

'Intracranial mischief' amongst the
wealthy and the workhouses;
understanding the role of private and
public asylums in Sussex 1845-1890

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Abstract

In the 1800s asylums were growing in size and prominence throughout England. Understandings of, and treatment approaches to, mental health were evolving rapidly. A literature review was conducted which provided context for primary sources collected from the archive for East Sussex County Council and the special collections of the University of Sussex. 124 primary sources in the form of admission notices to a private and a public asylum in Sussex were identified.

Socioeconomic class was a key determinant of mental health for patients in the Victorian era. Public patients were more likely to have longer admissions, a negative outcome and a less detailed diagnosis in comparison to private patients. Patients at each end of the age spectrum were more likely to be admitted to the public asylum as the resources to care for them were limited in poorer families. The concepts of poverty and stigma were key determinants of outcomes in this era. This essay approaches the issue of mental health using the perspective of previously unexamined sources, which contributes to understandings of modern day psychiatry.

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Introduction



Figure 1 - 'An Insane American' 1814 depiction of a Bedlam patient and the conditions he was kept in. Image taken from the John Johnson Collection, Bodleian Libraries, University of Oxford.

The 1814 depiction of an 'insane American' in Bedlam epitomised the very worst of mental health suffering in the 19th century; its publication scandalised society leading to legislative change.(1) The study of medical history has indisputable relevance for practitioners.(2,3) The burden of disease, both local and global, changes in consistency and complexity over time. The contribution of socioeconomic factors is increasingly recognised but there is a greater need for an understanding of the historical determinants. How society defines 'disease' is historically contingent. For example homosexuality was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1973.(4) This injustice was perpetuated by stigma and psychiatric classification. It is a stark illustration of how the combination of these two factors can have a far-reaching impact. An understanding of the evolution of medical practice and core lessons from the past have great relevance to the practice of modern medicine.(2,5) The role of medical history in relation to psychiatry is particularly compelling. This is due to the complex and intricate links between an individual's mental health and the culture and society within which it is explained and understood.(6)

Health inequities and inequalities in psychiatry in the mid to late Victorian era (1845-1890) remain relevant to today's understanding of treatment approaches. This essay will explore such factors with the aid of primary sources.

Aims

The aim of this essay is to explore key issues surrounding the differences in approach to patients in a private asylum compared to those in a public asylum in the late 1800s. This is broken down into three separate objectives, namely to compare:

- Diagnoses made and recorded between private and public patients
- Outcomes achieved between private and public patients
- The length of time spent in institutions between private and public patients

There have been many enlightening works on the origins of psychiatry in Britain and the asylum era from authors such as Porter and Scull.(7,8) It is an established topic of interest, which provides key understandings that continue to inform and shape modern psychiatry. This project will also contribute to the task of informing current practice by providing insight into the importance of a goal of delivering equality in the treatment and management of patients. The primary sources that form the basis of this essay have not been previously compared.

Records from both Ticehurst House and Sussex County Lunatic Asylum have been examined previously and resulted in enlightening works from Turner and Gardner.(9,10) However these works were primarily based on records held at the National Archives and the Wellcome Collection. For this project further primary sources were located using the archive collection for East Sussex County Council and the special collections of the University of Sussex.(11) Some records from Sussex Lunatic Asylum are incomplete. A number of Ticehurst House records were patient transfers so the full data is not provided. Moreover the admission records were often stored as separate documents to treatment and outcome documents so these were challenging to locate and decipher.

Background

The differences between patient diagnoses and outcomes between pauper and private asylums (1845-1890) was closely examined. A literature review was conducted to help gain contextual understanding of the aforementioned topic. Online databases were searched and followed up with a visit to the Wellcome Centre in London to gain a deeper understanding of the contextual information.

The History of Psychiatry and The 'Asylum Era'

References to mental illness and their treatment can be found as early as 5000 BC with skulls showing evidence of trepanation.(12) Texts from Ancient Egypt, China, Ancient Greece and the Romans also indicate an awareness of different types of mental illness dating from 1500 BC to 200 AD.(12,13) After the fall of the Roman Empire theories of mental illness, including different personality types and temperaments (Theophrastus) and 'rational explanations' (Hippocrates), largely reverted back to the belief in demons and other supernatural causes.(12) It took nearly 1000 years before the first hospital for the mentally ill in Europe, Bethlem Royal Hospital, admitted its first patients in the 1300s.(6,14) Key theories and ideologies emerged over the next 300 years largely driven by the Renaissance period that swept through Europe. Descartes' 'theory of mind' and Burton's 'Anatomy of Melancholy' are examples of influential works from this period.(12) The 'Asylum Era' dominated the approach to mental health from 1650-1950 AD.(13)

The time period that forms the focus of this research is from 1845 to 1890. This timeframe represents a period of consistency in asylum legislation, of increasing growth in the use of asylums and of expansion in their construction in England. Treatment options were incredibly limited between 1845 and 1890. The therapeutic advances of the 20th century had not yet arrived. Management was largely conservative. It relied on methods varying from physical restraint and isolation to experiencing the therapeutic effects of the environment, such as sea air.(6,15–17) The variety of treatments used in the 19th century included bleeding, rotation chairs, electric shock and immersion therapy.(6) For the most part these interventions were ineffective and often inhumane. The treatments given to patients varied between asylums and there was no strict consensus as to the best approach.(18)

Status of Mental Health in the 19th Century

Admission documents from 1845-1890 support the theory that mental disorders were understood in particular categories.(18) The four tenets of mental illness were: mania, melancholia, dementia and idiocy.(6)

Mania and melancholia were seen primarily as states of over and under-activity. It was not until the beginning of the 20th century that these terms became more strongly associated with mood leading to our current understandings of mania and depression.(16,17) Dementia broadly referred to a state of acquired intellectual deficit or a loss of cognitive ability, which could include conditions occurring at any age and from any cause.(15) Its use ranged from head injuries to severe psychosis. It has much more specific connotations in today's society and is predominantly used to describe a collection degenerative, irreversible conditions in older age groups.(22) Idiocy was used as a generic term, with phrases such as 'imbecility', 'lunatic', and 'weak in mind' often being used interchangeably. The distinction between mental illness and learning disability was not properly defined or understood.(19)

Wealth and Workhouses in Victorian England

The experience of poverty in Victorian England varied in urban and rural settings but regardless of location those who were unable to financially maintain themselves ended up in the workhouse. Workhouses were state run institutions that provided accommodation and food in exchange for labour. This excerpt from the Poor Law Commissioners' Report of 1834 illustrates the punitive nature of the workhouses:

"into such a house none will enter voluntarily; work, confinement and discipline, will deter the indolent and vicious; and nothing but extreme necessity will induce any to accept the comfort which must be obtained by the surrender of their free agency, and the sacrifice of their accustomed habits and gratifications."(20)

The types of asylums that existed between 1845 and 1890 were, for the most part, either private establishments or government-run institutions such as the county

asylums founded by the Lunacy Act of 1845. There were also a number of charitable asylums, such as the York Retreat, with an emphasis on moral management and the development of occupational therapy.(7) Lastly, some workhouses built after the 1834 Poor Law Amendment Act contained lunatic wards where patients would be sent rather than to a county asylum.(5,8) For wealthier individuals there was also an option to receive different private treatment approaches, such as 'rest homes' and 'nerve clinics', which offered a way of reducing the stigmatising connotations of mental health incarceration.(21,22) This is one of the key distinctions between private and state care which forms the crux of the essay.

The Lunacy Act of 1845 categorised people into those who could pay for their care and were therefore privately funded and those who could not and were publicly funded. This meant that private asylums were not reserved for just the extremely wealthy; the Victorian middle class could afford such care too. In fact some asylums were targeted at such clientele. For example the Holloway Sanatorium was labelled as a 'hospital for the insane of the middle class.'(23) Only those with no other funding options were classed as public patients, therefore this group included paupers, the poorest members of society. People were often referred from, and discharged back to, local workhouses. It was cheaper to maintain a person as a pauper at the workhouse than as a lunatic at the county asylum, therefore people were only referred to the latter when they were floridly unwell.(17)

Private and Public Asylums

Asylums in England between 1845 and 1890 showed great variation in size and treatment approaches.(24,25) Therefore it is necessary to provide some background information on the two asylums contrasted in this research.

Ticehurst House Hospital, also referred to as 'The Establishment', was founded in 1792 by Dr Samuel Newington.(26) Although a private hospital, it initially admitted pauper patients (who were funded by their parish) until 1838 when the decision was made to exclusively admit only private patients.(27) By the latter half of the 19th century it was the most expensive establishment in England and was known as, 'the

mecca of private asylums'.(26) The hospital was regarded highly among the upper class and patients came from across Britain to be treated there. The hospital was 'principally calculated for the reception of patients of a superior situation in life.'(28) Treatment methods ranged from mustard baths to playing cricket and strict attention was paid to diet. Ticehurst House still exists today as part of The Priory network, which is a well-known private psychiatric institution.(29) Records from private asylums are generally found to be missing or in poorer condition than those from pauper asylums. This is because the latter often had greater continuity in their record keeping and statutory protection due to changes brought in by the Lunacy Act 1845.(29) However Ticehurst House is an exception to this trend, with the majority of records from 1845-1948 kept in excellent condition.

Sussex County Lunatic Asylum was opened in 1859 as a late response to the county asylum legislation.(15) It had an initial capacity of 400 but within five years it experienced overcrowding and extensions were swiftly added. Patients were predominantly referred there if they did not have the means to pay for care privately.(27) It also admitted a number of private, fee-paying individuals, which helped to generate income. However the vast majority of patients were referred from workhouses. The responsibility of paying for such patients lay with the county council. It provided care for public psychiatric patients in varying forms until its closure in 1995. Information on treatment approaches used is more limited but it is likely that the attention to detail seen at Ticehurst House was not replicated at the Sussex County Asylum.(10) Due to the punitive approach to poverty encouraged by the Poor Law Amendment Act of 1834 the cost of housing an individual in a public asylum was greater than in the workhouse.(10) This meant often only the most unwell patients were referred. Despite this, by the 1890s Sussex County Asylum was suffering from severe overcrowding with temporary buildings and the transfer of patients commonplace.(15,10)

Ticehurst House and Sussex County Asylum are archetypal private and public asylums from the 1845-1890 period. Therefore their data will contribute to the comparison between publicly funded and privately funded patients and the role socioeconomic status had in an individual's experience of their mental health.

Results

25 records were collected from Ticehurst House dating from 1884-1885 but only 12 were found to have full sets of patient data. From Sussex County Asylum 99 patient records from 1874-1887 were collected but only 87 had full sets of data. There are more records from Sussex County Asylum because they were easier and quicker to search. The records from Ticehurst House were incredibly detailed with full descriptions of the diagnosis by two doctors and a collateral history. However not all the information pertaining to the same patients was stored together therefore it was a more time-consuming and laborious process investigating these records. Moreover in England and Wales in 1875 there were an estimated 56,403 patients in public institutions and only 7,340 in private institutions.(29) Therefore there are less private records in existence.

Diagnoses

The prevalence of certain diagnoses is listed by institution in Figure 2.

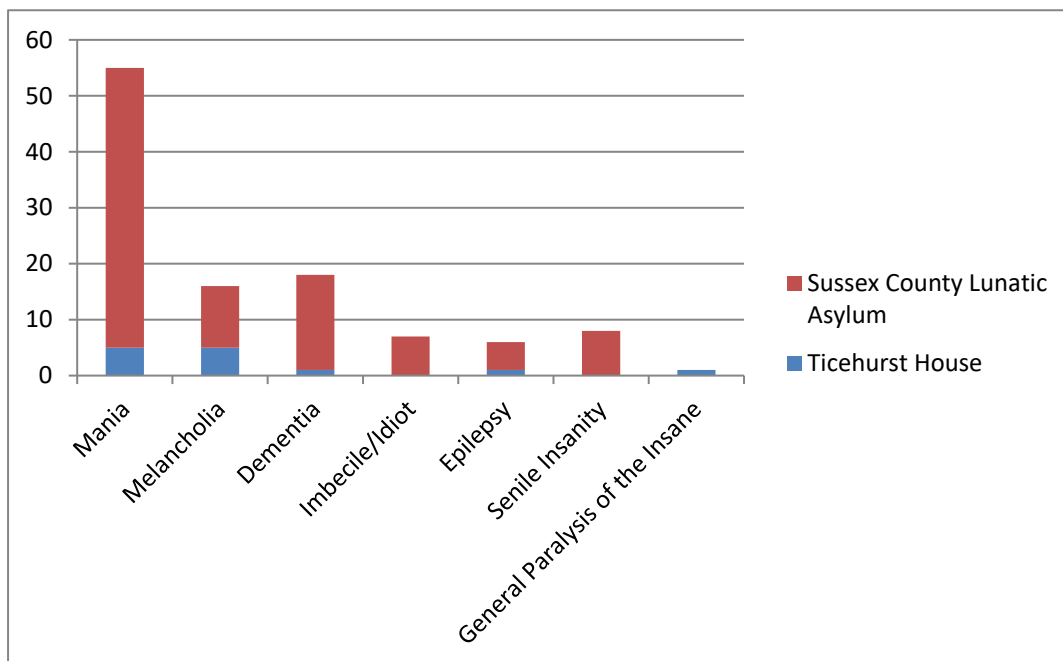


Figure 2 - Diagnoses data

For each broad heading, such as mania, there were many variations including chronic, acute and sub-acute. For some patients a more detailed description of their diagnosis was provided. For example the condition of a patient at Ticehurst House was described as 'mania associated with exaltation alternating depression.'

Outcomes

Outcome data was available for 11 Ticehurst House patients and 88 Sussex County Lunatic Asylum patients. There were four potential outcomes for patients at either institution. Upon the date of discharge or death each patient was listed as either: recovered, relieved, not improved or died. The outcomes for Ticehurst House can be seen in Figure 3.

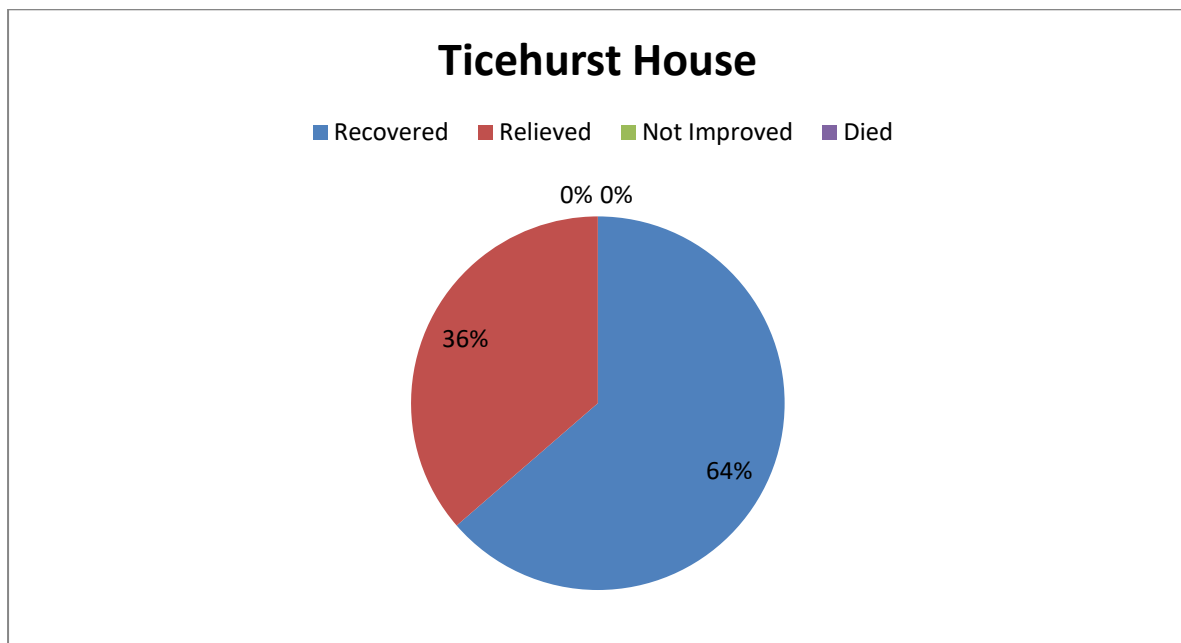


Figure 3 - Ticehurst House outcomes

Overall for the private patients, 4 patients were relieved and 7 recovered with 0 deaths or registered as no improvement.

The outcomes for Sussex County Lunatic Asylum can be seen in Figure 4.

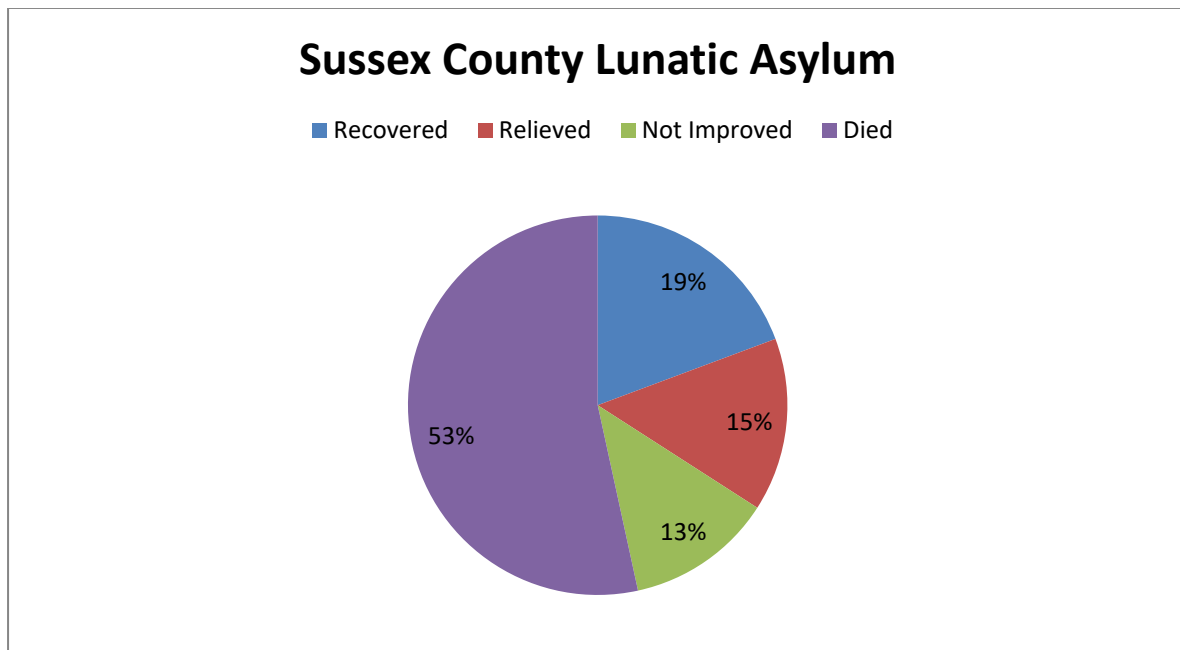


Figure 4 - Sussex County Lunatic Asylum outcomes

Here the data showed that 47 patients died, 17 recovered, 13 were relieved and 11 showed no improvement. Sadly many of the patients who recovered or were relieved were discharged back to the workhouse where conditions were not conducive to good mental health.

For Ticehurst House the average time spent in the asylum was approximately 6 months, whereas for patients in the Sussex County Asylum it was 3 years.

Discussion

The concept of health inequity and inequality has achieved greater recognition in recent years globally and within the UK. Tudor-Hart's Inverse Care Law, the principle that the availability of good medical or social care often varies inversely with the need of the population served, can be seen in action in the microcosms of Ticehurst

House and Sussex County Lunatic Asylum.(30) Moreover socioeconomic class is a well recognised determinant of health.(31)

Debate is ongoing as to whether divisions between private and pauper asylums were an accurate reflection of the class divisions within Victorian society.(18) In Ticehurst House occupations ranged from that of lady and gentleman to schoolmistress, clerk in the war office, artist and Captain in the Royal Navy. Contrastingly the majority of Sussex County Asylum patients were listed as poor or pauper, labourer or domestic servant; several of the female patients were prostitutes. The remainder of occupations included seamstress, bricklayer, taxi driver and tailor. The range of occupations found in the Sussex County Asylum do support the theory that there were patients of pauper and middle class backgrounds in public asylums while the occupations from Ticehurst House are predominantly upper and middle class.

The cost of long-term institutional care was a significant burden upon families from all socioeconomic classes but its impact was most profound in those of a lower socioeconomic class. This extract from the 9th Annual Report of the Commissioners in Lunacy 1855 illustrates the established mental health and poverty cycle:

"except among the opulent classes, any protracted attack of insanity, from the heavy expenses which its treatment entails, and the fatal interruption it causes to everything like active industry, seldom fails to reduce its immediate victims and also generally their families with them, to poverty, and ultimately to pauperism."(32)

The burden of stigma was also unfairly heaped upon the poor. Private treatment approaches reduced the stigmatising connotations of mental illness. The use of private houses and nerve clinics by the wealthy prolonged and sometimes prevented the need to certify an individual as insane in order for them to be admitted to an asylum.(7) It also served a double purpose by keeping them out of the public eye while unwell. Whereas those without such resources had fewer options. Joseph John Henley, General Inspector of the Local Government Board stated in 1858 that 'an Asylum to the poor and needy is the only refuge. To the man of many friends it is the last resort.'(29) Therefore the poor were less able to hide their mentally ill.

Many pauper patients were considered to be 'degenerates' due to their behaviour and mental state, which was a term used to describe the theory of a 'hereditary'

model of insanity. Some of those admitted to Sussex County Asylum with an 'excess in drinking' or 'abandoned life' would have been considered examples of this inevitable, hereditary deterioration. This highly stigmatising explanation of insanity contributed to an already taboo subject in Victorian England, creating an even greater need for secrecy and an even greater socioeconomic divide amongst the mentally ill.

Diagnoses

The diagnoses from both asylums largely fit the four main criteria of mania (55 patients), melancholia (16 patients), dementia (18 patients) and idiocy (7 patients) as listed on admission documents. There were also 8 cases of senile insanity, 6 cases of epilepsy, 1 patient with general paralysis of the insane and 6 others with various delusions and hallucinations. It is worth noting that no patients with senile insanity, idiocy or imbecility were admitted to Ticehurst House. It is possible that the skewed distribution of patients with senile insanity or idiocy in the private and public asylum reflects the idea that those with more resources were better placed to care for relatives.

Instances where additional information was provided about a patient enabled parallels to be drawn between the diagnoses of the 19th century and modern day classifications of psychiatric disorders. For example, a female patient from Ticehurst House suffered from 'mania associated with exaltation alternating depression.' This appears to describe the cycling episodes of mania and depression seen in Bipolar disorder.⁽²³⁾ The condition was formally described by Jean-Pierre Falret in 1851 as 'la folie circulaire' meaning circular insanity.⁽³⁴⁾ The Ticehurst description is from 1884 and although it clearly matches Falret's diagnostic label this term is not used. In fact there is avoidance of diagnostic labels throughout the private asylum data with a reliance on description instead. This indicates a reluctance to use potentially stigmatising labels for their patients.

There were also cases where parallels may even be drawn with familiar medical conditions. One instance where an acute medical cause may have been the underlying reason for admission was that of a 46 year-old school mistress. She presented with 'delusional insanity' and was a patient at Ticehurst House for 3

months before recovering. She was described as having 'some intracranial mischief producing an exophthalmic condition of the left eyeball.' With an 'outbreak of a similar malady in a cousin.' While this remains speculation, it is possible that this is a description of the exophthalmus produced in hyperthyroidism. There are well established links between abnormal thyroid function and psychological symptoms.(35) Furthermore not only can transient thyroiditis resolve spontaneously but there is a genetic component to thyroid disease which may account for the 'similar malady' in the patient's cousin.

Similarly a 38 year-old female who was admitted to Ticehurst House for a period of three weeks with recurrent mania was said to have a 'stomach derangement usually associated with a sharp attack of mania.' She had a previous admission at the age of 17 and the cause was thought to be hereditary. The relationship between the body and the mind is potent and bidirectional; our understanding in this area is still developing. Generally for the patients described as having physical symptoms the origin of these, whether due to a primary physical ailment or to the sequelae of mental illness, is unclear. An unambiguous exception is the case of the male patient at Ticehurst House with general paralysis of the insane. The late stages of syphilis were identified as early as 1857 and comprised a common theme in admissions for men of a higher economic status between the ages of 20 and 40.(16) It is speculated that this was due to their ability to pay for sex. This reflects the data collected as general paralysis of the insane was only seen in the private asylum. Syphilis was one of the most common sexually transmitted infections in the 19th century so it was a well-recognised condition.(16)

Causes

Insanity was attributed a range of causes in both the private and the public institution. Those from Ticehurst House included childbirth, failure in business, an unwise attachment, hereditary disorder, domestic trouble and being feeble in mind. The link with childbirth shows strong historical awareness of the existence of postpartum depression, although it was not formally recognised in the DSM until 1994.(36,37) Causes from Sussex County included disappointment in love, weak mind from birth, hereditary, head injury, drink and abandoned life and religion.

Interestingly none of the causes from the private asylum included alcohol and few had behavioural elements, while these dominated the causes from the public asylum. There is an established connection between mental health disorders and substance misuse which is clearly being evidenced here.(38)

A 26 year-old female at Ticehurst fell victim to 'an unwise attachment' and suffered melancholia with aural hallucinations as a result. She tried to kill herself with rope and fire and said that she was 'soon to be a stone.' The Mental Health Act of 2005 clearly differentiates the issues of capacity versus an unwise decision.(39) An unwise attachment was a euphemistic term sometimes used for women of a higher socioeconomic status who entered into relationships before marriage, which was deemed immoral.(6) This use of less clinical, more open language, such as 'an unwise attachment' or 'disappointment in love' inadvertently helps to evoke a greater sense of empathy for the patients than is often elicited with modern classifications.

This genteel approach to mental health accentuates the stigma present in Victorian society. For those with money and means discreet private establishments like Ticehurst were invaluable. It is unlikely the patients at Sussex County Lunatic Asylum had the same protection afforded to them. Consequently, the differences between the diagnoses and causes of paupers and private patients cannot be considered wholly surprising because they reflect access to private care where diagnoses appear to have been tempered to avoid stigma.

Outcomes

The four outcomes recorded are died, recovered, relieved or not improved.

Died

None of the patients at Ticehurst House included in this study sample died, In the Sussex County Asylum 47 patients died, comprising 53% of the asylum population. One concern with the workhouse model was that mentally unwell patients were not identified early enough. The Superintendent of Kent County Asylum described the

custom of sending 'worn-out paupers' to the asylum and said 'poverty, truly is the great evil'.(29) Therefore by the time they were sent to the asylums their conditions were more advanced and a negative outcome was more likely. A 48 year-old male at Sussex County Asylum with dementia died after a 6 month admission. He died 'much enfeebled' with 'bruises all over his body.' This is damning of the conditions in the asylum and offers an insight into what patients may have experienced during their admissions.

Not improved and relieved

The outcomes of 'not improved' and 'relieved' are difficult to definitively differentiate. Perhaps an individual who was 'relieved' had shown some improvement but this is a very subjective measurement. Both of these outcomes lead to the same question - why was this patient discharged? Potential answers include an inability or an unwillingness (on behalf of private individuals or the state) to continue paying for certain patients, or maybe a level of stability in the patient's condition had been reached without any hope for further improvement or successful treatment. No patients at Ticehurst House were described as not improved and one was considered relieved. Contrastingly 11 patients at Sussex County Asylum were listed as not improved and 13 were relieved, the majority of which were discharged after a stay of several years in the institution.

Recovered

7 patients at the private asylum were listed as recovered and 17 at the public asylum. A male patient at Sussex County Lunatic Asylum, a 52 year-old waiter with recurrent mania, was declared recovered after a 3 month admission. This was his sixth admission to the asylum in the last ten years, indicating that his 'recovery' was transient. All of the patients in the pauper asylum had been referred from the workhouse and would be discharged back there. The conditions in Brighton Workhouse enacted the punitive approach taken by the Poor Law and was not conducive to good mental health.(20) Altogether 13 of the 17 patients listed as 'recovered' from the public asylum had a history of at least one previous admission. This is a damning indictment of the concept of recovery from psychiatric illness in

this era. The 19th century did not yield any therapeutic advances for the treatment of psychiatric conditions, and 'talking therapies' like CBT had not yet been discovered. The evidence base for psychiatric treatments used in the 19th century, such as moral management and shock therapy, is scarce, if not non-existent.(40)

Increasing institutionalisation combined with a lack of effective treatments contributed to an explosion in asylum populations throughout the country. In 1844 approximately 20,893 people were certified insane in England and Wales and by 1890 this had increased fourfold to 85,352 people.(29) These statistics exclude the impossible to ascertain number of the 'hidden' mentally ill while including those with psychiatric manifestations of recognised disease processes, such as delirium tremens from alcohol withdrawal, or those with eccentric or socially unacceptable behaviour. It is difficult to say what constituted a 'recovery' from psychiatric illness and perhaps raises the issue of what was deemed madness or insanity in the first place.

Foucault argued that madness is a social construct manufactured by society to gain control over unruly individuals.(41) The increasing numbers of certified insane inevitably led to an increasing number of 'institutionalised mad'. Whether this 'great confinement' was as great or intentional as Foucault believes is a matter of contention.(6,41) Shorter argues that psychiatric symptoms have been described across time and across cultures with convincing similarity.(6) It could be said that 'madness' is not borne of societal values but an individual's experience and perception of insanity is significantly altered by such factors. These can be seen with the asylums, where it is true that where there was a move towards containment across all socioeconomic classes. Scull surmised this in 1993 when he said 'the availability of the institution decreased the tolerance of all sections of society.'(42)

There is a correlation between poverty and an increase in the prevalence of mental health conditions.(43) Poverty is a key determinant of health and more specifically mental health.(44) There is a vicious cycle as increasing poverty contributes to worsening mental health, which in turn impacts upon an individual's ability to maintain an income and remain above the poverty line.

Duration of admission

Those who were admitted to the public asylum had significantly longer stays. However, regardless of institution the outcome for patients who spent a year or longer incarcerated was notably worse.

To counter the growing trend of psychiatric pessimism that began to pervade towards the end of the 19th century the outcomes for patients in private institutions like Ticehurst were therefore cannily regulated. By contrast the majority of those at Sussex County had stays of over a year. The longest a patient remained there, before dying, was 14 years.

Before the widespread use of asylums 'mad' family members were sometimes kept in horrific conditions as if they were little more than animals.(7) The development of asylums did represent an improvement for some patients and was not intended as a form of psychiatric evil. However conditions in the asylums combined with conflicting agendas did ultimately result in detrimental experiences for sufferers of mental illness.

The time spent in the institution had a detrimental impact upon the outcome for patients of both institutions but was far worse for those in the public asylum.

Conclusion

Ultimately, this essay highlights the health inequalities and inequities in psychiatry in the late Victorian era. The comparison of private and public patients revealed that public patients had worse outcomes, longer admissions and were more likely to have a diagnosis of idiocy or senile dementia than their private counterparts. Private patients were less likely to be diagnostically labelled than their public counterparts, indicating an awareness of the stigmatising connotations of mental illness. Overall public patients' lack of support and resources left them more vulnerable to a more severe clinical picture with negative outcomes and to further poverty and stigma.

There are multiple fascinating areas of research in Psychiatry today that link our understandings of genomes, the environment and even gut microbiomes to mental health. As much as current research develops and evolves the practice of Psychiatry reflections on its origins and values can also aid in shaping clinical practice. Stigma and poverty remain crucial determinants of disease. This essay highlights the adverse outcomes associated with these factors and accentuates the need to continue combating such issues.

Reflection

Some theories I encountered while researching attitudes to Psychiatry in the Victorian era described madness as a social construct (Foucault) and the asylums as predominantly a method of crowd control. While I am in accordance with the fact that the asylums were often used as a convenient place for inconvenient people, I find it difficult to reconcile the notion of mental illness as a fabrication of society with what I observe in clinical practice. Mental illness, like all disease, exists on a spectrum with variations in symptoms and severity. Those who are floridly psychotic and highly unwell individuals at risk of harming themselves or others are a minority. However it feels like a step too far to support the notion that society has created these psychiatric manifestations. I felt more comfortable with Shorter's belief that mental illness persists across times and cultures and it is an individual's experience of their symptoms that can be altered by society.

I was also intrigued by some of the descriptions in the primary sources, such as 'mania associated with exaltation alternating depression.' This appears to describe what we know today as Bipolar Disorder before the condition was formally recognised and labelled as such. This description may be one of the earliest recordings of the symptoms that make up Bipolar as we know it today. This project fascinated and challenged me while broadening my perspective on mental health and the role of social determinants across history.

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