

‘ALL HIS WAYS ARE THOSE OF AN IDIOT’: THE ADMISSION, TREATMENT OF AND SOCIAL REACTION TO TWO ‘IDIOT’ CHILDREN OF THE NORTHAMPTON PAUPER LUNATIC ASYLUM, 1877–1883

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This article attempts to provide a case study of the patient case notes of two boys admitted to the Northampton Lunatic Asylum in the late 1870s. This case study is intended to provide a flavour of the asylum experience for two boys; John Wenborn aged 6 and Charles Luddington, aged 7, both deemed idiots and both removed to the county asylum. Although, the focus on two individuals provides a narrow case study their experiences will provide a window through which to analyse much broader themes such as, the changing social relationships taking place in Victorian Northamptonshire and the impact of the family in securing admission to a pauper lunatic asylum. This analysis will be set against a backdrop of the discussion of the practical uses of the asylum in the late nineteenth century and perceptions of the asylum within the community. This article will examine the mechanisms used to deal with children deemed unfit for ‘normal’ society, the experience and treatment of the children while residents of the asylum and the social response towards insane children within the wider community.

Introduction

The role and purpose of the asylum for the treatment of lunatics in the nineteenth century has been a topic of debate for historians; however the significance of the institution for the treatment of children has been a topic relatively overlooked by academics. In Andrew Scull’s view ‘the asylum was an efficient method of ridding the community of an “offensive burden”’ (Scull 1979: 321). Scull argued asylums provided nothing more than ‘warehouses of the unwanted’ and they ‘became a dumping ground for a heterogeneous mass of physical and mental wrecks’ (Scull 1993: 372). Scull’s wrecks included alcoholics, the delirious, epileptics, the simple minded, the malnourished and diabetics amongst a host of others. Consequently, the lunatic of the nineteenth century was reduced to a social outcast that needed to be conveniently locked away for the sake of the community. Peter Bartlett provides a more nuanced view, stating the construct of the nineteenth century lunatic was not a social or medical creation but rather one that

evolved within a legal framework set by the administrators of the Poor Law. The identification, diagnosis and committal of lunatics was completed within the bureaucracy of the Poor Law and it was through the prism of this framework it needed to be viewed. Indeed, in disagreement of Scull's view of 'warehouses of the unwanted', Bartlett states 'large numbers of the insane remained on other forms of poor relief, usually residing in the workhouse or living on outdoor relief' (Bartlett 1999: 32). He goes on to argue that asylums and Poor Law officials were not proactive in seeking out the insane to remove them for society but would only consider an asylum removal following an approach to the Relieving Officer from a family member (Bartlett 1999: 48).

Hence, the asylum was not a tool of social cleansing but rather a method of confining those who had been acknowledged as in need of care by their own families. Indeed, David Wright has shown that families were not eager to confine their family members in the nineteenth century and the family provided the primary locus of care for idiot children during the period (Wright 1998: 178). Similar views as to the importance of the family in caring for members with mental disabilities have been adopted by John Walton who argued the asylum represented the most extreme option, rather than the primary, for a family caring for an insane family member (Walton 1985). Indeed in considering the admission of pauper children to the County asylum in Devon, Joseph Melling, Richard Adair and Bill Forsythe argue that out relief or workhouse confinement were the primary methods used for children and removal to the asylum was only a last resort (Melling *et. al* 1997: 382–384). This focus on the primacy of family care in dealing with lunatics is a departure from the 'total' institution view proffered from scholars such as Scull. Indeed, if the family or community provided the primary source of care and treatment for children with mental illnesses it is vital to assess why the children for this case study were admitted to the asylum; and why, upon admission they were deemed unsuitable for asylum care and subsequently boarded out in the community.

The two subjects of this study were inadvertently selected by the Medical Superintendent of Northampton County Lunatic Asylum in 1878, Richard Greene. Greene noted in his diary in September 1878, 'there are four idiot boys in the asylum, and instead of allowing them to occupy beds which might be kept for other patients the Superintendent thinks they should be boarded out with the married attendants living in the neighbourhood' (Diary 5 September 1878 NRO: NCLA/2/20/2/1). From these four boys, two were eventually placed in the care of attendants living outside the asylum walls in the nearby village of Duston, Northamptonshire. The historical significance of the boarding out of these boys within the village of Duston comes not from the success of their placements but from their unmitigated failure. Wenborn and Luddington were admitted to the Northamptonshire County Asylum, at Berrywood, within a year of each other in 1877 and 1878. Both boys were returned to the asylum, on the same day, just over one month after being boarded out due to pressure exerted on the attendants by local elites. The two boys found themselves in an usual paradox where they were deemed inappropriate patients for the asylum while at the same time too much of a risk for release into wider society. It is the aim of this article to provide a detailed investigation into the experience of these two children under the care of Northampton asylum in order to present the social barriers that were constructed in the late nineteenth century to restrict the possible reintegration of those deemed unconventional or deviant.

Two 'idiot' children

To fully comprehend the endeavour to treat these boys outside the walls of the asylum it is essential firstly, to gain an understanding of the reasons for their admission and their initial period of confinement within the asylum, and secondly, to understand the perceived nature of the asylum for the contemporaries responsible for its daily management. Dealing with the first issue, both cases require attention because the foundations for their eventual selection for treatment in wider society can be identified from their admission. Wenborn, aged 6, was admitted to the asylum in Northampton in April 1877. Upon admission his insanity was recorded as epileptic idiocy and that he had been suffering with the condition since aged five months (casebook admission no. 416 NRO: NCLA6/2/2/1). Similarly, Luddington aged 7, admitted just over a year after Wenborn in April 1878, was recorded as suffering with idiocy, believed to be hereditary due to the certification of his father, mother and uncle and he also had an epileptic grandmother (casebook admission no. 647 NRO: NCLA 6/2/2/2). Both boys entered the asylum having suffered from their conditions for the majority of their lives. Despite their diagnoses the medical statements upon admission focus upon the physical conditions and the behaviour of the patients, highlighting the lack of specific psychiatric training received by the admitting medical officer (Digby 1985: 107). For example on admission, Wenborn's insanity was recorded by Edward Robotham, the certifying medical officer, 'he walks with an unsteady gait, runs against the wall with his head — is unable to utter articulate sounds, suddenly hoists himself round and round, his whole manner and appearance is that of an idiot' (casebook admission no. 416 NRO: NCLA6/2/2/1). While the behaviour can be classed as out of the ordinary, when viewed in combination with a history of epileptic fits and previous treatment with a doctor in Kettering, it would appear to modern observers that Wenborn's admission to the asylum was certain. However, the patient's previous medical past and prolonged treatment with a doctor for being epileptic seems to have been of less importance in the admission process than the patient's physical abnormalities with regards to walking and intellectual incapacity with regards to speech. It appears the recording of peculiar idiosyncrasies rather than mental health problems was a vital element in securing admission.

The process of admission for Wenborn was supported by testimony from his family. Bearing in mind that the child had been suffering with his condition for over five years upon admission there must have been a substantial attempt to treat the child in the home environment before his being admitted in 1877. Unfortunately, the admission documentation does not provide access to the change in the domestic circumstances that required admission at this point. This was the first time that John Wenborn was admitted to the asylum and in their statement, his family provided a host of unacceptable behaviours exhibited at home, such as 'tear[ing] everything to pieces — window blinds etc, runs into the fire, breaks all the crockery — makes a bellowing noise like a cow', this embellishment of the medical officer's observations with destructive behaviours would have helped to secure admission and highlights the potential danger that Wenborn could cause in the home. The presentation of the patient as being dangerous and destructive was another essential element in securing admission, Leonard Smith has argued the tearing of clothes for adults 'was interpreted as a primary indication of insanity' it exhibiting behaviours of desperation, although further examination is needed for

how this trait was interpreted amongst child patients (Smith, L. 1999: 44). Importantly in regards to the case of Wenborn, David Wright asserted the asylum was an institution to either confine the dangerous or treat the potentially curable (Wright 2001: 17). Wenborn was clearly a chronic case and therefore required the element of dangerousness in order to secure admission. It appears that despite the child's genuine incapacity, he needed to be presented as a danger in order to be certified.

The case of Luddington provides an even more thought-provoking and problematic admission statement. Robotham noted that Luddington was 'awkward in looks and vacant in gait, unable to articulate properly and cannot comprehend ordinary questions. I found him lost in the village and under no one's (sic) care and control'. He went on to state, 'James Bates from Grendon informs me that he does not think the child knows anything that he is not properly looked after and is in constant danger' (casebook admission no. 647 NRO: NCLA 6/2/2/2). The admission statements for Luddington suggest that the child was neglected by his family rather than insane and that his local community was playing an active part in seeking his admission. The issues of protecting the child from neglect and danger immediately seem to be the primary concern of the medical officer and the community. Bates' opinion appears to hold enough gravitas with the medical officials to be used to help justify admission to the asylum. Throughout the medical officer's statement for Luddington there is no record of specific symptoms of mental illness.

The issue then, is why was the child admitted to the asylum rather than the union workhouse? For this there are two arguments that can be presented in order to provide a more detailed and thorough understanding of Luddington's admission. Firstly, the casebook records a history of insanity within the family. As Luddington's mother, father and uncle were all declared insane and the child's grandmother had been diagnosed epileptic, it would stand to reason, to the Victorian medical officer, that the child would have contracted some form of hereditary insanity (Smith, L. 1999: 103). Secondly, the child is further described as being 'constantly in mischief...very short for age and of small build, frame badly formed and developed' (casebook admission no. 647 NRO: NCLA 6/2/2/2). This small, weakly, uncared for and mischievous child had the potential to be an unproductive and disruptive influence in the workhouse, and, therefore, his ancestral links with insanity ensured his destination for confinement was the asylum (Crompton 1997: 81, Melling *et. al* 1997: 383). Both boys found themselves patients of the asylum by 1878 but they had taken very different routes towards certification. Wenborn represents the epileptic child, difficult to care for at home although his family took five years to seek his admission, suffering from a serious condition that in 1878 was not properly understood. Paradoxically, Luddington provides a case of a neglected child displaying severely limited symptoms of insanity but constantly in mischief and therefore in need of confinement.

Boarding out of child patients

Returning to the second issue raised above, the nineteenth century asylum perceived itself as an institution of care and treatment. Bringing about a cure was the original *modus operandi* of the newly founded county asylums in the years following 1845. However the rapid increase in patient numbers and the predominance of elderly and

incurable cases silted up the system (Scull 1993: 335). By the mid 1850s chronic patients were being returned to workhouse idiot and imbecile wards and the admission of the dangerous and curable was being promoted (Wright 2001: 16–19). The nineteenth century idiot was abandoned to ensure the success of the treatment and cure for the lunatic.¹ Both of the boys for this case study were admitted under the diagnosis of being idiots, however, the certification process had presented a degree of dangerousness that qualified them for needing control within the asylum. In effect they were lost boys, lacking the correct form of mental incapacity to receive cure in the asylum but seen as too troublesome for the workhouse or community.

Despite boarding out being used as a method of treatment for the two boys at the heart of this paper, it was rarely used as a method for treating the insane in England. Harriet Sturdy and William Parry-Jones explain that in Scotland boarding out was considered to be a fundamental element of lunacy provision (Sturdy and Parry-Jones 1999). If Wenborn and Luddington had been confined in Scotland, however, it seems unlikely they would have been boarded out despite the practice being so widespread. The epileptic, dirty, troublesome and dangerous were not considered suitable candidates for non-institutional care. Also, their guardians in England, attendants of the asylum, were not considered suitable destinations for boarded out lunatics because their approach to care was seen as too official and regimented (Sturdy and Parry-Jones 1999: 95–100). David Hirst and Pamela Michael present the Welsh context for lunacy provision and showed, similarly to Scotland, the majority of lunatics remained in the community receiving care from their families or were boarded out with guardians rather than confined (Hirst and Michael 1999). Within the Welsh context confinement often occurred following the breakdown of family arrangements to care for the insane. Therefore England provided the exception where boarding out was rarely used in favour of confinement, making this case study even more unique in the terms of patient experience.

Following their admission to the asylum and prior to their boarding out, the asylum experience of both boys provides a fascinating juxtaposition of treatment and care. Wenborn, despite being admitted to the asylum almost a year before Luddington, received only three observational entries in the casebook for his eighteen month confinement before being boarded out with an attendant. The first observation, in October 1877, referred to treatment he had received for an infected thigh, the second in April 1878, simply stated ‘perfectly idiotic and lost’ with a reference to seizures he had suffered and the final note simply recorded ‘severe epileptic seizures’ on July 3rd 1878 (casebook admission no. 416 NRO: NCLA6/2/2/1). The destructive and dangerous qualities that were highlighted in the process of admission were not recorded, either because these tendencies had not been displayed or they were deemed unimportant. The case of Luddington provides a comparison of how a truly troublesome and mischievous patient was more visible within the asylum. Despite being admitted in 1878, a year after Wenborn, Luddington’s casenotes received five entries in the six months before he was boarded out. All five observations referred to the nuisance that Luddington caused in the asylum and the mischief that he was prone to find himself in. An entry from April 12th 1878 provides a concise summary of his stay; ‘a source of great trouble for he is constantly in mischief and very destructive’ (casebook admission no. 647 NRO: NCLA 6/2/2/2). The records indisputably show the destructive and mischievous patient was more visible to the asylum staff than the quiet patient suffering from a genuine mental deficiency.

To ascertain the reasons for the release of these boys to the care of asylum attendants requires a critical examination of the words of Richard Greene, the Medical Superintendent at Northampton asylum. Quoted above Greene believed the boarding out of these boys would provide the asylum with potentially four extra beds that these boys were being allowed to occupy. It is therefore a relatively straightforward inference to suggest that in his role as Medical Superintendent these boys were not worthy of occupying asylum beds when more suitable patients could be admitted. Greene also justified his opinion by highlighting the benefits for all parties; 'the patient gains advantage of home treatment, the asylum has the vacant beds, and the attendant makes a little from the sum allowed for boarding and lodging' (Diary 5 September 1878 NRO: NCLA/2/20/2/1). In Greene's opinion the boarding out of Wenborn and Luddington provided a rare occurrence for mutual benefit for both the asylum and patient. The admission notes of both patients also help to explain Greene's belief in their suitability for boarding out. Wenborn would have been deemed a chronic patient with little chance of cure within the asylum and consequently his bed could have been occupied by a patient that could have received effective treatment and cure. Conversely, Luddington's delinquent behaviour and penchant for mischief made him a suitable candidate for boarding out in order to create a calmer environment for care.

On the 28th October 1878 Wenborn departed the asylum to live with an attendant and his wife; he was followed three days later by Luddington on October 31st. Unsurprisingly while the boys were not being treated at the asylum they received no observational entries in the casebooks, the next entries for both Wenborn and Luddington occurred on the 7th December 1878 and they were virtually identical in their content. The casebook entry for Luddington reads:

This boy was brought back to the asylum this morning. The attendant stating that the Vicar of Duston had been to his house and threatened to turn him out the village unless he gave up the boy. Through his influence with Lord Cowper's agent he has been able to carry his threat in to execution.

A similar entry was made for Wenborn and William Greene, also recorded a virtually identical account in his diary, noting, 'the idiot children who had been boarded out with two of the married asylum attendants were today brought back to the asylum. About a fortnight since the Vicar of Duston threatened to expel the attendants from this village unless they gave up the children' (Diary 7 December 1878 NRO: NCLA/2/20/2/1). Greene's diary is important because it provides a timeframe of the dispute with the Vicar, but unfortunately no further information.

Disappointingly our insight into the return of the boys cannot be expanded further by documentation surviving from the parish of Duston or the archives of the Cowper estate, with both archives containing no record of the incident. It therefore requires a certain amount of qualified assumption about what caused so much offence to Peake Banton, the Vicar of Duston at the time. From the surviving asylum documentation, it can be seen the asylum attendants resisted the complaints of the Vicar for approximately two weeks. It was only when the local landowner's agent began to exert pressure that the attendants felt they had to give up the boys. This provides an interesting situation. In the case of Luddington the asylum was keen to record his troublesome and destructive nature, whereas Wenborn provided a more invisible and withdrawn character. If there had been a catalyst to the Vicar's complaint, such as the boys causing a disturbance in

the village or another scandal then surely it would have been recorded within the various documentation at the asylum's disposal. It could be argued Peake Banton was displaying a degree of social concern by raising his anxieties about having idiot children residing in the local parish. Or when considering the local context at the time another explanation could be found. The asylum at Berrywood had only recently opened in 1876 and fear of dangerous lunatics escaping and roaming within close proximity to the local community must have been relatively recent. This fear considered in conjunction with the work of Cathy Smith and Andrew Scull who both draw attention to local anger that was invoked by the building of the Berrywood Asylum shows that there was a deeper vein of tension running between the community of Duston and the asylum that the boarding out of these boys could have contributed to (Scull 1993: 313–315; Smith, C. 2007: 383). Initial hostility from the community was directed towards the economic cost of maintaining pauper patients to the ratepayer, Scull shows this outrage quickly transgressed into fears of patient maltreatment. The release of potentially dangerous pauper patients into the community can be considered another cause that increased local hostility toward the asylum.

The work of Edward Royle and his findings regarding parish attitudes in the nineteenth century help to explain the central role of the Vicar in dealing with the affair. Royle contends that the Parish Vicar would have considered the parish church as the central focal point of the local community, assuming a responsibility for the spiritual and emotional well being of the inhabitants of the parish. The image of the asylum as a place for the dangerous, in conjunction with identified local tensions towards the asylum, must have provided a certain amount of concern and aroused a belief that the Parish Clergyman needed to protect his flock. The reliance on the use of traditional local elites to deal with the problem is an orthodox approach in Royle's opinion; he states 'the clergyman, as the spiritual leader, expected both respect for his position and support from secular leaders of the parish' (Royle 2009: 8–9). In this case Banton used his influence with local elites to threaten the attendants with eviction from their homes unless they gave up the children. Rather than appealing to the asylum directly, a relatively new imposition on the local horizon, the Vicar of Duston used the more effective and traditional route of his ally, the powerful local landowner, to achieve his agenda. It is unclear whether the local landowner, Earl Cowper, completely agreed with the Vicar's stance but he asserted enough pressure to guarantee the attendants returned the boys and preserved the Vicar's position of power within the local hierarchy.

Post boarding out — the asylum experience

The final part of this article aims to provide a brief account of the lives of both boys on their return to the asylum. Following his return, Wenborn's case file reads a sorry story of slow decline; there are no entries for 1879 but throughout 1880 the observations of the patient record a boy in physical and mental decay. The statements tell of ulcers in his legs and severe epileptic fits, only punctuated by a light hearted episode when he swallowed a clothes peg on August 19th 1880, from which 'he suffered no inconvenience'. Possibly the most significant entry was noted on October 21st 1880; it simply read 'the letter sent to his father has been returned through Dead Letter Office'. The asylum had no way of contacting Wenborn's family to tell them of his decline because they had

no valid contact details for them. It appears the family played a role in his admission to the asylum by portraying him as dangerous and destructive, traits he never displayed in the asylum, and then the family at best overlooked him when they moved or at worst abandoned him while he was confined. The letter sent would have been sparked by a previous entry on the file, a week earlier on the 14th, stating Wenborn was suffering severe fits, he was very poorly and 'sinking fast'. Wenborn died on October 29th 1880, the cause of death was given as epilepsy (casebook admission no. 416 NRO: NCLA 6/2/2/1). The importance of the family in Wenborn's stay in the asylum cannot be underplayed. His family attempted to care for him for five years before admission but eventually they succumbed to his certification, once confined in the asylum there is no mention of his family in the case notes other than that they could not be contacted and he died alone.

Following the return of Luddington to the asylum, he was discharged as 'not improved' within a month to the Guardians of the Wellingborough Workhouse where he managed to remain for five days before being returned as 'unmanageable and very mischievous'. It appears the management of the asylum were keen to remove this troublesome child from their responsibility. The medical certificate used to confirm his readmission noted 'he is dangerous to others, dirty in his habits and destructive', thus supporting the notion of dangerousness being a vital element in the admission to the asylum and the lack of tolerance for the disruptive in the Workhouse. The case notes for Luddington provide a brief, and rare, window into the thoughts of the child on readmission, although filtered through an asylum attendant. The first entry on his return to the asylum reads; he is 'very happy and pleased to get back again'. Indeed the 'less eligibility' environment of the Wellingborough Workhouse appears to have facilitated a change in Luddington's attitude towards the asylum. Throughout January 1880 the observations of the child tell us that he 'makes himself very happy', he conducts himself 'with the other patients and attendants in good humour' and he 'has not given the least trouble...is clean in his habits and does not interfere with the other patients' (casebook admission no. 647 NRO: NCLA 6/2/2/2). Indeed Luddington seems to have formed the opinion that the surroundings of the asylum were more suited to his needs than those of the workhouse. Upon Luddington's reformation of character the comments about his disposition and behaviour cease in 1880 to make way for comments about his medical condition. It was noted on March 17th 1881 that Luddington 'had a severe epileptic fit this morning and is crying a good deal'. However, there were no more episodes of fits recorded in 1881 and his only ailment in 1882 appears to have been a toothache. Following Luddington's complaint of toothache on January 22nd 1882 there were no more entries recorded until July 14th 1883 when he 'had kind of a fit this morning and turned pale. Must be cerebral'. This cerebral incident appears to have signalled the decline for Luddington, there were numerous fits throughout the July and August and on August 31st he was 'evidently paralysed'. The fits continued throughout September and on October 2nd the penultimate observation on his file stated he 'was found today to be perfectly blind'. The final entry occurred on November 26th 1883 when Luddington suffered a fit and died, the cause of death was given as a tumour to the brain. In comparison to the case of Wenborn there had been no attempt to contact the family of Luddington, possibly because his parents were also considered to be lunatics or they themselves may have already been deceased.

Conclusion

To assume the asylum operated as a Foucauldian blackhole for society's undesirables sucking in the unproductive, disruptive and idle is too simplistic. The cases of Wenborn and Luddington are evidence to the contrary, the asylum sought to give them an opportunity for more effective treatment for their conditions in a social context but society failed to reintegrate the boys and the stigma of being pauper lunatics meant institutionalisation was their fate. The asylum failed in its attempt to be an effective institution of treatment in the case of Wenborn, and resisted its' role as an institution of regulation in the case of Luddington prior to him being discharged and subsequently readmitted. The community also failed to play an effective role in the boy's treatment and recovery, the elites of Duston had thrown off any paternalistic social instincts they may have had prior to the New Poor Law legislation and condemned the children to the asylum. Traditional ties of paternal welfare seem to have been abandoned in the last quarter of the nineteenth century in this corner of Northamptonshire and the state institution fulfilled the role of chief welfare provider. However, the traditional paternalistic roles of local elites providing social regulation appear to have remained intact. The stigma of being a child lunatic led to the exclusion of these boys from conventional social circles and a lifetime, albeit a short one, of confinement within the asylum.

Notes

¹ Despite idiocy and imbecility being referred to within the terms of lunacy legislation the meaning of the word lunatic implied a temporary condition or one with hope of remission or cure. The contemporary meaning of idiot was of a case with no chance of improvement or education that had been in the same condition since birth or a young age.

References

PRIMARY SOURCES

- Northampton Record Office (NRO), St Crispin's Collection, Medical Superintendents Diary, NCLA/2/20/2/1, 1877–1880, Sept 5th 1878.
 NRO, St Crispin Collection, Male Patient Casebook 1, NCLA 6/2/2/1, Admission no. 416.
 NRO, St Crispin Collection, Male Patient Casebook 2, NCLA 6/2/2/2 Admission no. 647.

SECONDARY SOURCES

- Bartlett, P. (1999) *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth Century England*, London: University of Leicester Press.
 Crompton, F. (1997) *Workhouse Children*, Stroud: Sutton.
 Digby, A. (1985) *Madness, Morality and Medicine A study of the York Retreat, 1796–1914*, London: Cambridge University Press.
 Hirst, D. and Michael, P. (1999) 'Family, Community and the Lunatic in Mid-Nineteenth-Century North Wales' in Bartlett, P. and Wright, D. (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*, London: Athlone.
 Melling, J. Adair, R. and Forsythe, B. (1997) "A Proper Lunatic for Two Years": Pauper Lunatic Children in Victorian and Edwardian England. Child Admissions to the Devon County Asylum, 1845–1914', *Journal of Social History*, vol. 31 no.2.
 Royle, E. (2009) 'The Parish Community through the vicarage Window: Nineteenth century clergy visitation returns' in *Family and Community History*, vol.12 no1.

- Scull, A. (1979) *Museums of Madness The Social Organization of Insanity in Nineteenth Century England*, London.
- Scull, A. (1993) *The Most Solitary of Afflictions: Madness and Society in Britain 1700–1900*, London: Yale.
- Smith, C. (2007) 'Parsimony, Power and Prescriptive Legislation: The Politics of Pauper Lunacy in Northamptonshire, 1845–1876', *Bulletin of the History of Medicine*, vol. 81 no.2.
- Smith, L. (1999) *Cure, Comfort and Safe Custody: Public lunatic Asylums in Early Nineteenth Century England*, (London: Leicester University Press.
- Sturdy, H. and Parry-Jones, W. (1999) 'Boarding-Out Insane Patients: The Significance of the Scottish System 1857–1913' in P. Bartlett and D. Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*, London: Athlone.
- Walton, J. K. (1985), 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840–70' in Bynum, Porter and Shepherd (eds.) *The Anatomy of Madness*, vol. II, London: Tavistock.
- Wright, D. (1998) 'Familial Care of "Idiot" Children in Victorian England' in P. Horden and R. Smith (eds.), *The Locus of Care: Families, Communities, Institutions and the Provisions of Welfare since Antiquity*, London: Routledge.
- Wright, D. (2001) *Mental Disability in Victorian England: The Earlswood Asylum*, Oxford: Clarendon.

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