberal Government's delay in passing a Mental Deficiency Bill in 1912–13 whilst Barnstaple again explored the costs of sending their imbeciles to Digbys.¹⁴⁸ Although there remained some remnants of the Victorian philosophy of local autonomy and empirical pragmatism amongst the Devon guardians, the protective legislation of the late Victorian and Edwardian years underpinned the growing regulation of Poor Law institutions and county asylums. The locus of power moved to the county councils and central government, as the responsibilities of district officials for child regulation increased and the rights of the family and community were recast within a legal and professional discourse which stressed competence over experience. The striking feature of the pre-war years in Devon was not so much the triumph of eugenicist thinking on pauper lunacy as the growing perception that the county asylum model had failed to provide an effective solution to the problem of the lunatic child.

Conclusions

Social historians of insanity following the work of Walton, Finnane and others, are increasingly aware of the importance of family ties in the committal process.¹⁴⁹ There is now much more scepticism about the ideological power of psychiatric physicians and a growing recognition that they appeared only at the end of an often extended road to the county asylum. Recent research has yielded important insights on the specialist provision made for those children perceived as idiots and imbeciles in the nineteenth century and also the wider role of the Poor Law in the administration of pauper lunacy during the decades after the passage of the seminal Lunacy Act of 1845. There remains little work on the predicament of the child lunatic in Victorian and Edwardian England. This is a significant omission for a number of reasons. The limited number of children admitted to the Devon County Asylum in the period 1845–1914 reveals some of the tensions between the provisions for the accommodation of all certified persons under the Lunacy legislation of 1845–53 and the reluctance of Poor Law guardians and Medical Officers to send them as well as the clear resistance of asylum doctors to accept them for treatment. Strains between the legal and medical constructions of the pauper lunatic remained in evidence even after the Lunacy Act of 1890 with its provision for rigorous certification procedures.

We have argued that the uncertainties surrounding the disposal of the certifiable children in the nineteenth century reflected deeper structural and philosophical tensions within the institutions which administered pauper lunacy in this period, as well as the complex process of negotiation which appears to have led to the dispatch of a young person to Exminster. It is difficult to demonstrate that the children in the Asylum were suffering from the most severe forms of insanity and that admission was simply an indicator of the medical condition. About two thirds of the Exminster admissions were classified as idiots or imbeciles, though less than 60% of the intake were certified as idiots from birth or infancy. More than one tenth of the intake were reported to have been insane for less than a month. Nor were terms of diagnosis used in a clear and consistent way, the children exhibiting a wide variety of behaviour and perceived levels of insanity, although it is clear that in order to qualify as “dangerous” the documents provided by the certifying physician stressed the threat posed by the children, either to their families or to themselves. Violence and dangerousness figure prominently in the certification of even small children bound for Exminster, often provoking the scepticism of Asylum staff who released children as exhibiting no signs of insanity or as unsuitable for treatment. The pattern of diagnosis at certification and later suggests that these documents were composed out of a uneven process of negotiation and consultation among families, relatives and the agents of the Poor Law and that the physicians and relieving officers involved often strained to ensure that the terms of the lunacy acts were complied with.

The administration of the lunacy legislation necessarily gave a large influence to the local Poor Law authorities in correspondence with the central regulatory agencies who inspected the provisions made for lunatic children. The autonomy enjoyed by boards of guardians and magistrates enabled them to pursue their own philosophical and practical bent for much of this period but we can detect a clear

shift in the locus of power away from local boards as the professional standards demanded by the state began to rise at the end of the nineteenth century. From the 1870s there was also a succession of statutes laying responsibilities on the Poor Law for ensuring the education, health and welfare of children in their districts. Guardians who had preferred to use their own workhouse wards for idiot or imbecile children rather than the asylum were now closely scrutinised, and they responded to calls for better provision by arguing that the county councils and central state should provide the specialist facilities which their generalised institutions had failed to develop. Nor did the Devon Asylum offer a solution to their difficulties even if the Superintendent finally agreed to provide a dedicated ward for idiot boys in the pre-war years. The problem was not a rising tide of idiocy and imbecility so much as growing pressures for some specific provision for these children. The Lunacy Commission appears to have continued to adhere to the county asylum model though a growing number of professionals and legislators advocated an educational model as the basis for a new institutional system. Faced with the escalation of concern and debate before 1913, the Devon guardians enthusiastically if belatedly joined the movement in favour of new legislation.

Charting the influence of the lunatic child's family in this shifting landscape of institutional care is no easy matter. For the family of the pauper lunatic was in important respects itself constructed within the terms of the Poor Law and lunacy legislation to which they were responding. It is tempting to conclude that the pattern of admissions confirms Scull's claim that the effect of such legislation was to diminish the tolerance of working-class families towards awkward and unproductive individuals in the household, but the evidence suggests a more complex picture of rational responses bounded by what different groups saw as practical possibilities. We have seen how distressed parents would contribute to their children's upkeep in the Asylum, canvass for their dispatch to specialist institutions, and occasionally confront powerful guardians and physicians when they perceived their children to have been neglected. The common thread which binds together many of the documented cases is the perceived danger posed to the physical safety of the family household, and more particularly to younger children by the disruptive violence of the certified individual. Anxieties were also evident in regard to the lunatic concerned, whether this was the harm inflicted by an epileptic girl tumbling into the fire or the attempt of a melancholic youth to hang himself or lie destitute in a field. Less common but still frequent was the alleged threat to parents and to the elderly, though the latter appears to have been more particularly a problem for staff managing mischievous children in a general workhouse ward.

There seems to have been an important shift in the state's regulation of children and particularly the lunatic child in the last decade of the nineteenth century. The overriding concern within the Poor Law to provide for the individual as a facet of poor relief to families steadily gave way to a perception of idiot and imbecile children as in need of specialist educational training and care. The vulnerability of females to abuse and the scope for the reproduction of congenital idiots was coupled with a moralised concern to ensure that workhouse imbeciles should be strictly segregated for bathing and sleeping. By the turn of the century workhouse staff seem to have been voicing commonplace anxieties that

workhouse playing areas should be arranged to ensure that defective children should not dull the intelligence of their contemporaries by mixing with them. The stronger assertion of the state's ownership of its children certainly rescued some child lunatics from the scandal of brutal restraint at home and eventually from the primitive conditions of the imbecile ward of the workhouse. It also appears to have ensured that the child was usually secured at a greater distance from its own family and community as a new generation of institution-building began.

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ENDNOTES

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1. J. K. Walton, "Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70" in W. F. Bynum, R. Porter and M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry. Volume II: Institutions and Society* (London, 1985), particularly pp. 135-37, for criticism of Scull and emphasis on continuing role of the family as a support network in mid-Victorian England. Also M. Finnane, "Asylums, Families and the State," *History Workshop Journal* 20 (1985): 134-48, and W. F. Bynum, R. Porter and M. Shepherd, "Introduction" in (eds), *The Anatomy of Madness: Essays in the History of Psychiatry. Volume III: The Asylum and its Psychiatry* (London, 1988) pp. 4-5, for an emphasis on the limits of asylum power and the importance of family ties. A. Scull, C. Mackenzie and N. Hervey, *Masters of Bedlam. The Transformation of the Mad-Doctoring Trade* (Princeton, 1996), demonstrates the continuing interest in the prominent psychiatrists of the nineteenth century; H. Freeman and G. E. Berrios, *150 Years of British Psychiatry. Volume II: The Aftermath* (London, 1996) encompasses an enormous range of scholarship and interests under the umbrella of "psychiatry." D. Wright, "Getting Out of the Asylum," *Social History of Medicine* 10, 1 (1997): 137-55, provides a useful survey of the literature.
2. M. E. Kelm, "Women, Families and the Provincial Hospital for the Insane, British Columbia 1905-1915," *Journal of Family History* 19, 2 (1994): 177-193, strongly emphasises the therapeutic role of the family in contrast with the restrictive regime which derived from hereditary principles in this province of Canada; P. E. Prestwich, "Family Strategies and Medical Power: 'voluntary' Committal in a Parisian Asylum, 1876-1914" *Journal of Social History* 27, 4 (1994), particularly pp. 802-04, 806-07, gives a less decidedly critical assessment of the asylum doctors' ambitions but also emphasises the complex negotiations which engaged families particularly in relation to female admissions.
3. A. Pernice, "Family Care and Asylum Psychiatry in the Nineteenth Century: The Controversy in the *Allgemeine Zeitschrift für Psychiatrie* between 1844 and 1902," *Journal of Psychiatry* VI (1995): 55-68, for discussion of the celebrated Gheel model and friction between different generations of German psychiatrists over the benefits of family-care and its revival in the 1890s as a means of dealing with the chronically insane. For a

survey of the wider literature on provision see D. Wright, "Getting Out of the Asylum," and R. Adair, J. Melling and B. Forsythe, "Migration, Family Structure and Pauper Lunacy in Victorian England: Admissions to the Devon County Pauper Lunatic Asylum, 1845–1900," *Continuity and Change* 12, 3 (1997): forthcoming. For broader discussions of the history of childhood and the function of childhood within the changing economic and institutional environment of family life see P. Ariès, *Centuries of Childhood* (Harmondsworth, 1962) and L. DeMause, "The Evolution of Childhood" in *The History of Childhood* (New York, 1974), pp. 1–73. For the "boy problem" of the Edwardian years and its contextual significance for debates on mental deficiency see H. Hendrick, *Images of Youth, Age, Class and The Male Youth Problem 1880–1920* (Oxford, 1990) and G. Pearson, *Hooligan: A History of Respectable Fears* (London, 1983).

4. Bynum, Porter and Shepherd, "Introduction;" A. Suzuki, "The Politics and Ideology of Non-Restraint: The Case of the Hanwell Asylum," *Medical History* 39 (1995), particularly pp. 7–8, 16–17; P. Bartlett, "The Poor Law of Lunacy" (unpublished Ph. D thesis, University of London, 1993); B. Forsythe, J. Melling and R. Adair, "The New Poor Law and the County Pauper Lunatic Asylum—The Devon Experience 1834–1884," *Social History of Medicine* 9, 3 (1996): 335–55. D. Wright, "Getting Out of the Asylum," 149–54 provides an illuminating discussion of the relationship between families and the decision to commit the insane in the nineteenth century. This last essay was published after the present paper was completed but Wright's research is confirmed by our findings in a number of respects.

5. M. MacDonald, "Madness, Suicide and the Computer" in R. Porter and A. Wear (eds), *Problems and Methods in the History of Medicine* (London, 1987), pp. 207–29 provides one of the most illuminating discussions of the epistemological and methodological problems surrounding the utilisation of professional records. Although the committal of children to lunatic asylums has been little researched, there is an enormous and rapidly expanding literature on the history of childhood. For example, C. Heywood, *Childhood in Nineteenth Century France* (Cambridge, 1988); E. Hopkins, *Childhood and Transformed Working Class Children in Nineteenth Century England* (Manchester, 1984). See also K. Jones, *Mental Health and Social Policy 1845–1959* (London, 1960). William Chance discussed briefly this cohort of pauper lunatics a century ago; W. Chance, *Children Under the Poor Law* (London, 1897), pp. 237–38, 246–47.

6. D. Wright, "Childlike in his innocence," M. Jackson, "Institutional Provisions for the Feeble-Minded in Edwardian England" and D. Gladstone, "The Changing Dynamic of Institutional Care: The Western Counties Idiot Asylum, 1864–1914" in D. Wright and A. Digby (eds), *From Idiocy To Mental Deficiency* (London, 1996), pp. 118–133, 161–83 and 134–160 respectively. The 1886 Idiots Act required registration of those institutions which wished to become recognised "idiot institutions" regulated by the Lunacy Commissioners. For wider concerns with mental deficiency and degeneracy see D. Barker, "How to Curb the Fertility of the Unfit: The Feeble-Minded in Edwardian Britain," *Oxford Review of Education* 9, 3 (1983): 197–211; C. Wardle, "Historical Influences on Services For Children and Adolescents Before 1900" in G. Berrios and H. Freeman (eds), *150 Years of British Psychiatry 1841–1991* (London, 1991), pp. 279–293; M. Thomson, "Though Ever the Subject of Psychological Medicine: Psychiatrists and the Colony Solution for Mental Defectives" in H. Freeman and G. E. Berrios (eds), *150 Years of British Psychiatry: Volume 11, The Aftermath* (London, 1996), pp. 130–43.

7. Sir A. Halliday, *A Letter to Lord Robert Seymour with a Report on the number of Lunatics and Idiots in England and Wales* (London, 1829), pp. 11–12 made the extraordinary claim that there were 504 ascertained lunatics and idiots in Devon, "of which number more than four-fifths are idiots." We are grateful to Pamela Michael for this reference. Gladstone "The Changing Dynamic," p. 140, notes that a mere 3 per cent of some 29,542 institutionalised idiots in 1881 were in special idiot asylums.

8. F. Crompton, *Workhouse Children* (Stroud, 1997), p. 83.

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9. D. J. Mellett, "Bureaucracy and Mental Illness: The Commissioners in Lunacy, 1845–90," *Medical History* 25 (1981); Crompton, *Workhouse Children*, pp. 83–4; B. Forsythe, et. al., "The Politics of Lunacy," Paper presented to SSHM Conference "Insanity, Institutions and Society." (Exeter, 1997).
10. See the careful attempt by L. J. Ray, "Models of Madness in Victorian Asylum Practice," *European Journal of Sociology* XXII (1981): 229–64, to demonstrate the functional importance of diagnoses of chronic insanity and incurability at the end of the nineteenth century as a legitimisation of the continued utility of large asylums staffed by psychiatrists claiming specialist knowledge. Our findings would qualify this emphasis on psychiatric discourse in favour of an administrative rationale and legal discourse deriving from the Poor Law as well as the Lunacy legislation and asylum institutions.
11. Digby, "Contexts and Perspectives" in *From Idiocy To Mental Deficiency*, pp. 2, 6–7, notes the 1890 Act may have contributed to the blurring of the identity of the diagnosis by use of such encompassing terms as "an idiot, a lunatic or a person of unsound mind." Poor Law officials continued to use language such as idiocy, weak intellect, lunacy, imbecility, infirmity and often enveloped deafness or dumbness in their labelling of individuals. Indeed the 1893 Blind and Deaf Children Elementary Education Act [56 and 57 Vict cap. 42] specifically included "idiot and imbecile" children within its provisions. See Chance, p. 247.
12. P. Bartlett, "The Poor Law of Lunacy: County Asylums as Poor Law Institutions," Paper presented to SSHM Conference "Insanity, Institutions and Society" (Exeter, 1997).
13. Gladstone, "Changing Dynamic," p. 144, citing Kathleen Jones.
14. B. Forsythe, J. Melling and R. Adair, "The New Poor Law and the County Pauper Lunatic Asylum," 335–55, for variations among the distinctive Poor Law unions of Devon in 1834–84.
15. We have generally defined "pauper lunatic children" as young persons under the age of fifteen who were in receipt of relief under the Poor Law of 1834 and also certified as a lunatic under the provisions of one of the lunacy acts of 1845, 1853 and 1890. This may be compared with the Poor Law definition of "children" as those under the age of sixteen.
16. Gladstone, "Changing Dynamic," p. 143.
17. *Ibid.*, pp. 148–49 for details of Starcross cases.
18. Devon Record Office (hereafter DRO), Axminster Board of Guardians Minutes, 26.2.1891, 6.9.1894, 29.11.1894, 29.10.1896 for Courtenay.
19. B. Forsythe, J. Melling and R. Adair, "The New Poor Law and the County Pauper Lunatic Asylum," 335–55.
20. One hundred-one individuals have been included. Out of the 13,000 they made up a little under one eighth of one per cent of the admissions. All children under the age of fifteen have been included in this analysis.
21. J. Melling, R. Adair and B. Forsythe, "A Female Malady? Gender and the Devon County Lunatic Asylum, 1845–1914," University of Exeter Project Paper (1996).
22. In this period J. S. Saunders was Medical Superintendent, succeeding Bucknill in 1862 and being replaced by Davis at the very end of the century.
23. The numbers ranged from 15 and 14 sent from Newton Abbot and St. Thomas respectively to no children sent from Axminster, Holsworthy and Kingsbridge.

24. One of the most important issues of recent discussion is the shifting boundary between what was the emerging "professional" voice of the physician and the "lay" voice of the lunatic's "friend." Scholars are now much more sensitive to the contribution of lay opinion in the diagnosis of the insane. See for example, A. Suzuki, "The Construction of Case Histories at Bethlem in the Nineteenth Century," Paper presented at the SSHM Conference on "Insanity, Institutions and Society" University of Exeter (1997).

25. For Bucknill see A. Scull, C. MacKenzie and N. Hervey, *Masters of Bedlam*, pp. 187-225.

26. J. Bucknill and D. Tuke, *A Manual of Psychological Medicine* (London, 1858), p. 103, citing Pritchard's *Treatise on Insanity*, p. 318.

27. Exminster Patient Records at DRO, Admission Certificates. AC no. 431, 2.8.1847. Similarly, Louisa M. (aged ten) of West Teignmouth was certified as having fallen insane "from a fright," though the certificate also stated that she had been subject to epileptic fits "which have produced idiotcy [sic]." See Admission Certificate no. 1742, 26.10.1857. The diagnosis of idiocy was confirmed at the Asylum. See also AC no. 3613, 11.8.1868.

28. Of forty patients admitted, the certificates of twenty-seven entered "no," six had "unknown" inserted and only seven (17.5%) gave positive information, though in the case of Ernest D. and Ethel G. the relationship was as remote as great-uncles.

29. AC no. 8093, 6.3.1894. See also the cases of George Nathaniel P. (AC no. 8120, 19.4.1894), William D. (AC no. 11049, 12.1.1907) and John E. (AC no. 11065, 6.2.1907).

30. This excludes eleven blank entries, almost all for the period after 1907, where the new registry books did not have a column for initial diagnosis.

31. This percentage is calculated from a large sample (4,000 out of 13,000 total entrants). Amongst the sample aged over fifteen on entry were 64 idiots and 133 imbeciles out of 3,781 cases. It is noticeable that "idiots" formed a large majority of the children admitted, 'imbeciles' were predominant amongst the adults.

32. This is comprised of forty-three who had been born insane, and twelve who had become so during their first two years of life and had never recovered.

33. Between 1900 and 1914 twenty out of twenty-six entries fell into the "from birth" category (76.9%), which may reflect an increasing propensity to take such cases rather than a shift in the terms of diagnosis though this seems unlikely. The only unusual case of an early referral was that of Effie Gladys E., which is discussed later.

34. For Ada Bessie S. aged fourteen the "cause" question was answered "unknown" but the doctor gave his opinion in "facts indicating insanity" that her behaviour was the result of her delayed menstruation.

35. Fifty-three of the ninety-eight individuals for whom details exist were recorded as epilepsy sufferers, i.e. 54%, though the same proportion of epileptics (32 of 53 or 60%) as non-epileptics (27 of 45 or 60%) were identified as "dangerous."

36. AC no. 3053, 20.5.1865. Compare the case of Thomas Henry E. from Plympton St. Mary who had suffered epilepsy from six months but his parents thought "he had latterly become much worse." AC no. 5655, 5.8.1880. Once again the family made a significant contribution to "the facts indicating insanity."

37. 53 Vict. Cap. 5. The five child cases in our sample compare with a mere fourteen cases from a large sample (3,781) of adult admissions. The last cases of a child being found not insane on arrival and returned came in 1889, whilst eleven of the fourteen

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adult cases occurred before 1890. It is also worth noting that the Idiots Act of 1886 may have contributed to the greater caution of physicians and Poor Law authorities in the dispatch of children to county asylums.

38. For example, the cases of Thomas Edward L. and James Donald T., both of East Stonehouse (Plymouth) who were committed directly to the Devon Asylum in 1875 by the same physician without any history of workhouse care and with very similar details entered on their documents. The Relieving Officer was likewise the same in both cases. See AC no. 4756, 20.2.1875; AC no. 4757, 20.2.1875. Such "Poor Law" doctors were often under considerable pressure to concur with the views of the Poor Law officers and it is usually difficult to decide the exact balance of responsibility. See also AC no. 4895, 24.2.1876 for case of William Thomas P. of West Teignmouth whose insanity was demonstrated, noted his certificate, by his "general appearance and behaviour."

39. AC no. 6095, 6.2.1883.

40. AC no. 4720, 28.12.1874. This again seems to have confirmed the poor view of local doctors which Exminster physicians held; the certificate was annotated with a scrawled question asking "is this sufficient?" Even more haphazard was the comment on George B. of Cruwys Morchard where the "facts of insanity" presented on the certificate comprised the laconic comment that his "mother states that she cannot get any sense out of him." The unnecessary insertion of the mother's name and address in confirmation was greeted with a large "?" by the Asylum. AC no. 7419, 19.2.1891.

41. St. Thomas Guardians Minutes, 14.2.1890 for subscription to Deaf and Dumb Institution; Axminster Guardians Minutes, 16.11.1893, where it was noted of "the lad C." leaving the Deaf and Dumb Institution that "he was a good boy, not over sharp."

42. Axminster Guardians Minutes, 5.3.1896, 11.6.1896, 9.7.1896, 23.7.1896, 6.8.1896, 20.8.1896, 17.9.1896. The Guardians also considered the cost of supplying clothing to the boy. See 19.8.1897 for end of subsidy and continuation of his residence at Bristol Deaf and Dumb Institution.

43. Axminster Guardians Minutes, 2.5.1895 for the case of a local blacksmith who returned his apprentice and "it was remarked that the lad was somewhat defficient [sic]," for example.

44. St. Thomas Guardians Minutes, 16.4.1852.

45. Minutes Books of Visiting Committee of the Devon County Lunatic Asylum (hereafter Asylum Minutes), DRO QS-CC 147, 4.12.1900, 1.1.1901, for report of annual returns from the Lunacy Commission and a comment.

46. Crompton, *Workhouse Children*, pp. 36-42 for a discussion of these issues.

47. St. Thomas Guardians Minutes, 8.8.1851 for conflict over the disposition of medical officers in the Union. See also conflict with the Poor Law Board at 28.10.1853 on the use of new forms to ensure Medical Officers complied with the Board's requirements.

48. DRO Axminster Guardians Minutes, 15.6.1893, 26.6.1893, for criticism of a Dalwood physician for being drunk when attending the female lunatic Ellen C. Such physicians could also certify workhouse children as idiots. See Axminster Guardians Minutes 24.8.1893 for payment of an Axminster physician for undertaking this task.

49. See St. Thomas Guardians Minutes, 5.1.1894, 12.1.1894 and 5.3.1897, for criticisms of J. D. Shapland the Exmouth M.O. for the "large numbers of Lunatic Paupers reported by him quarterly," and for certifying a woman whom the Asylum physicians found not "a fit case for the Asylum." Frictions with Medical Officers criticised for negligence of

their growing duties continued. See 16.5.1890 for requirement that a local M.O. should undertake the vaccination of children at his own cost after failing to fulfil this obligation for the Guardians of St. Thomas.

50. St. Thomas Guardians Minutes, 11.3.1859, 15.4.1859, 21.4.1859, 6.5.1859. It was noted at 17.6.1859 that the Poor Law Board had "carefully avoided interfering in this case and turned it over to the Lunacy Commission."

51. St. Thomas Guardians Minutes, 17.6.1859.

52. St. Thomas Guardians Minutes, 22.7.1859. The Guardians clearly did not feel strongly enough to dismiss the Medical Officer but demanded to know at the end of the year why he had not included the boy, Thomas L., in his list of lunatics in the district. See Minutes, 30.12.1859.

53. B. Forsythe, J. Melling and R. Adair, "The Politics of Lunacy," Paper presented at the SSHM Conference on "Insanity, Institutions and Society" University of Exeter (1997).

54. Amongst the legislative measures which brought the Poor Law into closer contact with child welfare at this period were the 1872 Child and Infant Life Protection Act, the 1894 Prevention of Cruelty to Children Act and the 1897 Infant Life Protection Act as well as the 1899 Elementary Education (Defective and Epileptic Children) Act. See St. Thomas Guardians Minutes, 31.7.1896, 3.12.1897, 1.4.1898, 15.4.1898, 6.5.1898, for details of local applications.

55. St. Thomas Guardians Minutes, 21.9.1894 and 2.7.1897 for requests from Local Government Board for returns of imbecile children within the workhouse and the condition of lunatics transferred to Exminster, respectively. For the role of Lord Courtenay as LGB Inspector see Axminster Guardians Minutes, 20.8.1885 for recommendations on diet. See also Minutes, 26.2.1891, 6.9.1894, 29.11.1894, 29.10.1896. Shortly after this, Axminster's whole pattern of pauper relief was subjected to critical scrutiny by Courtenay's successor and forced on to the defensive. See Minutes, 1.4.1897.

56. Axminster Guardians Minutes, "Report of the Visiting Committee of the Axminster Union as to suggestions and recommendations of Dr. Needham, Commissioner in Lunacy," dated 19 January 1893.

57. Axminster Guardians Minutes, 6.9.1894, 20.9.1894, 29.11.1894, 2.5.1895.

58. Okehampton Guardians Minutes, 31.3.1866.

59. Okehampton Guardians Minutes, 3.9.1898, 25.11.1899.

60. Barnstaple Guardians Minutes, 19.8.1898, 1.12.1899. As late as 1911 the certification procedure was again the subject of criticism. See Minutes, 5.5.1911.

61. Twenty-five out of ninety-nine admissions came from the workhouse. Individuals such as William C. of Devonport were captured in our workhouse group only because of an incidental detail that a note had been supplied by a "nurse at the Workhouse." See AC no. 6655, 25.10.1886. After 1900, the proportion of children committed from the workhouse rose to $10/23 = 44\%$. A small number of children were not resident in either their parents' house or the workhouse at the time of admission. There were a smattering of individuals living with other family members, such as grandparents (Silas S., at his first admission) or a sister (Harold C.). Three familiar names, Ada S., George D. and William C., seem to have been living away from their families altogether, and Alfred Thomas M., the child of a mariner, lived at the Greenwich School, Stoke Damerel.

62. Eleven out of the twenty Devon unions were represented, but only six had more

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than one child sent to the asylum from there. Two were sent from Plympton St. Mary, Barnstaple, St. Thomas and South Molton, and three from East Stonehouse, but seven were sent from Newton Abbot workhouse. However Newton Abbot also sent unusually high proportions of their adult lunatics to Exminster via their workhouse.

63. AC no. 1287, 2.12.1854.

64. Barnstaple Guardians Minutes, 21.1.1859, when it was noted that "the certificate which must be signed as a Medical Man previous to the making of an order for sending a person to a Lunatic Asylum," 28.1.1859. AC no. 1950, 5.3.1859.

65. Barnstaple Guardians Minutes, 2.12.1887.

66. Barnstaple Guardians Minutes, 21.6.1889. John C. was indeed sent to the Asylum.

67. Barnstaple Guardians Minutes, 20.7.1894, 27.7.1894, 10.8.1894, for case of John S.

68. Axminster Guardians Minutes, 12.12.1872.

69. AC no. 1950, 5.3.1859. George S. was also reported to have struck "with considerable force and without seeming provocation quite small children."

70. Cases of Herriett W. and Mary Y. for example, AC no. 2603, 23.10.1862 and AC no. 9327, 27.3.1900 respectively.

71. AC no. 7309, 12.8.1890. Cann, the workhouse master noted that S. was "becoming very mischievous . . . he has attacked Mary W., an Inmate of the Workhouse, and pulled the hair of her head, and [I] fear he will become unmanageable if kept in the Workhouse."

72. AC no. 8846, 4.9.1897. Emma B. of Okehampton workhouse was said by the inmate Elizabeth Holmes to have "pulled her about by the hair and knocked her down and [she] has struck several of the old women." A key point seems to have been not merely her attacks on the elderly inmates of Okehampton workhouse but the claim that she also "masturbate[d] & is most filthy in her language & behaviour in the Ward showing herself openly before the patients." See AC no. 12080, 16.11.1910, for case of Henry B., who spent four years in Newton Abbot workhouse, kicked and hit out and threw objects without provocation and was judged to be "dangerous to others especially aged inmates."

73. AC no. 9508, 3.1.1901, for case of Henry B.

74. AC no. 9254, 23.12.1899. Edward M. had suffered three epileptic fits in a fortnight at East Stonehouse Workhouse and had been "very violent immediately after them assaulting the other inmates." Sloggett, the workhouse master commented: "I am unable to manage him hear [sic]."

75. AC no. 9327, 27.3.1900. Mary Y. was brought from South Molton workhouse after repeatedly placing her hands between the workhouse fire bars and would "not remove them . . . although scorched." On arrival at Exminster Mary immediately "clutched at the boiling kettle over the fire and tried to drink out of it."

76. AC no. 7927, 15.7.1893.

77. Axminster Guardians Minutes, 21.1.1893, 5.10.1893, 19.10.1893, 2.11.1893, 14.12.1893. The Guardians fended off calls from the Commissioner for improvements in the sleeping arrangements of female imbeciles.

78. St. Thomas Guardians Visiting and Finance Committee Minutes, 8.5.1905, 19.3.1906.

79. Axminster Guardians Minutes, 4.6.1914. Richard H. case. At the same time the Board directed the Guardians to place the imbecile Jane Q. on the official list of those held under Section 24 of the 1890 Lunacy Act.
80. Okehampton Board of Guardians Minute Book 9, 4.4.1846, 10.10.1846, 15.4.1848.
81. Barnstaple Guardians Minutes, 28.10.1892, 27.4.1894, for case of John S. and a proposed subscription of £30 per annum at Bath Magdalene Hospital. It is difficult to ascertain if this case involved a diagnosis of congenital syphilis. As early as 1858 the Barnstaple Guardians had enquired of the Lunacy Commission if they could recommend any institution for "the care and treatment of Idiots." See Minutes, 10.12.1858, 17.12.1858.
82. DRO 3769a H9/3 case no. 4370 admission date 10.8.1872.
83. Axminster Guardians Minutes, 7.12.1876, case of Samuel L. returned after suffering fits.
84. Axminster Guardians Minutes, 13.9.1877, 27.9.1877. Samuel L. was described by the Axminster Master as "at times very troublesome and the subject of violent fits." The Medical Officer approved of his removal and his father was offered "liberal relief for looking after him." Since a Charles L. was also sent to Starcross at the beginning of 1878 and Louisa L. died in the Exminster Asylum in 1885 before she could be removed back to the Workhouse, there may have been a number of lunatic members in the same family. See Minutes, 31.1.1878, 22.1.1885.
85. Case of Alfred John S. of East Budleigh, AC no. 7715, 27.7.1892.
86. Barnstaple Guardians Minutes, 13.6.1890, 18.4.1902, 5.12.1903; and for boy "Ca" see 29.11.1901. He may possibly have been a member of the Ci. family discussed later.
87. St. Thomas Guardians Minutes, 6.3.1891, 1.3.1895.
88. St. Thomas Guardians Minutes, 25.4.1895, when it was decided not only to complain to the Lunacy Commissioners about the actions of the Idiots' Asylum but to transfer the chargeability of the new admission to Devon County Council under the 1890 Lunacy Act.
89. DRO 3769a H9/3 MCAB case no. 4362 admission July 1872.
90. St. Thomas Guardians Minutes, 1.12.1899 for case of Louisa Maud C.
91. Barnstaple Guardians Minutes, 5.1.1906, for case of Ethel Mary H. removed by her mother, though Starcross had made the comment that she appeared "more fitted for the imbecile ward of the workhouse than for a training school such as theirs."
92. Harold C., AC no. 10011, 10.1.1903; Ernest George H. of Bovey Tracey and Richard S. of Newton Abbot, for example. See AC no. 3946, 31.5.1870 and AC no. 10964, 12.9.1906, respectively. Of those who applied to go to Starcross, were refused and then dispatched to Exminster, only one case is explicitly recorded in the Admission Registers. See Lionel B., AC no. 10975, 29.9.1906.
93. AC no. 10504, 28.11.1904.
94. Dr. Frank Crompton has reminded us that the creation of the Caterham, Leavesden and Darenth Asylums by the Metropolitan Asylums Board provided a model of specialist provision for children in the second half of the century. He also notes that the failure of the "Evesham experiment" at fostering pauper children in 1868-69 may have contributed to a

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growing scepticism on the beneficial affects of domestic models for maintaining children under the Poor Law.

95. Axminster Guardians Minutes, 2.12.1880, 16.11.1893.
96. For example Silas S., William C., Mary H. and Emma B.
97. Barnstaple Guardians Minutes 10.12.1858, 17.12.1858.
98. Okehampton Guardians Minutes, 20.2.1864. B.'s age is not given.
99. *19th Annual Report of Lunacy Commission* PP 1865, p. xxi.
100. AC no. 3015, 4.3.1865. This was the case investigated by the Lunacy Commission after the complaints of the local clergyman went unheeded by the Poor Law Guardians.
101. AC no. 5752, 8.2.1881.
102. AC no. 9459, 6.9.1900. Case of Francis John L. of Dartmouth.
103. AC no. 3302, 4.12.1866. Elizabeth E. of St Thomas would "put her hands in the fire if allowed near."
104. AC no. 4095, 14.3.1871.
105. AC no. 5987, 1.7.1882.
106. AC no. 919, 13.8.1851.
107. AC no. 4430, 20.1.1873.
108. AC no. 9330, 27.3.1900 and AC no. 10975, 29.9.1906 respectively.
109. AC no. 1691, 2.7.1857.
110. AC no. 8094, 6.3.1894. It was noted that "she refuses all food, because she says, they [are] out to poison her. She refuses to go upstairs to bed, or for any other purpose. She passes urine & faeces involuntarily ... she threatened William B. with a knife, calling him Jack the Ripper ... she has not slept, & has taken scarcely any food, since 26 Febr[uar]ly ... she throws things about the house, & breaks all she can get hold of ... she caught up one of the children & threw it on the floor."
111. AC no. 9254, 23.12.1899.
112. AC no. 4581, 11.2.1874.
113. AC no. 5455, 22.7.1879.
114. AC no. 4362, 19.7.1872.
115. AC no. 10013, 16.1.1903.
116. AC no. 1595, 4.12.1856, AC no. 4903, 13.3.1876, AC no. 10013, 16.1.1903. For cases of Silas S. of Shaugh Prior, Jane R. of Plympton Maurice and Ernest Thomas W. of Brixham, respectively.
117. AC no. 6655, 25.10.1886 and AC no. 4660, 4.8.1874, for William C. and Ellen Axworthy K., respectively.

118. AC no. 3610, 8.8.1868 and AC no. 5022, 7.12.1876, for Susan C. of Pilton and Walton William G. of Ashburton respectively.

119. AC no. 2571, 21.8.1862 for Jessie L.

120. AC no. 5987, 1.7.1882.

121. AC no. 10456, 17.9.1904 and AC no. 1625, 18.2.1857, for Ethel Annie Pile G. of Bratton Fleming and John L. of Oakford respectively.

122. AC no. 3302, 4.12.1866 and AC no. 10590, 15.3.1905, for Elizabeth E. and Effie Gladys E. of Ermington, respectively.

123. AC no. 1273, 23.10.1854.

124. AC no. 10632, 31.5.1905, Alfred T. was only six years old.

125. AC no. 6095, 6.2.1883, case of Frances C. aged thirteen.

126. AC no. 3610, 8.8.1868. It is noticeable that there were relatively few explicit references to moral degeneracy, still less of child prostitution, in the renewed discussions on the protection of Devon children after 1885, though the abuse of children by their relatives may have encompassed such behaviour in cases such as that of Beatrice Ci. discussed in reference 135 below.

127. AC no. 7195, 3.3.1890.

128. AC no. 1948, 1.3.1859 and AC no. 8120, 19.4.1894, for case of Henry George R. of Torquay, who kept "throwing stones at children in the Streets" and George Nathaniel P. of Dawlish found to be "mischievous in the streets," respectively.

129. AC no. 6469, 11.8.1885. Thomas T. M. had rushed up to the doctor in the street, demanding money and attempting to jump on his back as well as talking to "strangers in the street most excitedly" whilst merely spitting at his neighbours.

130. AC no. 7142, 3.12.1889.

131. DRO 3769a H9/1 MCAB cases 431 admission date 2.8.1847, 441 admission date 31.8.1847, case of Jane M., aged six, and Giles H., aged twelve respectively. See also DRO 3769A H22/1 Male Deaths 1910-1915, for case of Harold M., aged fourteen, admitted in 1913. For the parallel experience of collusion between Poor Law authorities and families in Worcester to maintain children in "the community," see Crompton, *Workhouse Children*, p. 85.

132. Axminster Guardians Minutes, 20.8.1885.

133. Barnstaple Guardians Minutes, 31.10.1884, 25.11.1887.

134. Axminster Guardians Minutes, 16.8.1877, 30.8.1877, 11.10.1877, 8.11.1877.

135. Barnstaple Guardians Minutes, 7.10.1904, 9.6.1905, for B. Ci. and Ci. family. See reference 85 above.

136. Barnstaple Guardians Minutes, 17.7.1896.

137. Minutes Books of Visiting Committee of the Devon County Lunatic Asylum (hereafter Asylum Minutes), DRO QS-CC 147, 7.8.1900, 1.1.1901.

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138. Asylum Minutes, 4.3.1890, 2.9.1890.

139. Asylum Minutes, 2.8.1892, for Alfred John S., William John E. and Ernest Charles S. See 7.2.1893 for Florence Dinah W. The discharge of John S., aged nine, in 1894 was also noted at Minutes, 2.10.1894. See above for this case.

140. Asylum Minutes, 17.11.1892.

141. Asylum Minutes, 5.2.1895.

142. Asylum Minutes, 7.5.1907.

143. Asylum Minutes, 7.2.1911, see also Minutes, 7.6.1910 for earlier refusal of a St. Austell application.

144. Barnstaple Guardians Minutes, 20.3.1903, by a majority vote in support of a Chelmsford Union resolution.

145. Barnstaple Guardians Minutes, 27.1.1911, 15.12.1912.

146. Barnstaple Guardians Minutes, 15.12.1911, 12.1.1912.

147. Barnstaple Guardians Minutes, 17.11.1911.

148. St. Thomas Guardians Minutes, 29.11.1912; Barnstaple Guardians Minutes, 7.3.1913, 19.9.1913, 14.11.1913.

149. J. Walton, "Casting Out and Bringing Back in Victorian England," pp. 132-146; Finnane, "Asylums and Families;" R. Adair, B. Forsythe and J. Melling, "A Danger to the Public?" *Medical History* (1998): forthcoming.