

The certification of insanity in nineteenth-century England and Wales

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Introduction

Historians have identified the Asylums Act of 1845¹ as a watershed in the emergence of a psychiatric profession in England and Wales.² This Act greatly expanded institutional provision by obliging all counties and boroughs to erect asylums for their pauper insane within three years, establishing a system of public mental hospitals one hundred years before the creation of the National Health Service. Since this Act also dictated that any county asylum or voluntary hospital receiving the ‘insane’ must be directed by a qualified medical practitioner,³ this legislation provided the institutional basis for a new professional élite. Consequently, research into the history of psychiatry has concentrated on the county asylum system,⁴ the history of

* The author is grateful to the Wellcome Trust for a post-doctoral research fellowship during which time this article was written, and to three anonymous referees whose suggested revisions proved invaluable. Permission to reprint the plates was kindly given by the Royal Earlswood Hospital, the Surrey County Record Office and the Buckinghamshire County Record Office. Address for correspondence: Dr David Wright, University of Nottingham, Department of History, University Park, Nottingham NG7 2RD. E-mail: david.j.wright@nottingham.ac.uk

¹ 8 & 9 Vict. c.126 (provision of lunatic asylums) hereafter ‘Asylums Act, 1845’.

² See for instance, Kathleen Jones, *Mental Health and Social Policy 1845–1959* (London, 1960); Phil Fennell, *Treatment without Consent: Law, Psychiatry, and the Treatment of Mentally Disordered People Since 1845* (London, 1996) and endnote 4, below.

³ Technically a ‘physician, surgeon or apothecary’. I shall hereafter use the term medical practitioner or doctor, although the author recognizes that, in the context of Victorian England, these terms are rather ambiguous. Asylums which had fewer than 100 patients could hire a *visiting* medical practitioner rather than a resident medical practitioner. Asylums Act, 1845, s. lvii.

⁴ For a study of the asylum system in Victorian England, see Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London, 1979), revised and reprinted as, *The Most Solitary of Afflictions: Madness and Society in Britain 1700–1900* (London, 1993); see also David Mellett, *The Prerogative of Asylumdom: Social, Cultural, and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth-Century Britain* (London, 1982); Kathleen Jones, *Asylums and After: A Revised History of the Mental Health Services* (London, 1993).

individual institutions,⁵ or medical treatises published by asylum superintendents.⁶ Important as the institutional basis was to the formation of a medico-psychological speciality, the role of medical men *vis-à-vis* the insane extended beyond the machinations of superintendents within 'museums of madness'; it rested also on the certification of insanity, a process which did not begin with the 1845 Asylums Act, or its companion, the 1845 Lunatics Act,⁷ but was a *sine qua non* for the confinement of any insane person to a county asylum, private home or voluntary hospital after 1811.⁸

Despite the proliferation of literature on the history of psychiatry, both in this journal and in volumes of collected essays,⁹ there remains very little scholarly research on the process of certification. The certification of insanity barely merits a mention in Andrew Scull's *The Most Solitary of Afflictions*,¹⁰ and David Mellett refers to it only to give context to the circumscribed powers of the Lunacy Commission.¹¹ Kathleen Jones has set out what was required by law rather than what transpired in practice.¹² One will search in vain through the three volumes of the *Anatomy of Madness*,¹³ *150 Years of British Psychiatry*, or *Discovering the History of Psychiatry*¹⁴ for a discussion of this process as it related to different sub-groups of the insane. Even articles on 'wrongful confinement' deal with the public outcry over alleged abuses in private madhouses, rather than investigating the documents which could

⁵ For case studies of individual English lunatic asylums, see Richard Hunter, *Psychiatry for the Poor. 1851 Colney Hatch Asylum. Friern Hospital 1973: A Medical and Social History* (London, 1974); Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914* (Cambridge, 1985); John Crammer, *Asylum History: Buckinghamshire County Pauper Lunatic Asylum-St. John's* (London, 1990); Bernard Cashman, *A Proper House: Bedford Lunatic Asylum, 1812–1860* (Bedford, 1992); Charlotte MacKenzie, *Psychiatry for the Rich: A History of the Private Ticehurst Asylum, 1792–1917* (London, 1992).

⁶ Richard Hunter and Ida Macalpine, *Three Hundred Years of Psychiatry, 1535–1860* (New York, 1983); Franz Alexander and Sheldon Selesnick, *The History of Psychiatry: an Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present* (New York, 1966); G. Zilboorg and G. Henry (eds), *A History of Medical Psychology* (New York, 1941); Andrew Scull (ed.), *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry* (London, 1991).

⁷ 8 & 9 Vict. c.100 (general care and treatment of lunatics) hereafter 'Lunatics Act, 1845'.

⁸ Except for chancery lunatics who shall be excluded from this paper. Vagrant lunatics needed to be certified as other pauper lunatics after 1828.

⁹ Andrew Scull (ed.), *Mad-Houses, Mad-Doctors and Madmen: the Social History of Psychiatry in the Victorian Era* (London, 1981); W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols.) (London, 1985–87); Scull (ed.), *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London, 1989).

¹⁰ Drawing on Maudsley's testimony to a House of Common's Select Committee in 1877, Scull dismisses the certification of pauper lunatics 'as a matter of routine': 'The inescapable implication, that certification in such cases was simply a matter of routine, was left unacknowledged [by the committee]'. Scull, *Solitary*, 307–8.

¹¹ Mellett, *Prerogative of Asylumdom*, 48, 108, 109, 136–7, 146, 154, 223.

¹² Kathleen Jones, *Asylums and After*, 38, 53, 83, 90–1.

¹³ W. F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness*; German Berrios and Hugh Freeman (eds), *150 Years of British Psychiatry 1841–1991* (London, 1991).

¹⁴ Mark Micale and Roy Porter (eds), *Discovering the History of Psychiatry* (Oxford, 1994).

partly validate claims of the confinement of the 'sane'.¹⁵ Historians know much more about the criminal prosecution of lunatics sent to court,¹⁶ rather than the certification of the thousands who remained outside formal legal proceedings. Although there are passing references in monographs to individual certificates to illustrate the context of committal to particular asylums,¹⁷ there remains no study of how certification evolved in theory and practice during the period of the professionalization of medicine.

This oversight is quite surprising considering the centrality of the process of certification to many of the debates concerning the history of psychiatry in the modern period. Medical treatises on insanity may have represented the fruits of years of reasoned deliberation by eminent alienists, but certification represented the fine end of the emergence of modern psychiatry, the crucible in which medical approaches to insanity were mixed with lay ideas about madness. At its most basic level, certification divided the sane from the insane, imposing a social stigma (and in some cases disenfranchisement) on those who had once been declared in the words of the first Act, 'a proper person to be taken under care and treatment'.¹⁸ Since asylum treatment was the most expensive option open to poor law authorities, certification had important financial and administrative implications, since it obliged all those certified insane to be transferred from workhouses to asylums. By law, all those certified had to be reported in annual returns to the Poor Law Commission (later, Poor Law Board) and the Lunacy Commission. Certification, therefore, generated the annual statistics crucial to the Victorian debates over the increase in insanity. Information from the certificates of insanity (and reception orders) were transcribed to the medical case books and admission registers, providing the raw data upon which medical superintendents drew their early aetiological and pathological theories of insanity and the basic structures on which historians have drawn for analyses of asylum populations.¹⁹ The study of the process of certification is indispensable to our understanding of the evolution and dissemination of ideas about insanity, and, by implication, a case study in the way in which

¹⁵ Peter McCandless, 'Liberty and lunacy: the Victorians and wrongful confinement', *Journal of Social History*, xi (1978), 366–86.

¹⁶ Roger Smith, *Trial by Medicine: Insanity and Responsibility in Victorian Trials* (Edinburgh: 1981).

¹⁷ Anne Digby, *Madness, Morality and Medicine*, chapter nine, esp. 205–13; Charlotte MacKenzie, *Ticehurst*, 50, 102–6; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840–1883* (Cambridge, 1985), 118–28.

¹⁸ 14 Geo. III c.49, 'Madhouses Act, 1774' s.ii.

¹⁹ The study of admission registers for asylums in England actually dates from William Llewellyn Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London, 1972). Studies since then have been well summarized in the introduction to Allan Beveridge, 'Madness in Victorian Edinburgh: a study of patients admitted to the Royal Edinburgh Asylum under Thomas Clouston, 1873–1908 (part I)', *History of Psychiatry*, vi (1995), 22–54.

the 'normalizing gaze' actually constituted the superimposition of power and knowledge relations by an emerging medical profession.²⁰

This paper is divided into three parts. The first part examines the legal requirements of certification laid out in statutes between 1774 and 1853, and details the evolution of the certification process from one concerned solely with private patients in licensed homes to a more comprehensive and detailed event incorporating testimony from medical practitioners and members of the family involved. The second part outlines the forms of the Victorian certificates which became the norm for the period after 1853 through an example of a pauper and non-pauper medical certificate, and highlights the freedom they gave to the medical practitioners in their description and diagnosis. Lastly, this paper analyses the 'indications of insanity' written by medical practitioners through a case study of over 400 certificates of insanity for children admitted to the National Asylum for Idiots, Earlswood.

This paper challenges several assumptions about the process of certification. Certification of insanity was not typified by a linear progression of medical control over the apparatus of confinement during the nineteenth century; in fact early regulations for merely the signature of a doctor without accompanying documentation were replaced first by certificates which required sections indicating *why* certification was justified, and then by the additional inclusion of indications of insanity related by others. Although certification was a legal process which required the 'legitimation' of insanity by a medical practitioner, rather than reflecting a simple 'monopoly' over the labelling of insanity, this medical determination was heavily subject to the influence of family members. Thus, ironically, over the course of the nineteenth century, power over certification devolved away from the so-called experts in the asylums to non-resident medical practitioners and the lay public. The 'indications' of insanity derived from the Earlswood certificates revealed elements of continuity and change, incorporating older notions of the medieval and early modern paradigm of the inquisition or interrogation, lay definitions of behaviour derived from family members, and a new visual representation of the 'idiot'. Lastly, there is no evidence of a shift in these three constituent elements throughout the period under study (1861–1886), and, despite the emergence of specialist texts or the rising concern in intellectual circles over the degeneration of the race and the hereditarian nature of mental disease, the certificates, written by local medical practitioners, are devoid of the theorizing of the most eminent Victorian alienists.

²⁰ Michel Foucault, *Discipline and Punish: the Birth of the Prison* (New York, 1977), 209.

The legal requirements of certification

In 1774, Parliament responded to 'many great and dangerous abuses' in the detention of persons in private madhouses for the rich by instituting the practice of licensing and regulating these institutions. The resultant Private Madhouses Act laid down several principles which were to continue throughout the next century. Protection against wrongful confinement was to be ensured by inspection and certification. A commission, comprised of an elected committee of five members of the Royal College of Physicians, was responsible for the inspection of licensed houses within the county of Middlesex; provincial licensed homes were subject to the inspections of two county magistrates accompanied by a 'physician'. The principle of certification was enshrined in section twenty-one, which stated that every keeper of a licensed house had to have an 'Order, in Writing, under the Hand and Seal of some Physician, Surgeon, or Apothecary, that such Person is proper to be received in to such House or Place as a Lunatick'.²¹ The Act referred only to non-paupers.

The Madhouses Act enshrined the principles of inspection and of medical certification, but shortcomings of the legislation were soon apparent. The Act did not stipulate what was to be done with uncertified admissions. Moreover, many provincial justices did not comply with the licensing laws out of ignorance or deception. Much was left to the discretion of the inspectors, who at least were given the prerogative to fine asylum keepers. There were no requirements that the medical men certifying the lunatic be unconnected to the receiving licensed home, thereby allowing for the possibility of collusion between medical practitioners and the asylum proprietors,²² though it did state that members of the commission could not be keepers themselves. Despite these shortcomings, fragmentary evidence suggests that certification did begin to appear in private madhouses and voluntary asylums, and, in cases of private patients, in the new county asylums. Anne Digby, for example, states that from the inception of the York Retreat (1796), a voluntary asylum, patients were routinely certified prior to confinement.²³ Similarly, Charlotte MacKenzie quotes a certificate from 1803 for an admission to the private Ticehurst asylum:

To Mr Newington, Surgeon Ticehurst. By the direction of Mr Johnson, of Tenterden, I advise you to receive into your house Mr S Johnson, jun., his son, who from epileptic fits is rendered incapable of conducting himself in society.²⁴

²¹ 14 Geo. c.49, 'Madhouses Act, 1774', s. xxi.

²² MacKenzie, *Psychiatry for the Rich*, 13.

²³ Digby, *Madness, Morality and Medicine*, 205.

²⁴ A. Newington and H. Newington, 'Some incidents in the history and practice of Ticehurst asylum', *Journal of Mental Science*, xlvii, (1901), 64, as cited in MacKenzie, *Ticehurst*, 59, (ref. .54).

Bernard Cashman provides further evidence that certificates were received for private patients admitted to the Bedford County Asylum after its establishment in 1812.²⁵

Certification of pauper patients dates from amendments to the 1808 County Asylums Act, a permissive act allowing for the creation and financing of county asylums. To summarize, this Act allowed magistrates to erect a county pauper asylum based on local rates contributed by each parish. Magistrates from more than one county could also combine to erect 'joint asylums'. The precise route of pauper confinement, and the wider definition of the 'insane', were laid out in this Act and an Amendment Act of 1811. Overseers of the Poor were to send to the county magistrate an application for the 'conveyance' of a 'Lunatic, insane Person, or dangerous Idiot' to the county asylum with a certificate in writing from one 'Medical Person'. The magistrate would then issue a 'Warrant' for the conveyance if he was satisfied with the application. He could also order his own medical examination, or he could refuse the application if the insane person was not dangerous. In the years after 1808, however, there was not a groundswell of applications from Overseers of the Poor, many of whom, it seems, resisted the idea of a new institution which would be expensive and over which they may have limited control. The Act, after all, obliged the magistrates to charge the parish for the 'Rate for the Maintenance, Medicine, Clothing, and Care for such Persons'.²⁶

Three amendment acts between 1811 and 1819 extended this system and put into place the building blocks for the later Victorian asylum system. The 1811 Act arranged for regular visits of a county asylum by a visiting committee of justices which included a 'Medical Person', and required annual returns of the general condition of insane persons to the county magistrates. An Amendment Act of 1815 strengthened the hands of the county magistrates by permitting them to issue Orders to the parish Overseers to conduct censuses of all lunatics and idiots in their parish, verified by a local medical practitioner.²⁷ A brief Amendment Act in 1819 extended the powers of magistrates to summon any allegedly insane person for examination by him, with the assistance of a 'medical man'. If insane and dangerous, the magistrate could send this person to the county asylum upon certification. The form of the pauper certificate was, for the first time, formalized in the statute:

I Do hereby certify, That by the Directions of *L.M.* and *N.O.* Esquires,
Justices of the Peace for the County of *H.*, I have personally examined

²⁵ Bernard Cashman, *A Proper House*, 33, 40.

²⁶ 48 Geo. III c.96 'County Asylums Act, 1808', s. xvii. The Overseers could appeal a refusal at the next Quarter Sessions. 48 Geo. III c.79 County Asylums (Amendment) Act, 1811, s.iv.

²⁷ 55 Geo. III, c.46, County Asylums (Amendment) Act, 1815, s. viii.

C.D. and that the said C.D. appears to be of Insane Mind.

Dated this Day of

A.B. (Physician, Surgeon or Apothecary, *as the case may be*)
resident at R.²⁸

The certificate is interesting in many respects, not least in its explicit reference that the medical man is acting under the directions of the magistrates. Further, it did not inquire as to the reasons why the medical practitioner deemed the person to be 'lunatic, or insane, or a mischievous idiot'. Though the Act does not state this explicitly, it seems clear that the magistrates could order confinement against the wishes of the parish Overseers and yet charge them for this expensive form of control. The inescapable conclusion was that some Overseers would have a vested interest in evading the warrants for parish censuses of insane persons. Therefore it is not surprising that the same Amendment Act stipulated fines for 'withholding' information.

Thus by 1819 many of the basic elements of the nineteenth-century asylum system had been put in place. Rate-aided county asylums were legally permitted and run by magistrates through a visiting committee; licenses for private homes were granted by the permission of the magistrates (with the exception of Middlesex); certification was the province of a licensed medical practitioner and was a prerequisite for admissions to all licensed homes, voluntary hospitals or county pauper asylums. Annual returns of admissions, deaths and discharges were sent to the magistrates, generating statistics on institutional confinement. One also sees the origins of the tension between magistrates and Overseers of the Poor: the magistrates were given powers of ordering certification and confinement; the Overseers (later Guardians) of the Poor had responsibility for paying the bills.²⁹

Once again, legislation strengthened the hand of magistrates against local Overseers by making the censuses of insane persons in the county parishes obligatory under the 1828 County Asylums Act. Once Overseers had returned lists to the county magistrates, the magistrates could demand a medical examination of an insane person, though it is clear that this process was still intended for dangerous cases. Any person, whether summoned by the justice of the peace, sent by the Overseers of the parish, or apprehended as a vagrant, needed a medical certificate before being admitted to the county asylum. Certificates were to be kept by the medical superintendent,

²⁸ 59 Geo. III, c.127, County Asylums (Amendment) Act, 1819, Schedule B.

²⁹ This was moderated slightly in 1865 when the cost was borne by the union rather than the parish, and by the 1874 Act which gave a grant from the Treasury for each insane person confined in a county asylum. For a discussion of the central role of the poor law in the administration of the lunacy laws, see Peter Bartlett, 'The Poor Law of Lunacy: the administration of pauper lunatics in mid-nineteenth century England, with special emphasis on Leicestershire and Rutland' (unpublished Ph.D. thesis, University of London, 1993).

with duplicates being sent to the Committee of Visitors. The Madhouses Act of the same year outlined the form for non-pauper insane persons accepted into private licensed homes. The Act required medical certificates signed by *two* medical men, which included the date of certification, the person by whose authority the insane person was sent (and his place of abode, and degree of relationship to the insane person), the place of residence of the insane person, his/her former occupation, and 'time spent previously in asylum'. A copy of one certificate for an admission to the private madhouse at Witney in 1832 is reprinted in Parry-Jones's *Trade in Lunacy*.³⁰ This Act also introduced the first statutory safeguard against collusion by stipulating that neither one of the two signing medical practitioners could have an interest in the asylum to which the private insane person would be sent.

Seen in the light of previous legislation, the Lunatics Act of 1845 was not a watershed in the process of certification, and can be perceived partly as a consolidation of 'lunacy reform'. It continued, for instance, the tradition of the testimony of a single medical practitioner for pauper patients and that of two medical practitioners for private patients. Although a national Lunacy Commission was created out of the now defunct Metropolitan Lunacy Commission, magistrates retained control over licensed homes in the provinces and the running and visitation of county pauper asylums. In one respect, however, the Lunatics Act (1845) changed the nature of certificates for private patients, by stipulating that 'facts' had to be given to verify the 'insanity' of all (non-pauper) persons:

I _____ being a Physician or Surgeon or an Apothecary, duly authorised to practise as such, hereby certify that I have this Day, separately from any other medical practitioner, visited and personally examined A.B. a Person named in the accompanying Statement and Order, and that the said A.B. is a Lunatic [or an insane Person, or an Idiot, or a Person of unsound Mind], and a proper Person to be confined, and that I have formed this Opinion from the following Fact or Facts; viz.

Signed *Name*
 Place of Abode

Dated this _____ Day of _____ One thousand eight
 hundred and _____ ³¹

Those patients admitted without certificates or with incomplete certificates

³⁰ Parry-Jones, *Trade in Lunacy*, plate vii. In many respects, this early attempt to gain 'profiles' of inmates laid the foundation for the Reception Orders which were put into place after 1845.

³¹ 8 & 9 Vict. c.100, 'Lunatics Act, 1845', Schedules C & D.

were liable to be immediately released; in the case of private homes, the license to receive inmates could be revoked.³² The Asylums Act of 1845 also had a direct impact on the *number* of people liable to be certified by obliging all counties and boroughs who had not done so, to erect alone, or combine to erect, asylums for their pauper insane within three years of the Act. It also extended certification to any single insane persons kept at a charge.³³

There were early teething troubles concerning who should and should not be certified which added to the headaches of an understaffed and overstretched Lunacy Commission. These troubles included confusion over whether those already in licensed institutions needed to be certified, whether certificates of insanity were needed for pauper lunatics admitted to workhouses, whether certification continued to be applied only to 'dangerous' lunatics, and whether patients transferred from one asylum to another needed to be (re)certified.³⁴ Many of these issues were ironed out in the following years: swamped with responsibilities beyond their resources, and faced with continued hostility from poor law Guardians, the Lunacy Commission decided not to pursue the issue of workhouse lunatics and idiots by not requiring certificates for those remaining within the Guardians' responsibility. Furthermore, they tolerated the emergence of idiot and lunatic workhouse wards.³⁵ The 1853 Lunatics (Amendment) Act obviated the need for certification for those transferred from one institution to another, creating in its place a transfer order.³⁶ Under this system, medical officers of the discharging asylum were obliged to send duplicates of the original certificate to the medical officer of the receiving asylum. In addition to the section of certificates which asked for the 'indications of insanity' given by medical practitioners, this Act added a section on 'indications of insanity' given by others.³⁷ This addition of other testimonies had operated informally for decades at the York Retreat, which in 1818 formalized its certificates to include sections for both a medical practitioner *and* the patients' family members.³⁸

Regardless of the route whence the insane person came, admission to any asylum was still dependent upon the certification by qualified medical practitioners. Thus the certificates originally stated that only those persons

³² Though only within the Metropolis. The granting and revoking of licenses of private homes remained within the hands of the county magistrates. Lunatics Act, 1845, ss. xiv, xvii.

³³ Counties or boroughs could also 'merge' with voluntary asylums to this effect. 8 & 9 Vict. c.126, 'Asylums Act, 1845', c.126, s.ii, xc. These powers of 'joint asylums' date from the 1808 Act.

³⁴ Second Annual Report of the Lunacy Commissioners to the Lord Chancellor, **PP** (1847-48), xxvi, 396-404.

³⁵ The certification of workhouse lunatics was not required until 1889. 52 & 53 Vict. c.41 'Lunatics Law Amendment Act, 1889', Form 10.

³⁶ 16 & 17 Vict. c.96, 'Lunatics (Amendment) Act, 1853', s. xx. For the details of the revised certificate of insanity, see Schedule (F) No. 3.

³⁷ Lunatics Act, 1853, Schedule A & B.

³⁸ Digby, *Madness, Morality and Medicine*, 205.

licensed as 'physicians, surgeons or apothecaries' were eligible to fill in the details. After the medical profession created a unified registration system in 1858, the next Lunatic Amendment Act, in 1862, substituted 'those licensed under the 1858 Act' for 'physician, surgeon or apothecary'.³⁹ Several measures were written into the Lunacy Acts to safeguard against possible collusion, either between families and medical practitioners, or between medical practitioners and operators of private licensed homes. Thus, any medical practitioner with an interest, or with a close relative with a direct interest, in a private licensed home could not legally sign a document for a patient to be taken into that same home, nor could a medical officer of any institution sign a certificate for an admission to his own asylum. In cases of non-pauper certificates, the two medical men could not be in practice together, nor could they examine the person at the same time. For pauper patients the signing medical practitioner (before 1853) could not even be the official medical officer of the inmates' parish or union of settlement. Certificates had to be signed within seven days of confinement or they were invalid. In an emergency, a patient could be admitted with only one signature, provided a second *and third* signature were added within three days. Lastly, any signing medical practitioner showed to have deliberately falsified a statement was guilty of a misdemeanour.⁴⁰ Not surprisingly, some confusion, or avoidance, persisted. Thomas Mayo, for instance, certified ten patients for the private Ticehurst asylum between 1819 and 1833, four after the 1828 Act prohibited him from doing this, since he was a Visiting Physician.⁴¹ Similarly, John Conolly, it was revealed in court, had certified a patient sent to Moorcroft House, to which Conolly was also a Visiting Physician.⁴² Occasional letters to the editors of medical journals reveal that the system was not foolproof.⁴³

The revised Certificates of Insanity for pauper and private patients, and Reception Orders (for all admissions) created by the 1853 Act were relatively successful, remaining for thirty-three years until the Idiots Act came into effect in 1887 and changed the law regarding the certification of idiots.⁴⁴

³⁹ 25 & 26 Vict., c.111, Lunacy Acts (Amendment) Act, 1862, s.47.

⁴⁰ Lunatics Act, 1845, ss. xxiii, xliii, xlv, xlv, xlvii, xlviii.

⁴¹ MacKenzie, *Psychiatry for the Rich*, 79.

⁴² Peter McCandless, 'Liberty and lunacy: the Victorians and wrongful confinement' *Journal of Social History*, xi (1978), 371. As in other aspects of his life, John Conolly had a habit of preaching one thing and practising another. In his book, *Indications of Insanity*, he took pains to warn doctors of the dangers of a conflict of interest when certifying patients destined for private homes. John Conolly, *An Inquiry Concerning the Indications of Insanity with suggestions for the better protection and care of the insane* (London, 1830), reprinted with an introduction by Richard Hunter and Ida Macalpine (London, 1964), 362-4.

⁴³ See, for example, [anon.] 'Certificates of Idiocy', *British Medical Journal*, 1879, i (March 3), 36, on suspect cases of idiocy being improperly certified.

⁴⁴ The Idiots Act required only one medical signature and dropped both sections requiring indications of insanity. 49 & 50 Vict. c.25, 'Idiots Act, 1886', Form 1.

Because this period also saw a rapid increase in the numbers of insane persons admitted to asylums under the authority of the Lunacy Commissioners, and the turnover rate of new admissions remained high, the number of certified insane persons during this period may be conservatively estimated at 200,000 persons. This paper will now turn to an examination of the post-1853 Certificate of Insanity.

The Victorian certificates

The Certificate of Insanity for pauper patients required the signing medical practitioner to state his name, license(s) and medical practice, the date of certification, place of certification and the person duly certified. Taken from the records of the former Buckinghamshire County Pauper Lunatic Asylum, Pl. 1 represents the certification of John Dell, a 69-year-old labourer from Dorney, Buckinghamshire, admitted to the county asylum in 1861. The medical practitioner, George Jules Gillam, was a member of the [Royal] College of Surgeons, & Apothecaries Hall of London, and described himself as a 'surgeon'. After stating the date, place of certification, and the name of the person duly certified, he classified John Dell as a 'lunatic' and then stated his 'facts indicating insanity observed by myself [the doctor]':

That he is very irrational – and desponding – has an idea that immediate death by starvation will take place – is wandering, and incoherent in conversation – and has a wild, anxious countenance.

Below this small space, he was obliged to fill out 'other facts indicating insanity communicated to me [the doctor] by others', and state 'from whom'.

His wife asserts – that he has been delirious for several days – and last night he tore [his] bed clothes – and her night cap into pieces – that he every few minutes counts his money – consisting of a few shillings and two half sovereigns – is very restless, desponding and she fears [he is] likely to do mischief to himself.

Lastly, the medical practitioner signed and dated the document, and gave his address. References at the side of certificate aided the medical practitioner as to acceptable entries, including the statutory definition of insane persons.

The Certificate of Insanity for non-pauper or 'private' patients repeated all of the prescriptions for pauper patients but, as stated earlier, it required two medical testimonies. Thus the private certificate was often a single, bifurcated sheet of paper, with duplicated sections for each of the two medical practitioners to fill in, as shown in Pl. 2, the certificate for Eleanor Feaver, admitted to the Earlswood Asylum for Idiots in 1881. Here, Edmund Valentine, a practising 'surgeon', certified Eleanor as an 'idiot'. The facts included her 'very vacant expression of countenance, speech very defective'.

MEDICAL CERTIFICATE.
Sched. (F.) No. 3.

I, the undersigned, *George Innes Piliam*
being a *Member of the College of Surgeons, & Apothecaries Hall of London*
and being in actual Practice as a *Surgeon*
Certify, that I, on the *10th* day of *May*,
at *Donnington, Dorset.* hereby
County of *Bucks.* in the
personally examined *John Dell, Laborer*
of *Donnington, Dorset.*
and that the said *John Dell*
is a *Job Lamer* and a proper Person to be
taken charge of and detained under Care and Treatment, and that I have formed this opinion
upon the following grounds; viz.—

1. Facts indicating Insanity observed by myself— *That he is very irrational - and despairing - has an idea that immediate death by starvation will take place - is bounding, and makes conversation - and has a wild, angry countenance.*

2. Other Facts (if any) indicating Insanity communicated to me by others—
Protrude apert - that he has been delirious for several days - and last night he tore his bed clothes - and his night cap into pieces - that he was few minutes on his money - consisting of a few shillings and a two half pence - is very restless, despairing and she fears likely to injure himself.

(signed) Name *George Innes Piliam*
Place of Abode *Donnington*

Dated this *10th* day of *May* One thousand eight hundred and *eighty one*

PLATE 1. The certification of John Dell.

© Buckinghamshire Record Office

This Paper must be minutely filled up in every respect, or the Case cannot be admitted. *

MEDICAL CERTIFICATE.—Sched. (A) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned,
being (*) a member of the Royal College of Surgeons in England
and being in actual practice as a (*) Surgeon
hereby certify, that I, on the 28th day of November 1887 at (*) my house
in the County of Somerset
personally examined (*) Eleanor A. Feaver, of Babcoar, Somersetshire
separately from any other Medical Practitioner,
and that
the said Eleanor A. Feaver is a (*)
Idiot and a proper Person to be taken charge of and detained
under Care and Treatment, and that I have formed this opinion upon the following grounds; viz. :—
1. Facts indicating Idiocy observed by myself (*) such as a very vacant
expression of countenance, speech very defective

2. Other facts (if any) indicating Idiocy communicated to me by others (*)
the father informs me that she is quite incapable of receiving
any instruction from the ordinary mode of teaching

Signed, Name, Edmund de la Vallentune

Place of Abode, Somerset

Dated, this 28th day of November One Thousand Eight
Hundred and Eighty-one

MEDICAL CERTIFICATE.—Sched. (A) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Carry Pearce Cornish
being (*) Doctor of Medicine, (London) & member of the Royal College of Physicians (London)
and being in actual practice as a (*) Physician Surgeon
hereby certify, that I, on the 28th day of November 1887 at (*)
in the County of Somerset
personally examined (*) Eleanor A. Feaver, of Babcoar,
Somersetshire
and that
the said Eleanor A. Feaver is a (*)
Idiot and a proper Person to be taken charge of and detained
under Care and Treatment, and that I have formed this opinion upon the following grounds; viz. :—

1. Facts indicating Idiocy observed by myself (*)
1. Henry suggested that her name is Tommy. He replies Tommy to Henry
question (as to her age &c.) 2. Articulation slow & laboured -
3. She has the open mouth - suggested for length of dwelling of an idiot -
2. Other facts (if any) indicating Idiocy communicated to me by others (*)
1. Unable to learn her letters. 2. Knows nothing of numbers or money
3. occasionally her habits are dirty - (all from father) -

Signed, Name, Carry Pearce Cornish

Place of Abode, Castle Cary, Somerset

Dated, this 28th day of November One Thousand Eight
Hundred and Eighty-one

(a) Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary, &c. gra.—
Fellow of the Royal College of Physicians in London.
(b) Physician, surgeon, or apothecary, as the case may be.
(c) Here insert the street and number of the house, (if any), or other like particulars.
(d) A.D., of—, insert residence and profession or occupation (if any).
(e) Lunatic or an Idiot, or a person of unsound mind.
(f) Here state the facts.
(g) Here state the information, and from whom.

Below, her father informed the surgeon that 'she is quite incapable of receiving any instruction from the ordinary mode of teaching'. The second doctor, Carry Coombs, listed Eleanor's deficiencies in a more systematic manner: '1. having suggested that her name was Tommy – she replies Tommy to every question (as to her age, etc.) 2. articulation slow & laboured 3. She has the open mouth – uncalled for laughter & drivelling – of an idiot'. To this he listed the father's indications, viz. '1. unable to learn her letters 2. knows nothing of numbers or money 3. occasionally her habits are dirty.'

These Certificates of Insanity present the historian with interesting interpretative problems and possibilities. First, the sections for 'indications' were rather small, leading practitioners to enter short phrases, rather than long discursive expositions. Secondly, there was no checklist of symptoms upon which the doctor should comment, merely the admonition that *something* had to be written. Thirdly, equal space was devoted to 'indications of insanity' related by others, an addition required for both private and pauper certificates by the 1853 Act.⁴⁵ These indications were invariably given by family members. This juxtaposition of both medical and lay opinions offers interesting comparative material for the historian. Though these familial comments are a rare insight into lay and, in many cases, working-class attitudes to insanity in the Victorian period, the inscriptions of this section were written by the medical practitioner and were thus 'filtered' through his hand.

It is reasonable to assume that, given the dates of the certificates of insanity, very few of the certifying doctors would have been formally schooled in medico-psychology, which was not a required course in any of the English or Scottish universities before the turn of the century. It is possible that a handful may have attended lectures on mental disease, such as those given to the London teaching hospitals in the late 1860s by John Langdon Down, the second medical superintendent of Earlswood. Some may have possessed one of the few 'textbooks' on insanity, such as Conolly's *Indications of Insanity* (1830), Bucknill and Tuke's *Manual of Psychological Medicine* (1858) or, less likely, Duncan and Millard's *A Manual for the Classification, Training, and Education of the Feeble-minded* (1866), all of which gave general comments on what does and does not constitute insanity and its sub-groups, such as idiocy.⁴⁶ They also could have had access to the growing literature on insanity published in the *Journal of Mental Science*, and the few specialist articles which filtered through to the *Lancet* and *British Medical Journal*. But the practical aspects of how to conduct a 'proper' certification

⁴⁵ Lunatics (Amendment) Act, 1853, s. x.

⁴⁶ Conolly, *Indications of Insanity*, John Bucknill and Daniel Tuke, *A Manual of Psychological Medicine* (London 1858); Martin Duncan and William Millard, *A Manual for the Classification, Training, and Education of the Feeble-minded, Imbecile, & Idiotic* (London, 1866).

were clearly lacking. John Millar, recognizing the helplessness of medical practitioners when faced with the problem of certifying insanity, gave examples of 'satisfactory and unsatisfactory' certificates of insanity in his book *Hints on Insanity* (1861).⁴⁷ There were also legal texts which medical men, if they knew of them or had them in their possession, could turn for guidance. Charles Philips, one of the lawyers on the Lunacy Commission, drew on legal precedents to formulate his definition of what constituted insanity in his textbook, *The Law concerning Lunatics, Idiots, and Persons of Unsound Mind*:

Every person whose mind from his birth by a perpetual infirmity is so deficient as to be incapable of directing him in any matter which requires thought or judgement, is in legal phraseology *an idiot*;

Every person *qui gaudet lucidis intervallis*, and who sometimes is of good and sound memory, and sometimes non compos mentis, is in legal phraseology *a lunatic*;

Every person who, by reason of a morbid condition of intellect is incapable of managing himself and his affairs, not being an idiot or lunatic, or a person merely of weak mind, is in legal phraseology *a person of unsound mind*.⁴⁸

Naturally, the boundaries between idiots and the merely weak-minded, or between the eccentric and the lunatic, were open to interpretation by medical practitioners and the lay public alike, but the point to be underlined here is that the legal definition of 'insanity' in the Victorian period was a broad one which encompassed all those being at some time *non compos mentis*.

Completed certificates were sent with the patients along with Reception Orders to the licensed asylum where they were kept for possible inspection by the Commissioners in Lunacy or by the county magistrates. Although the responsibility for examining certificates was not prescribed in law, David Mellett believes that Commissioners 'checked carefully for any irregularities and omissions, and endeavoured to have them remedied',⁴⁹ and Peter Bartlett found four patients destined for the Leicestershire and Rutland Asylum in the 1860s who were refused admission due to faulty certificates.⁵⁰ Incomplete certificates were especially evident in the years immediately after the 1845 Acts. Indeed the number of mistakes made by medical practitioners 'far exceeded the expectations' of the Lunacy Commissioners when they were compiling their second annual report.⁵¹ Since the laws required that any

⁴⁷ As cited in McCandless, 'Liberty and lunacy', 346.

⁴⁸ Charles P. Philips, *The Law Concerning Lunatics, Idiots and Persons of Unsound Mind* (London, 1858), 1-2.

⁴⁹ Mellett, *Prerogative of Asylundom*, 108.

⁵⁰ Bartlett, 'The Poor Law of Lunacy', 193.

⁵¹ Second Annual Report of the Lunacy Commissioners, *PP* (1847-48), xxvi, 396.

person admitted with an improper certificate must be discharged, the 1853 Lunatics (Amendment) Act provided greater flexibility by allowing a doctor to fill in missing information within 14 days.⁵² Thus a system of certification arose whereby local medical practitioners with no formal schooling in insanity, no requirement to consult or cite textbooks on mental disease, and no background in the institutional treatment of disordered behaviour were required to devise means of legitimating the incarceration of alleged lunatics and idiots. The last section of this paper will analyse how medical practitioners approached certification through an examination of the certificates of patients admitted to one institution – the Earlswood Asylum.

The Earlswood certificates

The Earlswood Asylum was built in 1853 near Redhill, Surrey, for the education and training of idiot children of the ‘middle classes’ and the ‘respectable poor’. It was a ‘voluntary’ or charitable institution which admitted patients on three payment statuses: *elected* patients, who were admitted free of charge for a fixed five-year period; *reduced* fee-paying patients, who were admitted at a subsidized rate; and *private* patients, who paid at least the £50 per annum required for non-subsidized institutional care. The occupations given by male guardians of children admitted to the asylum included unskilled labourers, members of the labour aristocracy, clerks and grocers, and a handful of private, fee-paying patients. This variety of socio-economic backgrounds was matched by a wide distribution of families across England and Wales and a reasonable balance between families from villages, small market towns, and urban centres. The asylum admitted twice as many boys as girls, and the population grew from two hundred to close to five hundred inmates in the 1870s. The average age of admissions (by yearly cohorts) varied between eleven years and nine years of age, and the length of stay fluctuated between five and seven years.⁵³

Certificates of Insanity for the Earlswood Asylum are extant for every year, except one, between 1853 and 1886. In total they represent some 2300 certificates for 2053 admissions. Data for all the Certificates of Insanity for six sample years⁵⁴ were entered into a relational database in their original form, including the names, addresses, locations of the doctors, the names, addresses and diagnoses of the patients, the date and place of certification, and the ‘indications of insanity’ given by both the medical practitioners and ‘others’ – usually primary family members. This table of certificates was

⁵² Lunatics (Amendment) Act, 1853, s. xi.

⁵³ Wright, ‘The National Asylum for Idiots, Earlswood, 1847–1886’, unpublished Oxford D.Phil. thesis, 1993, chapters two, three, and eight.

⁵⁴ The years are 1861, 1866, 1871, 1876, 1881, 1886.

TABLE 1. *Licenses held by doctors certifying admissions to Earlswood Asylum, 1861, 1871, 1881*

License(s) listed by Certifying Doctors	Year			Total	
	1861	1871	1881		
Physician (only)	5	10	8	23	6%
Physician and Surgeon	5	9	17	31	8%
Surgeon (only)	36	43	34	113	28%
Surgeon-Apothecary	35	44	26	105	26%
Apothecary only	5	1	2	8	2%
Physician, Surgeon and Apothecary	3	5	4	12	3%
M.D. alone	2	11	19	32	8%
M.D. and Physician	2	4	0	6	1%
M.D. and Surgeon	5	9	10	24	6%
M.D., Surgeon and Apothecary	4	9	1	14	3%
M.B.	1	4	6	11	3%
Not listed/Not known	0	3	5	8	2%
Total	103	152	132	387	

nominally linked to tables of reception orders and admission register data, and forms part of a large database constructed from the Earlswood records; it was also possible, therefore, to query across tables and deduce relationships between the status of the medical practitioner, his indications of insanity and the characteristics of the patients admitted.⁵⁵

As Michael MacDonald has rightly emphasized, any analysis of the changing approaches to the history of mental disorders must start by understanding the 'role of the observers as well as the observed'.⁵⁶ So who were these local medical practitioners? The Certificates of Insanity asked for the name, address, qualifications and type of practice engaged in by the certifying medical practitioner. The details of medical men for the years 1861, 1871 and 1881, representing 205 certificates, produced profiles of 387 medical practitioners in the period of 1861 and 1881, as listed in Table 1.⁵⁷

The certifying doctors were most commonly surgeons by license, being either licentiates, members or fellows of the Royal Colleges of Surgeons of London, England, or Edinburgh. Over half of these surgeons had added a

⁵⁵ Historians interested in accessing this database for comparative research should feel free to contact the author at the address listed above.

⁵⁶ Michael MacDonald, 'Madness, suicide and the computer', in Roy Porter and Andrew Wear (eds), *Problems and Methods in the History of Medicine* (London, 1987), 210.

⁵⁷ Certificates of Insanity for non-pauper admissions required two signing medical practitioners, but a few doctors signed more than one medical certificate. Therefore the total number of individual doctors does not correspond to exactly twice as many admissions.

license in apothecary from the London Society of Apothecaries, the Apothecaries Hall or the Company of Apothecaries. Inevitably, if they had such a dual qualification, they listed themselves as practising 'surgeon-apothecaries' or, less commonly, 'general practitioners'. Licentiates or Fellows of the Royal College of Physicians and those who listed only their graduation from Oxford or Cambridge made up fifteen per cent or fewer of the examining doctors in each year. The stereotypical hierarchy of medical men – physician, surgeon and apothecary – did not necessarily correspond to the occupational classification of the family approaching them for certification. Physicians certified children of families across the socio-economic spectrum from rich private clergy families to families headed by clerks, brassfinishers and coachmen whose children were accepted as charitable cases to the asylum. There were also many surgeons and surgeon-apothecaries certifying children of professional or manufacturing families who were willing to pay Earlswood's minimum annual fee of fifty pounds. This supports the thesis of a certain 'fluidity' of medical roles in the competitive medical market of the nineteenth century.⁵⁸

A comparison of the address of the certifying doctors compared to the place of abode of the inmates' family (derived from Reception Orders) shows that these medical practitioners were overwhelmingly from the local area in which the inmate lived; many could be assumed to have known the child in question. In some instances the doctor used his familiarity with the child as a justification for certification: 'I have known the child in question for many years', commented one practitioner, 'and have no doubt as to his being idiotic.'⁵⁹ Charles Ray, a 'general practitioner' licensed in surgery and apothecary, stated that he had attended Edith Little before on three or four occasions and that she was 'obviously an idiot'.⁶⁰ A local medical practitioner briefly described his past interactions with a six-year-old boy as part of his reasons for medical certification:

Have seen the child from time to time for 2 years past when visiting other patients at the house. He has an imbecile manner & expression, mutters unintelligibly to himself. When asked to put out his tongue e.g. he takes no notice beyond making some grimaces & walks off to the other side of the room – shewn a penny & asked what it is, he cannot tell. Makes known his desires in an imbecile fashion...⁶¹

In contrast to MacKenzie's findings for the certification of patients to Ticehurst,⁶²

⁵⁸ Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge, 1994), esp. chapter one.

⁵⁹ Certificate for Edward Barker, 1871, SRO 392/21/19. All certificates are listed under the series SRO 392/21, and henceforth the person and the year will only be listed.

⁶⁰ Certificate for Edith Little, 1871.

⁶¹ Certificate for Thomas Pritchard, 1886.

⁶² Charlotte MacKenzie, *Psychiatry for the Rich*, 13.

the practice of certifying admissions at the asylum or in the local neighbourhood of the institution was not common for patients destined for the Earlswood Asylum. Fewer than ten per cent of cases may be considered to have fallen into this category and, in the cases certified at the asylum, this was usually so if the child was transferred from another asylum prior to admission to Earlswood or if the parents lived abroad.

Unlike the medieval *lunatico inquirendo*, a public occasion encouraging the participation and testimony of neighbours, the certification of insanity appears to have been a private matter, conducted in the midst of and with the testimony of the family, and completed in the home of the family or the surgery of the medical practitioner. References in the certificates to people outside the nuclear family usually occurred in the case of the death of a parent, or when 'nurses' had helped with pre-institutional caring. Fathers tended to sign the Reception Orders, but the facts communicated to the medical practitioners in the certificates tend to lean heavily to women – hence entries such as 'her grandmother says she cannot be taught', or 'she is at times violent – her sister', indicating that those primarily responsible for care in the household also took the lead in certification.

The medical 'indications' of insanity inscribed in the certificates incorporated three traditions in the identification of idiocy: an old tradition of 'interrogation' derived from legal texts; a contemporary social definition of behaviour based partly on the testimony of family members; and a new medical paradigm of 'seeing the idiot'. The examination of idiocy dates back to medieval statutes governing property rites. The *Prerogativa Regis* outlined the requirements of the crown to persons idiot or lunatic, and prompted 'inquisitions' by royal officials to determine the allegation of lunacy or idiocy. An early seventeenth-century legal dictionary listed ways of evaluating the state of idiocy which had been in place for centuries:

Idiot is he that is a fool natural from his birth and knows not how to account or number 20 pence, nor cannot name his father or mother, nor of what age himself is, or such like easy and common matters; so that it appears he has no manner of understanding or reason, nor government of himself, what is for his profit or disprofit.⁶³

Rushton has shown that these basic tests – counting to twenty, knowing the name of one's parents or neighbours, knowing the seasons or coinage – persisted into the early modern period as standard tests for idiocy in north-east England.⁶⁴ This inquisition or interrogation of the person did not

⁶³ As quoted in Richard Neugebauer, 'Mental handicap in medieval and early modern England: criteria, measurement and care', in Wright and Digby (eds), *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities* (London, 1996), 25.

⁶⁴ Peter Rushton, 'Idiocy, the family and the community in early modern north-east England', in Wright and Digby (eds), *From Idiocy to Mental Deficiency*, 44–64.

disappear with the advent of a 'scientific' medical profession. Medical practitioners wrote, in the Victorian certificates, that the idiot children were unable to state their names, places of abode and days of the week. 'Unable to recollect her own Christian name or age', wrote William Wilson, a physician from Cheltenham, 'or name the number of brothers & sisters in her family'. There was also the well-known use of coins for testing counting: 'He is quite unable to tell the sum of three or four coins', scribbled the Exeter physician Samuel Budd in 1861, '[he] told me that there were six pences to make a shilling.'⁶⁵ Interrogating the child as to the correct month, year, and the name of the Queen, were all common. For children who answered these preliminary questions correctly, the doctors usually presented them with simple problems of arithmetic, reading or writing, reflecting a process of mental testing decades before the emergence of compulsory education and the establishment of separate schools.⁶⁶ There was also the sense of developmental ability: 'Though [about] 28 years age – [he] does not know the season of the year or the day of the week.'⁶⁷

It has been argued elsewhere that families testified in certificates of the social skills deficits of the child from practical household experience, such as the inability to care for themselves, or violent and uncontrollable behaviour.⁶⁸ Naturally, the medical indications of idiocy did not detail the many deficits of self-care, which were areas extensively covered by the testimony of family; rather, they dwelt on the 'peculiarity of manner', 'excited, repetitive behaviour', or 'grovelling on the floor' exhibited during the certification examination. By necessity, the testimony of the medical practitioners mention the 'inability' or 'disinclination' of the child to speak when presented. 'Inability to speak distinctly and childishness of manner', wrote George Harrison, a surgeon from Brixton Hill, in the medical certificate for Walter White in 1871. Other children were described as speaking 'clumsily' or 'incoherently', or 'humming' and 'laughing' without notice of those around them. This was not simply a case of deaf and dumb children: 'Although he can hear[,] he cannot speak he has no intelligence & does not understand when spoken to', concluded Thomas Edgeworth, a Bristol surgeon of the idiot child, Henry Lee, in 1881.⁶⁹

A major preoccupation of prominent Victorian alienists was the ongoing fascination with phrenology and its relationship to the diagnosis and treatment of insanity.⁷⁰ John Conolly, himself a key member of the Board of

⁶⁵ Certificate for William Pitts, 1861.

⁶⁶ Gillian Sutherland, *Ability, Merit and Measurement: Mental Testing and English Education, 1890–1940* (Oxford, 1984).

⁶⁷ Certificate, patient 397.

⁶⁸ Wright, 'Childlike in his innocence', in Wright and Digby (eds), *From Idiocy to Mental Deficiency*, 123–6.

⁶⁹ Certificate for Henry Lee, 1881.

⁷⁰ Roger Cooter, 'Phrenology and the British Alienists circa 1825–1845', *Medical History*, xx (1976), 135–51.

Management of the Earlswood Asylum, commented late in his life that: '... no person not altogether void of the power of observation can affect to overlook the general importance of the shape and even the size of the brain in relation to the development of the mental faculties.'⁷¹ Amongst those specializing in the education and treatment of idiocy, the attraction was no less prominent. John Langdon Down, medical superintendent of Earlswood from 1858 to 1868, and author of an 'ethnic classification' of idiocy, reflected in his various publications not only his interest in ethnology and anthropology, but also an ongoing fascination in the cranial localization of types of insanity.⁷² Local doctors by contrast wrote infrequently of 'peculiar physiognomies' which were 'typical' of idiots; distinct conditions, such as hydrocephaly, were only mentioned twice. Only a dozen medical certificates out of this sample of over 400 drew attention to the malformed head, palate or tongue of the idiot child, a very surprising number considering the impact that phrenology had on prominent Victorian alienists. Doctors were more likely to comment on a more general bodily deformity: 'The bodily conformation and deficient control over muscles as those often observed in idiots', wrote William Bathurst, a physician from London on the certificate for Henry Prestage, an eleven-year-old boy admitted to the asylum in 1876.⁷³ Reference to drooling, dribbling, or acts of a 'repetitive and purposeless nature' also appear regularly.

In 1861 John Bucknill, then President of the Medico-Psychological Association, penned an article complaining about the poor standards of certificates. He stressed that medical men should place first consideration on the appearance of the patient.⁷⁴ By doing so he was highlighting the importance of representing the insane in a new and normalizing way. As Sander Gilman has argued, modern medical observers have found it necessary to 'see the insane' by compartmentalizing them into coherent and identifiable types, thereby demarking the boundaries between the sane and the insane, and in this case, between the idiot and the merely backward.⁷⁵ This visualization of the idiot was consumed with the countenance of the face. The 'wandering eye', 'imbecilic expression', 'unmeaning grimace' and the 'fixed and unmeaning stare' are phrases representative of the new medical descriptions of what an idiot looked like. Key words crop up again and again. One quarter of all medical certificates noted the 'vacancy' of the child. Many doctors used phrases such as 'a typical vacant look of an idiot',

⁷¹ John Conolly, Lecture on Mental Disease to the Royal Institution, as cited in Clarke, James, *A Memoire of John Conolly* (London, 1869), 67. See also John Conolly, *Indications of Insanity*.

⁷² See John Langdon Down, *A Treatise on Idiocy and its Cognate Affections* (London, 1867) and *On the Mental Affections of Childhood and Youth* (London, 1887).

⁷³ Certificate for Henry Prestage, 1876.

⁷⁴ John Bucknill, 'On medical certificates of isanity', *Journal of Mental Science*, vii (1861), 82.

⁷⁵ Sander Gilman, *Images of Illness*, 4.

implying the shared cultural understanding with the undefined audience about how an idiot appeared.

As noted earlier, there was no requirement for medical practitioners to refer to 'textbooks' on insanity or to invoke expert authority to validate their indications of insanity within the certificates. Considering how infrequently medical practitioners may have certified insanity, however, one would have thought that they would have felt safer invoking the opinions of experts in the field. But there was not one certificate in four hundred studied which mentions a medical treatise, the thoughts of a distinguished alienist or references to any medical article. Nor can one see a reflection of the themes of heredity, consanguinity or degeneration which were beginning to preoccupy the theorizing of alienists such as Maudsley. This striking omission raises many questions about the relationship between the growing corpus of articles on insanity in specialist and general medical journals and the dissemination of such research to the mass of overworked general practitioners.

Conclusions

In conclusion, certification evolved in a piecemeal fashion, repeatedly extended and revised during the six decades following the Madhouses Act of 1774. Legislation enshrined the centrality in, rather than monopoly over, the certification of insanity by the medical profession, but this role was circumscribed and mediated by a number of influences, not least of which were the wishes of the families and the financial considerations of statutory authorities. The survey of legislation concerning the certification of insanity highlights two themes. First, that contrary to general historical interpretation, the nineteenth century did not witness the slow capture of the mad by a medical élite. Rather, the evolution of legislative provision, at first investing medical men with virtually unmediated authority, gradually curtailed the power of doctors, and especially the power of medical superintendents, over the process of certification and confinement. Certification increasingly devolved to non-expert medical men, in collaboration with lay informants. Secondly, legislation progressively erected barriers to the abuse of certification by prohibiting the collaboration of medical men and asylum proprietors, and between individual medical doctors and families.

The analysis of certificates of insanity for children admitted to the Earlswood Asylum suggests that the indications of insanity given by doctors during the great expansion of asylums, drew on older, legal traditions of the 'interrogation', relied heavily on the testimony of family members as to the disability of the child in question, and applied new medical paradigms of seeing the insane to fulfil the formal requirements for certification required by law. Although it is impossible to ascertain precisely what impact certificates had on the writings of medical superintendents, it has been

suggested that the incorporation of these records into case books must have formed an important part of the corpus of manuscript material drawn on by an emerging group of medical superintendents eager to establish their reputation in academic serials such as the *Journal of Mental Science*. Thus the nineteenth-century asylums saw a continuation of what Michael MacDonald referred to as the 'marketplaces in which concepts of insanity were bartered and compromises between the expert knowledge of the physician and the lay knowledge of the families and patients were struck'.⁷⁶ The precise terms and conditions of this 'bartering', and the way in which 'psychiatric' diagnoses and descriptions of behaviour inscribed on the certificates were shaped and manipulated in the nineteenth-century asylum case books by medical superintendents remain to be investigated more thoroughly.⁷⁷

This paper has outlined the importance of certificates of insanity as historical sources and their importance for our understanding of the history of psychiatry in the nineteenth century, but much remains to be researched. Certificates of insanity for Earlswood patients may have differed dramatically from the certificates of lunatics destined for county asylums. Did the definitions of common categories of insanity – mania, melancholia, dementia – change over time or between different classes or geographical areas? Was there, as Showalter and others have argued,⁷⁸ a dramatic widening of the definition of women's madness which facilitated the incarceration of troublesome women? More detailed studies of the certificates of insanity for other institutions in the nineteenth century will provide a more varied and deeper understanding of the emergence of the 'psy' society.

APPENDIX A: *Public General Statutes*

14 Geo. III c.49	Madhouses Act, 1774
48 Geo. III c.96	County Asylums Act, 1808, amended by: 51 Geo. III c.79 [1811] 55 Geo. III c.46 [1815] 59 Geo. III c.127 [1819]
9 Geo. IV c.40	County Asylums Act, 1828
9 Geo. IV c.41	Madhouse Act, 1828
2 and 3 Will. IV c.107	Lunatics Act, 1832
4 and 5 Will. IV c.76	Poor Law Amendment Act, 1834

⁷⁶ MacDonald, 'Madness, suicide and the computer', 211.

⁷⁷ For a recent attempt see Akihito Suzuki, 'Communal vs institutional: patients at Bethlem in the nineteenth century', unpublished paper.

⁷⁸ Showalter, Elaine. *The Female Malady: Women, Madness and English Culture, 1830–1980* (New York, 1985); Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* (New York, 1991), esp. chapter 3.

5 and 6 Vict. c.87	Lunatic Asylums Act, 1842
8 and 9 Vict. c. 100	Lunatics Act, 1845
8 and 9 Vict. c. 126	Asylums Act, 1845
16 and 17 Vict. c. 70	Lunacy Regulation Act, 1853
16 and 17 Vict. c. 96	Lunatics Care and Treatment Amendment Act, 1853
16 and 17 Vict. c. 97	Lunatics Asylums Amendment Act, 1853
25 and 26 Vict. c.111	Lunatics Law Amendment Act, 1862
45 and 46 Vict. c.75	Married Women's Property Act, 1882
49 and 50 Vict. c.25	Idiots Act, 1886
52 and 53 Vict. c.41	Lunatics Law Amendment Act, 1889
53 Vict. c.5	Lunacy (Consolidation) Act, 1890