



Safety in Numbers

Life inside Prestwich Asylum in 1900

A Key Stage 3 resource created by Greater Manchester County Record Office, Bury Archives Service and Bury Church of England High School, with the support of Greater Manchester West Mental Health Trust.



Greater Manchester West
Mental Health NHS Foundation Trust



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Timeline of Mental Healthcare
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CD/Website:

Lesson 2: Excel Dataset
 Lesson 3: PowerPoint Presentation
 Original Photographs and simplified versions of Documents

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PROGRESS OF CASE

Aims and Objectives

This series of lessons has been designed to create an innovative study of local history about Prestwich Asylum. The main aim is to look at the forgotten history of a minority section of society: the mentally ill. We are looking at this within the context of the Victorian period. During the lessons we will examine the diagnosis, treatments and attitudes the Victorians had and we hope that by doing so, we can break down the stereotypes that people hold today of the mentally ill.

The lessons have been created around a selection of archive material from the asylum held by Greater Manchester County Record Office (GMCRO). The lessons build a framework from which students will examine changing attitudes, values and beliefs towards the mentally ill, as well as exploring other key concepts such as change and continuity and cultural diversity. The tasks have been created with a range of learning styles in mind, as well as targeting the development of Personal, Learning and Thinking Skills. As well as utilising an opportunity to explore archive materials this study also provides an opportunity for using ICT to process historical data – including selecting, categorising, organizing and presenting their findings from the dataset of asylum case studies. This investigation also makes links to other subjects in the curriculum especially citizenship.

This approach is reflected in the title, Safety in Numbers, as students explore concepts of asylum (bringing together large numbers of people with shared problems) and the question of whether this is for their safety or the safety of the community as a whole.

Our aim is that all students will come to understand the wider historical context of the 19th Century by pursuing the history of their own local community. This will contribute towards making them into responsible citizens who will make a positive contribution to society.

**Bury Church of England High School
History Department
November 2008**

About this Resource

This resource is a collaborative project between a number of partners: GMCRO, Bury Archives Service, Bury Church of England High School and Greater Manchester West Mental Health Trust. The initial project has been generously funded through the Museum Libraries and Archives Council's strategic commissioning programme with additional match funding from GMCRO and Bury Libraries.

This resource uses original source material from the archive of Prestwich Asylum held at GMCRO. The pack contains contextual information in the form of a brief history of the asylum and a Timeline of Mental Healthcare. Seven suggested lesson plans have been designed and use the full range of original source material. All source material is held in the Document Bank, on the accompanying CD or on the websites listed below. Original photographs and simplified versions of sources are also included.

The use of individual case records personalises the experience of the County Asylum patients. These case studies are arranged in the Document Bank according to the 'supposed cause' of the patient's mental illness. 100 additional data sources from individual cases are provided in an Excel dataset to allow more detailed analysis.

The resource is available to schools throughout Greater Manchester on CD and can be downloaded from:
www.gmcro.co.uk
www.bury.gov.uk/archives

Bury Museum offers object handling workshops using objects from Prestwich Asylum. To arrange a visit to the museum contact the front of house team on 0161 253 5878.

The Greater Manchester West Mental Health Trust headquarters is based at the site of Prestwich hospital. It is possible to arrange class visits to the site by contacting the Trust Communications Office on 0161 772 3986.

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A Brief History of Prestwich Asylum

General

Until the 19th century most people who were affected by mental illness lived in the general community and were supported by the parish and charitable help. The few lunatic asylums in existence did not offer care, but often brutal and inhumane confinement. The start of the 1800s saw many reforms to the system of caring for the pauper insane.

The 1845 County Asylums Act required public asylums to be built which would house lunatics in separate institutions instead of workhouses or prisons. Prestwich Asylum was one of the many County Asylums which were built as a result of these changes. This was essentially the beginning of a publicly funded and reformed system of mental health care in England, which flourished in the Victorian era and onwards into the twentieth century.



Beginnings

By the 1840s Lancashire was the largest county in England but had only one county asylum at Lancaster Moor, which was very overcrowded. In 1842 an application was made to the Lunacy Commission for permission to build a lunatic asylum in Prestwich, near Manchester, which could accommodate 350 patients. The site chosen at Prestwich Wood enjoyed a leafy, semi-rural aspect which would be therapeutic for patients and was conveniently

close to nearby workhouses from which pauper lunatics would be transferred.

Like many Victorian institutional buildings, the Asylum was constructed in an impressive Gothic architectural style designed to be attractive rather than severe and imposing, with elegant decorative terracotta detailing. Original plans comprised separate wards (including infirmary, epileptic and violent wards for men and for women), examination rooms and staff housing. The site also included kitchens, a laundry, stables, gas and engine houses and workshops. Around the site, a boundary wall was erected with north and south gatehouse lodges.



In 1849, the commissioners began appointing staff, including the first Medical Superintendent, a Matron, House Surgeon, House Stewards and a Chaplain. Recruitment for attendants, skilled workers (including a tailor, shoemaker, baker, carpenter, plumber, painter and engineer) and domestic staff was made by advertising in newspapers outside the local area to protect patients and their families from local gossip and stigma. The domestic staff included a cook, kitchen maid and two housemaids.

Early years and expansion

The asylum opened on 1st January 1851, initially to accommodate 350 patients, but by mid-year permission was granted to extend to 500 patients. Additional Lancashire asylums at Rainhill (capacity for 350 patients), and Lancaster Moor (capacity for 600 patients), meant that the capacity to accommodate the county's insane was nearly 1,500. But in a county of nearly two million inhabitants, this was clearly inadequate.

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In the years following its opening, the Asylum experienced significant growth. It had 510 patients in 1858 and applied for permission to expand further, which was granted in 1862. An extension to the main hospital was able to accommodate a further 560 patients. An outbreak of smallpox in 1865 highlighted the need for isolation facilities in the event of an epidemic (until the development of treatments, isolating an outbreak was the only means of control) and so an isolation hospital opened in 1867.

The asylum extended its grounds during the first years of operation until, by 1875, the estate consisted of nearly 100 acres, laid out in walks for patients, with a summerhouse, bowling green and croquet court. However, capacity was a constant problem and increasing demand for accommodation led to the construction of the Annexe, begun in 1879 and completed in 1883, to house a further 1,100 patients, bringing total patient capacity to 2,300. The two sites were three quarters of a mile apart and linked by a road running between the two with the Annexe eventually being served by bus from the main site. In its peak years the asylum held between 2,600 and over 3,000 patients, which made it one of the largest county asylums in the country.

Prestwich produced its own gas and electrical power and had its own brewhouse, fire station, bookbinding and printing shops. The asylum has been likened to a large village, a self-sufficient community in its own right, with its own church. Patient burials took place at nearby St Mary's church where, between 1851 and 1968, 5000 patients were buried in unmarked graves. A memorial headstone was erected in 2006 to commemorate these forgotten patients.

The buildings were usually in good repair, wards pleasant, bright and well decorated. Pictures hung on the wall and plants and fresh flowers were brought in from the greenhouses. However, modernisation was slow and costly and, in 1922, Prestwich was the last county asylum in England to replace its earth closets with flushing toilets.

Management and staffing

The overall running of the asylum was overseen by the Medical Superintendent. The asylum had only 3 Medical Superintendents in its first 75 years, each giving at least two decades of loyal service: Mr J Holland, Mr H Rooke Ley (who was fundamental to introducing reforms) and Mr Frank Perceval.

Recruitment was a continual problem and attracting and retaining the most suitable staff was difficult. Not everyone was suited to this unusual mixture of nursing, supervision and security which required kindness and compassion. Any violence, cruelty or rough handling of patients was a cause for dismissal, as was any drunkenness, immoral behaviour or disobedience. Employees were required to sign an Obligation, which was effectively their employment contract, setting out the conditions of behaviour required. Many staff appointed as attendants left after a short time, finding the work difficult and physically strenuous at times.

The Great War (1914 – 1918) took its toll on the smooth running of the asylum and on the welfare of patients, with many attendants joining the armed services, reducing staffing levels. Enforced reductions in daily food portions, in conjunction with overcrowding, confined conditions and reduced therapeutic activities resulted in a greater annual number of patient deaths. An assistant medical officer, Montague Lomax, who worked at the asylum during 1917 and 1918, wrote a damning account describing inappropriate confinement of patients, poor clothing and food, neglect, cruelty and inadequate medical treatment due to the lack of trained staff. His book was published in 1921 and provoked an outcry. A public inquiry found that, whilst many of Dr Lomax's accusations were unfounded or overstated, some were upheld especially those



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relating to the lack of trained nursing staff, poor diet and clothing. Their recommendations led eventually to the Royal Commission on Mental Disorders and subsequently the Mental Treatment Act of 1930.

Treatments: Employment and Moral Management

This encompassed a broad spectrum of therapies that were not what we might now regard as medical or clinical treatment. It involved some physical activities and also aimed to promote strict routine, good behaviour and self-discipline according to Christian principles. In the 1890s and around the turn of the century, the Victorian ethics of hard work and Christianity underpinned both the structure of society and consequently the management of institutions such as asylums like Prestwich. The inclusion of a church on the Prestwich site reflected this.

Employment was a key part of a patient's treatment - distraction through routine or productive work in pleasant surroundings helped relieve the symptoms of depression (melancholia) and promoted self-control. Where a patient was fit and capable of light physical activities, they may be given supervised work tasks. For the female inmates, tasks would include sewing, making clothes for the patients, laundry work or cleaning. Activities for male patients might include carpentry, gardening or other outdoor work on the farms. The attendants who supervised patients were often employed because they had vocational skills such as gardening, joinery or agricultural skills which could be utilised to help provide occupational therapy for patients.

While the work given to patients was part of their care and treatment, this utilisation of what was effectively a captive labour

force looks rather exploitative today. Its financial benefits to the running of the asylum were an additional advantage. Inmates made many items that the institution required, from clothing and staff uniforms to shoes, furniture and even the bricks with which the later extensions to the asylum were built.

Medicine

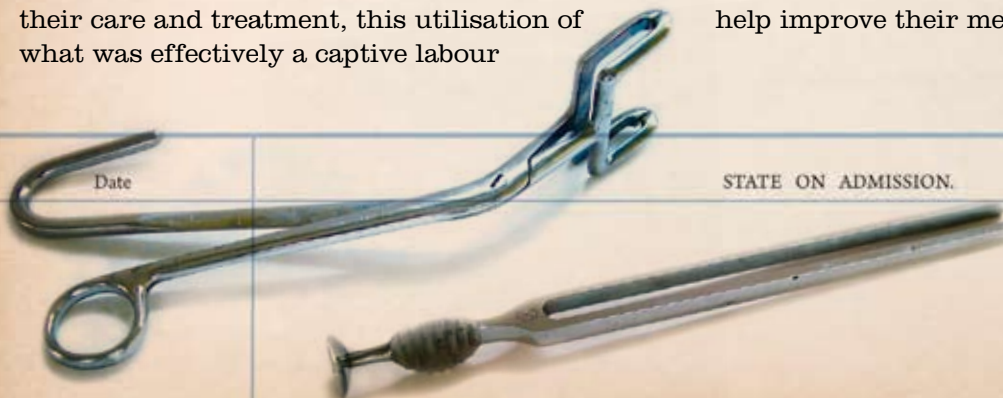
General and psychiatric medication were largely undeveloped at this time so patients would not have an individual treatment plan based on drug administration, although sedatives were sometimes used to promote sleeping or subdue agitated patients. In addition, the asylum produced its own treatments for common ailments such as colds.

Prestwich prided itself on seldom using restraints on patients, but surviving artefacts include examples of early restraints and special nightgowns made of heavy-duty fabric that could not be torn by agitated patients.



Feeding

The late 19th century was a time when the health of most people was still adversely affected by poverty and poor nutrition. Access to more and better quality food was seen to be essential to a patient's recovery. The physical illnesses which patients suffered often accompanied symptoms of insanity. Curing or improving a patient's physical health would often help improve their mental well-being.



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Exercise

The main body of the hospital grounds contained large exercise yards where patients were encouraged to walk out in the extensive grounds and benefit from fresh air and sunlight. Patients unable to walk could sit out in the airing courts adjacent to the wards to benefit from fresh air and a change of surroundings.



Entertainments

Entertainments such as dances, concerts and sports days were arranged for patients, and items such as newspapers, magazines and books were supplied. Constructive hobbies and talents, such as bird-keeping and playing music or games, were also encouraged.

Visiting

Family and friends of patients were permitted to visit, although this was not commonplace. Families of patients often had to travel long distances to reach Prestwich, and travel was too expensive to afford on a regular basis. There was also the significant stigma and fear in which mental illness was held by early Victorian society, which often had strong associations of sin and immorality, through alcoholism, sexual activity and poor self-discipline. This attitude was a significant barrier to families maintaining contact with their loved ones whilst in asylums.

Recovery

Many patients recovered and were discharged. When a patient's overall health had greatly improved, they could be placed on a month's trial to see if they were sufficiently recovered to cope with living outside the asylum. However, until the development of care within the community in the 1990s, systematic care for people released from asylums was limited.

Later developments

In 1923 the institution was renamed County Mental Hospital, Prestwich, and the term asylum was abandoned. This reflected general changes in mental health practice at the time and emphasised that the hospital was a centre of medical treatment and not just a place of sanctuary for the afflicted. Another symptom of this change was the shift in terminology from 'inmate' to 'patient'. From 1948, when the National Health Service was established, until 1994, the hospital was known as Prestwich Hospital. Since that time, the hospital has been scaled down substantially, with much of the original site redeveloped to accommodate a supermarket, hotel, restaurant and housing. It remains part of the Greater Manchester West Mental Health Trust and continues to provide mental health services, over 150 years after Prestwich Asylum was built.



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Timeline of Mental Healthcare

- 1766** Manchester Lunatic Asylum, a private asylum, opens in Piccadilly
- 1798** Lord Chancellor appoints Secretary of Lunatics, Clerk of Custody of Idiots and Lunatics, and 5 Commissioners for Lunatics
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- 1800** Criminal Lunatics Act designed to give safe custody to lunatics charged with criminal offences
- 1801** King George III suffers recurring bouts of insanity
- 1808** County Asylums Act – first law to allow counties to raise funding to build public asylums for housing lunatics out of prisons and workhouses
- 1816** The Lancashire Moor Asylum, the first public asylum in Lancashire, opens.
- 1842** Lunacy Commission considers case for two new asylums for Lancashire – Rainhill in Liverpool and Prestwich in Manchester
- 1843** Attacks by criminal insane prompts calls for lunatics to be treated in asylums for their own protection and general public safety
- 1844** Lunacy Report counts 12,000 insane paupers, some dangerous, living in workhouses or outside asylums; recommends lunatics should be cured and controlled with discipline and moral management
- 1845** County Asylums Act obliges all insane poor to be transferred from workhouses and treated in specially built asylums
- 1845** Lunacy Act requires monitoring and regulation of all lunatic asylums
- 1851** Lancashire opens a second County Asylum at Prestwich for 350 patients
- 1858** Prestwich County Asylum has 510 patients
- 1863** Prestwich extended to accommodate a further 560 patients
- 1870** Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties opens in Lancaster, specialising in training for children with mental disability



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| 1884 | Prestwich Annexe opens to accommodate 1,100 patients |
| 1886 | Idiots Act - first law to make provision for education and training for those with mental disability, rather than illness or insanity |
| 1888 | Colonies for epileptics begin to open in many areas of the country, a concept which marked out mental hospitals as institutions segregated from ordinary communities |
| 1890 | Lunacy Act consolidated several legal changes on mental illness. Detention of a lunatic person could only be ordered by a judge and must be limited by time; new private asylum building was restricted |
| 1899 | Defective and Epileptic Children Act allows all councils to make special arrangements for teaching or training mentally disabled children |
| 1903 | Prestwich County Asylum can accommodate 3,125 patients |
| 1905 | Manchester Corporation opens Langho Colony, in Lancashire, a residential home for epileptics |
| 1905 | Syphilis bacteria identified, thought to be major cause of General Paralysis of the Insane, and much mental illness |
| 1907 | Eugenics Education Society established to promote population control measures on undesirable genetic traits, including mental defects |
| 1908 | Report by Royal Commission on Care and Control of Feeble-Minded |
| 1913 | Mental Deficiency Act established Board of Control to replace the Lunacy Commission. Every council required to set up Mental Deficiency Committee to provide for mentally disabled people under 4 categories: 'idiot', 'imbecile', 'feeble-minded' and 'moral defective' (under which unmarried mothers could be detained in asylums) |
| 1919 | Prince John, son of King George V, dies aged 13. Epileptic and learning disabled, his existence was largely unknown to the rest of the country |
| 1924-26 | Royal Commission on Lunacy and Mental Disorder recommends more modern treatment of mental illness and limits asylum patient numbers and certification |
| 1927 | Mental Deficiency (Amendment) Act distinguishes between mental impairment from birth and as a result of accident or illness. Local councils responsible for providing training for those with mental disability |
| 1930 | Mental Treatment Act modernises existing laws relating to mental patients, aiming to promote voluntary treatment of all patients, whether private or rate-aided (pauper), rather than detention or certification. This Act made a crucial change in amending legal terminology from 'lunatic' to 'person of unsound mind'. |



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Lesson 1: How have attitudes towards mental health changed over time?

Context

- Pre-Victorian attitudes towards the mentally ill
- A study of the Victorian reforms
- Modern day attitudes towards mental health

Thinking Skills Objectives

- Decision making and justification
- Analysis, evaluation and synthesis

History aims/objectives

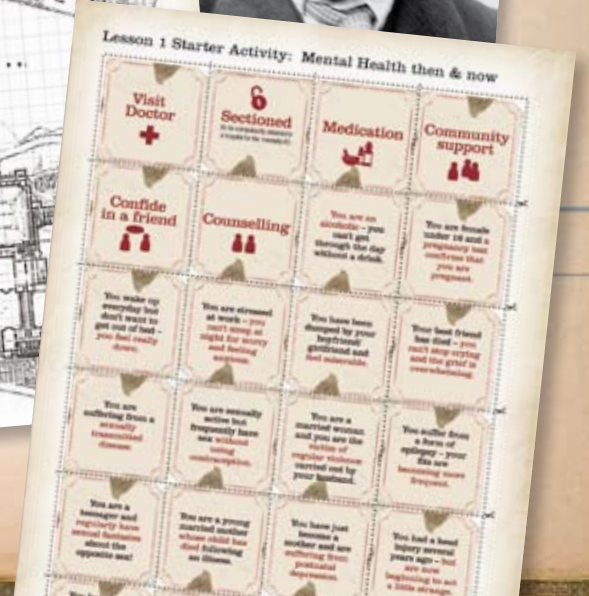
- To have knowledge of the change in attitudes towards mental health over time.
- To understand why the County Asylum Act of 1845 can be seen as a turning point.
- Attainment levels 5-7

Briefing

- Put this study in context of the 19th century
- Explain to students that this is a sensitive subject – introduce them to words of the time like ‘lunatic’ ‘imbecile’, ‘idiot’ etc, and explain why terminology has changed for the better – link this in with medical advancements

What you need from the Document Bank

- Timeline of Mental Healthcare
- Lesson 1 Starter Activity
- Plan of Prestwich Asylum



Date

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PROGRESS OF CASE

Managing the activity

- Starter: In pairs place treatment cards on desk, read through modern issues and put under the treatment they believe to be appropriate. Few if any will place cards under sectioned. The main teaching point is that everyone with varied problems would have been admitted to Prestwich asylum at the time we are studying.

- Issue timeline and give time for individual reading.
Generate discussion over some key dates. e.g:

1843 & 1844 Why were asylums needed?

1844

1845 Why do you need inspectors?

1888 Reform in mental health. What does this tell us about the understanding of illnesses which are not 'mental'?

1907 Implications of this for sufferers of mental illness

1919 Significance of a secret son?

1924 How do things seem to really improve? What problems still exist?

Growth of Prestwich Asylum – Why may some welcome this? Why may the local community be worried about the expansion?

- Show plan of the grounds of Prestwich: Decision for its being built was 'safety in numbers', protection of the public from the insane and confining them all together in order to give treatments.
- Divide class into two. Task – write a biased letter to Manchester paper for the comments page. Explain your attitude towards the opening of the asylum. One half considers the positive reasons for the asylum being built the other are negative. Adapt task for the less able e.g. Produce a placard/banner at the opening of the asylum – those in favour & those against.

Debriefing

- Read some of letters – draw out the reasons why the asylum was to have a massive impact on the local area.

Follow up

- Suggested homework – research famous medical discoveries of the 18th & 19th Century and explain why medically Victorian Britain was a time of change.
- Move on to the Dataset activity – Lesson 2 which considers reasons why people were admitted to Prestwich Asylum at the turn of the 20th century.

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Lesson 2: Who were the inmates at the Asylum?

Context

- 19th century reforms
- Local history
- The struggle of everyday life for the working classes in Victorian England

Thinking Skills Objectives

- Analyse, categorise and interpret data from the Excel Dataset
- Creating and testing hypotheses

History aims/objectives

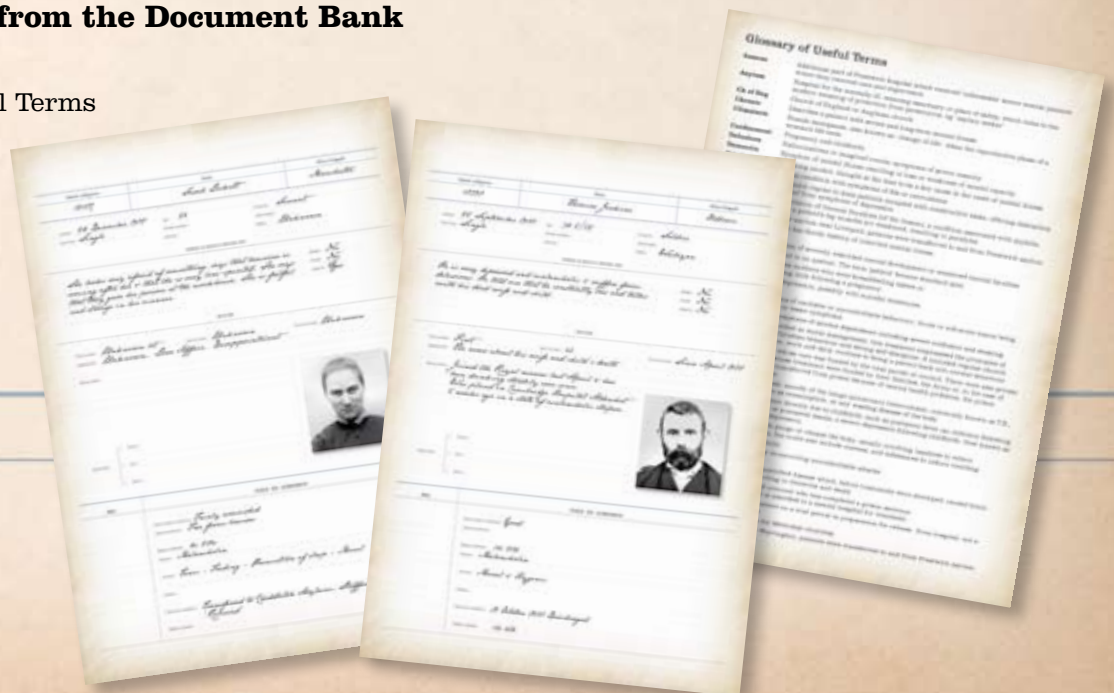
- Carry out an historical enquiry
- Identify main features/characteristics of inmates at Prestwich and the impact of their treatment
- Attainment levels 4-6

Briefing

- Need ICT suite/Laptops with preferably one computer per student.
- Optional to provide students with screen dumps – a step by step guide on how to use software or ask ICT teacher for the guidance they have!
- Place the database onto a shared area/VLE for all students to access and download into their own area of network – ‘My Documents’.

What you need from the Document Bank

- Excel Dataset
- Glossary of Useful Terms



Date

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PROGRESS OF CASE

Managing the activity

- Ask students to write 1-3 hypotheses to test e.g. 'People in their 30s were more likely to be admitted to the asylum'. You can set the hypotheses if they struggle with this idea.
- Using the software – categorise select certain factors and produce graphs, pie charts etc...
- Suggestions can be: Main reasons for admittance for men; main reasons for admittance for women; age at admission by gender; recovery rate by gender; types of treatment given to inmates, patterns in weight gain, proportion of recovered patients, impact of stressful lives, patterns related to marital status, ratio of men to women, ratio of repeat attacks etc...

Debriefing

- Whole class discussion. Any surprises? Anything shocking? Anything unusual? Were hypotheses proved? Inferences about attitudes towards mental health/illness?

Follow up

- Explain whether your hypotheses were proven to be true or not – back your answer up with evidence.
- Produce a report inserting findings – graphs etc... to show typical inmates in the asylum.
- Move on to Lesson 3 – What do the case studies tell us about Victorian life and values?



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Lesson 3: What do individual case studies tell us about Victorian life, society and attitudes?

Context

- Victorian Britain
- Working classes in Industrial Britain
- Development of lunatic asylums

Thinking Skills Objectives

- Analysis, evaluation and synthesis

History aims/objectives

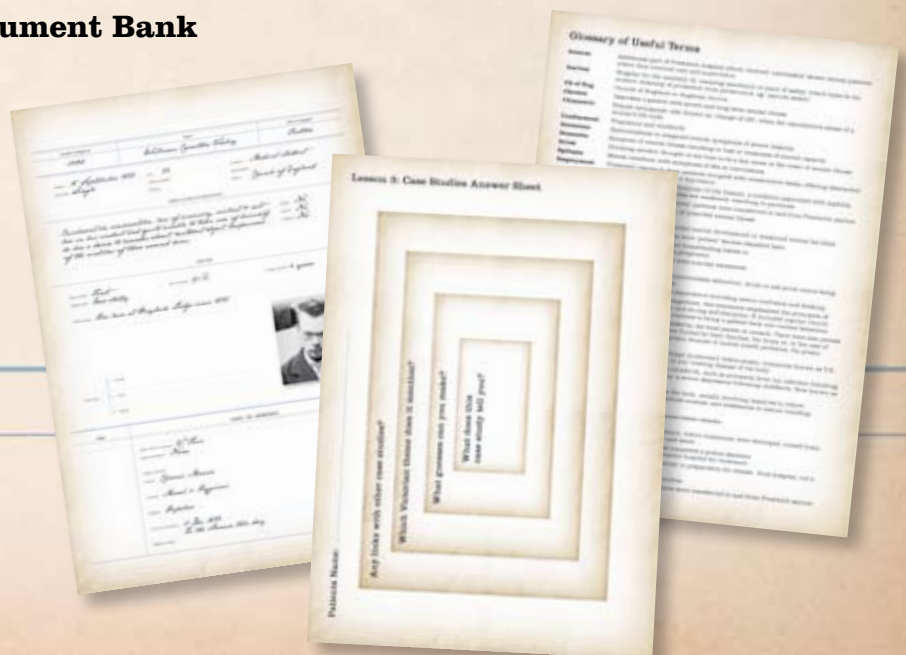
- To examine primary evidence from Prestwich Asylum
- To use sources for comprehension and inference
- To understand Victorian life, society and attitudes
- Attainment levels 5-7

Briefing

- Show PowerPoint on Victorian Society (this can be adapted to suit your needs)
- Discuss with the class the key themes that should be evident from this: Sexual immorality; Status of women/men; Church – idea of heaven and hell; Crime rates – Jack the Ripper
- Students to work in pairs to complete the answer sheet for their case studies

What you need from the Document Bank

- PowerPoint on Victorian Society
- Case Studies
- Case Studies Answer sheet
- Post-it notes (provide your own)
- Glossary of Useful Terms



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PROGRESS OF CASE

Managing the activity

- Put pupils into pairs. Each pair are to be given 5 case studies
- Use case studies to answer the question, 'What do the case studies tell us about Victorian Life?'
- Pairs are to complete the answer sheet for each case study. It would be a good idea for teacher to model a case study here with the class
- Pupils are to be given 5 'post-it notes'. Each 'post-it' should be given the title:-
 - Sexual immorality
 - Status of women/men
 - Church – idea of heaven and hell
 - Crime rates – Jack the Ripper
 - Other
- Pupils to write down as many bullet points as they can for each category from their case studies
- After a given time, pupils are to hand in their 'post-its', category by category.
- Teacher to give feedback to the class after each category

Debriefing

- Whole class discussion about the case studies.
- Which category was mentioned most? Which category was mentioned least?
- Has a clear picture of Victorian life, society and attitudes been given?
- What other sources would be needed to give a more detailed description

Follow up

- For homework, pupils are to write an account of Victorian life, society and attitudes for 'Wikipedia' based on the case studies
- Next lesson will compare life within the asylum with working class life outside the asylum. Pupils will have to decide if it was better and safer for the working classes to be inside the asylum than outside of it.



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Lesson 4: Was life in Prestwich Asylum a safe haven from the outside world?

Context

- Victorian Britain- life in asylums.
- Personal freedom versus the benefits of being in an institution.
- The advantages/disadvantages of lunatic asylums

Thinking Skills Objectives

- Research skills and enquiry
- Analysis, evaluation and synthesis.
- Decision making - problems of institutions and release.

History aims/objectives

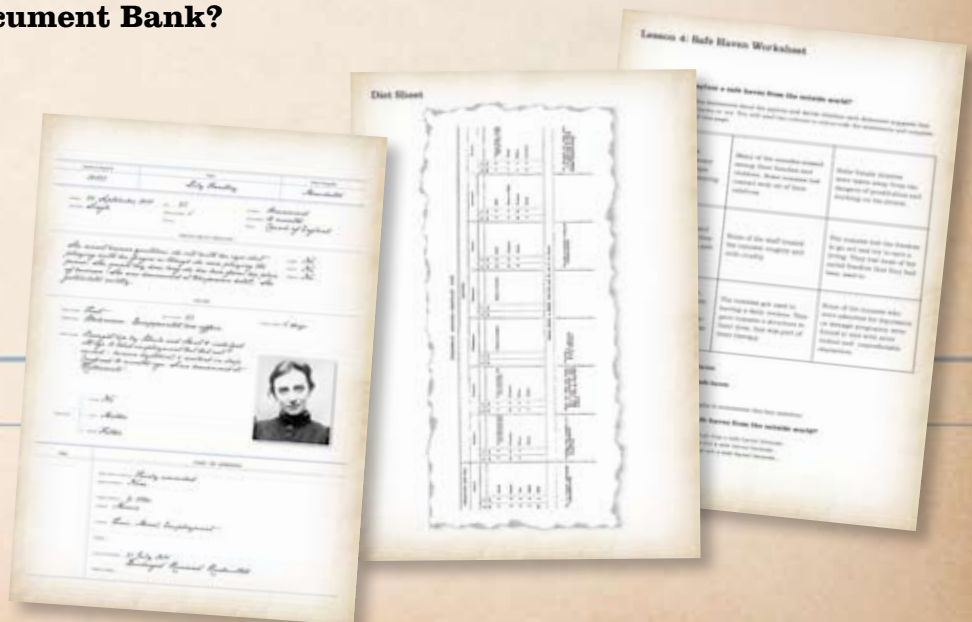
- To consider the potential advantages and benefits of living in a lunatic asylum.
- To evaluate whether life in the asylum was a safe haven for the inmates
- To analyse the problems people faced when they were discharged from the asylum.
- Assessed levels 5-7

Briefing/Teacher Guidance:

- This lesson begins with a starter image from 'You Tube' to watch and discuss. Students will then colour code sheets on 'Was it a safe haven?' and write down their conclusions. The plenary will focus on discharge issues and the challenges of adapting to life on the outside. Thoughts will be recorded on a mind map.

What you need from the Document Bank?

- Case Studies
- Diet Sheet
- Timeline
- Safe Haven Worksheet



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Managing the activity

- Long-term incarceration in asylums or prisons could lead to institutionalisation.
- Watch a clip from 'You Tube': 'The Shawshank Redemption' that deals with the issue of institutionalisation and Brooks's suicide. This should be followed by a discussion on the effects that prisons or asylums can have on people. Why did Brooks miss prison? Why could he not cope on the outside?
- Read through the safe haven worksheet. Students will colour code statements to agree or disagree with the asylum being a safe haven.
- Follow up: A written summary of benefits and problems of living in the asylum and their opinion on whether Prestwich Asylum was a safe haven or not.
- PLENARY: Using the You Tube clip 'Amy Winehouse: Back in Rehab' example and the Brooks starter as modern equivalents (or using your own contemporary examples), look at the problems of discharge and why some people may have found it hard to cope with life outside the asylum. Students could display their ideas on a mind map diagram, and they could peer assess each other's work by adding and sharing ideas.

Debriefing

- Plenary activities: Design a mind map of reasons why people may end up back in the asylum. Students could peer assess by adding to another person's mind map.

Follow up

- Move on to Lesson 5 – What kind of person would work in an asylum?



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Lesson 5: What kind of person would work in an asylum?

Context

- Victorian Britain
- Working classes in Industrial Britain
- Development of lunatic asylums
- Employment opportunities

Thinking Skills Objectives

- Analysis, evaluation and synthesis
- Creativity and imagination
- Contribution to groupwork

History aims/objectives

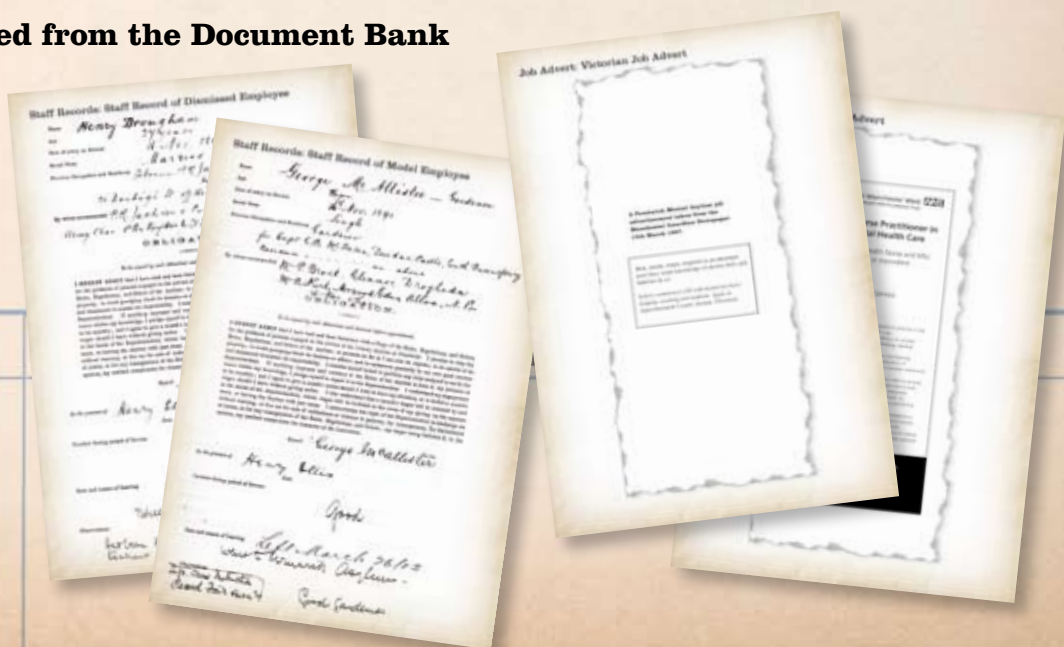
- To examine primary evidence
- To build upon and recall prior knowledge of Prestwich Asylum
- Attainment levels 5-7

Briefing

- Recap on prior learning of Prestwich Asylum
- Pupils are to work in pairs for first part of the lesson
- Pupils are to read through the primary evidence from the asylum
- Pupils are encouraged to look at the difference between a model employee and a dismissed employee.
- Pupils are to work individually to design a job advert

What you need from the Document Bank

- Staff Records
- Job Adverts



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PROGRESS OF CASE

Managing the activity

- In pairs pupils are to write down on paper the qualities a person would need to work in a mental health hospital today (timed activity 1 minute)
- After time is up pupils are to swap with another pair and add to their ideas.
- Do this a couple of times.
- On sheet of paper in front of them (work should not be theirs) pupils are to tick qualities that they agree with, cross out qualities that they disagree with
- Teacher to take feedback from class – write on board
- On back of paper, pairs are to now write down qualities that they think would have been needed in Victorian times
- Do starter task again and swap round their paper
- By end of 10 mins, there should be 2 lists on board, qualities needed today, qualities needed in Victorian times.
- Hand out staff records. Read through them either as a class or in pairs/on own.
- Pupils are to write down points of interest that would help them design a job advert.
- Individual task – pupils are to design a job advert for a worker for the Asylum in Prestwich in 1900.
- Teacher to model the ideal job advert on board

Debriefing

- Peer assessment
 - Swap advert with partner.
 - Pupils are to write down 3 statements about the advert.
 - 2 statements should be positives – what do they like about the advert?
 - 1 statement should be an area for improvement.
- Put up job advert from 1900. Compare theirs with the original.
- Pupils to complete their advert and are to take into account their peer feedback.

Follow up

- Move on to Lesson 6 – How effective was Prestwich Asylum?



| Number of Registrar | Name | Where Chargeable |
|---------------------|------|------------------|
| | | |

Information

Lesson 6: How effective was Prestwich Asylum?

Context

- Increasing role of the state – a move from Laissez-faire to government intervention.
- Context of Reform – inspectors in factories ensuring laws are kept.

Thinking Skills Objectives

- Empathy
- Analysis, evaluation and synthesis

History aims/objectives

- To understand the role of inspectors
- To consider how effective Prestwich Asylum was in caring for its inmates.
- Attainment levels 4-6

Briefing

- Show an excerpt from your schools Ofsted report or if less contentious an excerpt from another school!
- If you are able to, recap the role of inspectors in 19th factories.
- Students will produce by the end of the lesson interviews with an inspector by key people connected to the asylum.

What you need from the Document Bank

- 1901 Inspection Report.

| | |
|------|--|
| Date | |
|------|--|



DATE

PROGRESS OF CASE

Managing the activity

- Starter – What is an inspector? Study an Ofsted report – what is the purpose of the report? Who is the audience? What are the implications of a good or bad report for the school? Prospective parents? The local community? Why does Ofsted exist?
- Read through the excerpt from the 1901 Inspection Report. Highlight key areas that the report focuses on and its findings.
- Using work from lesson four and this report as a stimulus – write a set of questions that an inspector would ask to different people connected to the asylum – e.g. workers, inmates, cooks, the manager, members of the local community and residents who live nearby.
- Write answers to the questions – this can be produced creatively in the form of a handwritten report or using ICT facilities.

Debriefing

- Discussion – Why do you think it was really important for everyone involved to know how effective the asylum was?

Follow up

- Research homework – how did Prestwich compare to other asylum reports from the same time?
- Move on to Lesson 7 – What is your overall impression of Prestwich Asylum?



| Number of Registrar | Name | Where Chargeable |
|---------------------|------|------------------|
| | | |

Information

Lesson 7: What is your overall impression of Prestwich Asylum?

Context

- The history and running of Prestwich Asylum.
- Mental health treatment in Victorian Britain.
- Changing attitudes towards mental health.

Thinking Skills Objectives

- Research skills and enquiry
- Analysis, evaluation and reflection
- Moral decision making
- Creativity & imagination

History aims/objectives

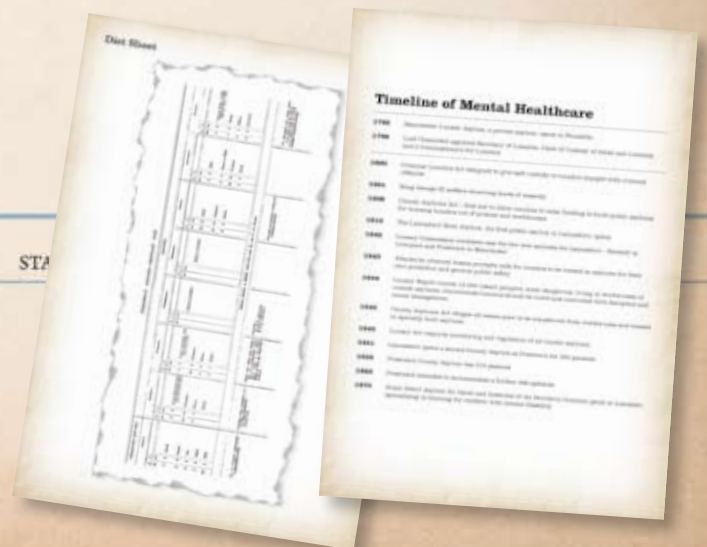
- To understand how an organisation would try to make the general public more aware of its work.
- To produce a booklet about Prestwich Asylum that includes various aspects of its history and organisation.
- To evaluate the Prestwich Asylum scheme of learning and to make suggestions for further study.
- Attainment levels 5-8

Briefing

- Students will compile a list of factors that would make a person want to buy a booklet about Prestwich Asylum
- Using coloured paper or card, students will produce their own guide to the history and running of Prestwich Asylum.
- Students will complete an evaluation of the scheme of learning and a 'rally robin' on Prestwich Asylum and attitudes to mental health.

What you need from the Document Bank

- Case Studies
- Glossary of Useful Terms
- Diet Sheet
- Timeline
- Lesson 7: An evaluation of the scheme of learning



| Date | STA |
|------|-----|
| | |

DATE

PROGRESS OF CASE

Managing the activity

- Managers at Prestwich Asylum are planning to write a booklet about the asylum and its history. Students need to write a list of ways to make this booklet as exciting and appealing as possible. This could be completed in pairs, followed by voting on suggestions.
- Using all resources and work from previous lessons, each student will produce their own guide to Prestwich Asylum. This should include information on history, types of inmates, treatments and changes over time. This could either be paper based or ICT based using MS publisher.

Debriefing

- Plenary activities: Students should get into pairs and the teacher should give them an aspect of the asylum to discuss or 'Rally Robin'. The 'Rally Robin' is where a topic is given (eg what type of people were sent to Prestwich Asylum?) and the pair have to alternate in saying relevant words about the topic. The game ends when the pairs start to repeat or run out of ideas.

Follow up

- Students should then complete the course evaluation form honestly and in detail.
- Further research on the changing attitudes towards mental health since 1845. This could include changing attitudes to dealing with stress-related illness.
- The work of Prestwich Asylum since 1851 could be compared with that of similar institutions elsewhere.



Document Bank

Timeline of Mental Healthcare


- 1766** Manchester Lunatic Asylum, a private asylum, opens in Piccadilly
- 1798** Lord Chancellor appoints Secretary of Lunatics, Clerk of Custody of Idiots and Lunatics, and 5 Commissioners for Lunatics
-
- 1800** Criminal Lunatics Act designed to give safe custody to lunatics charged with criminal offences
- 1801** King George III suffers recurring bouts of insanity
- 1808** County Asylums Act – first law to allow counties to raise funding to build public asylums for housing lunatics out of prisons and workhouses
- 1816** The Lancashire Moor Asylum, the first public asylum in Lancashire, opens.
- 1842** Lunacy Commission considers case for two new asylums for Lancashire – Rainhill in Liverpool and Prestwich in Manchester
- 1843** Attacks by criminal insane prompts calls for lunatics to be treated in asylums for their own protection and general public safety
- 1844** Lunacy Report counts 12,000 insane paupers, some dangerous, living in workhouses or outside asylums; recommends lunatics should be cured and controlled with discipline and moral management
- 1845** County Asylums Act obliges all insane poor to be transferred from workhouses and treated in specially built asylums
- 1845** Lunacy Act requires monitoring and regulation of all lunatic asylums
- 1851** Lancashire opens a second County Asylum at Prestwich for 350 patients
- 1858** Prestwich County Asylum has 510 patients
- 1863** Prestwich extended to accommodate a further 560 patients
- 1870** Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties opens in Lancaster, specialising in training for children with mental disability

- 1884** Prestwich Annexe opens to accommodate 1,100 patients
- 1886** Idiots Act - first law to make provision for education and training for those with mental disability, rather than illness or insanity
- 1888** Colonies for epileptics begin to open in many areas of the country, a concept which marked out mental hospitals as institutions segregated from ordinary communities
- 1890** Lunacy Act consolidated several legal changes on mental illness. Detention of a lunatic person could only be ordered by a judge and must be limited by time; new private asylum building was restricted
- 1899** Defective and Epileptic Children Act allows all councils to make special arrangements for teaching or training mentally disabled children
-
- 1903** Prestwich County Asylum can accommodate 3,125 patients
- 1905** Manchester Corporation opens Langho Colony, in Lancashire, a residential home for epileptics
- 1905** Syphilis bacteria identified, thought to be major cause of General Paralysis of the Insane, and much mental illness
- 1907** Eugenics Education Society established to promote population control measures on undesirable genetic traits, including mental defects
- 1908** Report by Royal Commission on Care and Control of Feeble-Minded
- 1913** Mental Deficiency Act established Board of Control to replace the Lunacy Commission. Every council required to set up Mental Deficiency Committee to provide for mentally disabled people under 4 categories: 'idiot', 'imbecile', 'feeble-minded' and 'moral defective' (under which unmarried mothers could be detained in asylums)
- 1919** Prince John, son of King George V, dies aged 13. Epileptic and learning disabled, his existence was largely unknown to the rest of the country
- 1924-26** Royal Commission on Lunacy and Mental Disorder recommends more modern treatment of mental illness and limits asylum patient numbers and certification
- 1927** Mental Deficiency (Amendment) Act distinguishes between mental impairment from birth and as a result of accident or illness. Local councils responsible for providing training for those with mental disability
- 1930** Mental Treatment Act modernises existing laws relating to mental patients, aiming to promote voluntary treatment of all patients, whether private or rate-aided (pauper), rather than detention or certification. This Act made a crucial change in amending legal terminology from 'lunatic' to 'person of unsound mind'.

Lesson 1 Starter Activity: Mental Health then & now

Visit
Doctor




Sectioned
(to be compulsorily detained in
a hospital for the 'mentally ill')

Medication



Community
support



Confide
in a friend



Counselling



You are an
alcoholic – you
can't get
through the day
without a drink.

You are female
under 16 and a
pregnancy test
confirms that
you are
pregnant.

You wake up
everyday but
don't want to
get out of bed –
you feel really
down.

You are stressed
at work – you
can't sleep at
night for worry
and feeling
anxious.

You have been
dumped by your
boyfriend/
girlfriend and
feel miserable.

Your best friend
has died – you
can't stop crying
and the grief is
overwhelming.

You are
suffering from a
sexually
transmitted
disease.

You are sexually
active but
frequently have
sex without
using
contraception.

You are a
married woman
and you are the
victim of
regular violence
carried out by
your husband.

You suffer from
a form of
epilepsy – your
fits are
becoming more
frequent.

You are a
teenager and
regularly have
sexual fantasies
about the
opposite sex.

You are a young
married mother
whose child has
died following
an illness.

You have just
become a
mother and are
suffering from
postnatal
depression.

You had a head
injury several
years ago – but
are now
beginning to act
a little strange.

You have been
married for 10
years – the
relationship has
broken down as
your husband
has left you for
another woman.

You have started
to take illegal
drugs and can't
go a single day
without getting
'high'.

You have
become addicted
to prescribed
drugs.

You are at
university
studying hard
for your finals -
but you are
beginning to
feel like you are
losing it.

Case Studies:

Alcohol

10234: John Wiggins

10254: Edward Lee

10333: Thomas Flanagan

11882: Emily Brown

11886: Jane Dixon

| Number of Registrar | Name | Where Chargeable |
|---------------------|--------------|------------------|
| 10234 | John Wiggins | Rochdale |

Admitted 25 Nov 1899 Age 47 Occupation Publican
 Social status Married Number of children Age of youngest
 Education Little Religion Church of England

PARTICULARS OF CERTIFICATE

He looks wild and excited, he talks a lot of incoherent nonsense

Epileptic *No*
 Suicidal *Yes*
 Dangerous *Yes*

HISTORY

Previous attacks *First* Age on 1st attack *47* Duration of attack *12 weeks*
 Supposed cause *Accident to head, concussion, fell 14 weeks ago*
Has drunk heavily for a long time
 History of attack *No syphilis*



Family history

- Insanity *No*
- Drunk *No*
- Phthisis *No*

| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission <i>Fairly good</i> Injuries on admission <i>Bruise on left ear</i> Weight on admission <i>10s 12lbs</i> Diagnosis <i>G. P. Drunk</i> Treatment <i>Moral and Hygienic</i> Prognosis Recovered or transferred <i>Oct 24th 1900</i> Weight on discharge <i>10s 4lbs</i> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|------------|------------------|
| 10254 | Edward Lee | Wigan |

| | | | | | |
|---------------|------------|--------------------|--------|-----------------|---------|
| Admitted | 8 Jan 1900 | Age | 55 | Occupation | Collier |
| Social status | Married | Number of children | | Age of youngest | |
| | | Education | Little | Religion | R.C. |

PARTICULARS OF CERTIFICATE

Has delusions of persecution saying that two men agreed to murder him last night (contrary to fact), is rough and violent needing seclusion from other inmates. Has hallucinations of sight and hearing.

Epileptic *No*
 Suicidal *No*
 Dangerous *Yes*

HISTORY

Previous attacks *First* Age on 1st attack *55* Duration of attack *10 days*

Supposed cause *Hereditary. Injury to Head. Drink*
Injury to head in coal pit 20 yrs ago.

History of attack *Much addicted to drink since & has suffered from Gastritis. Yrs spent drinking. Gradual onset. Various delusions and hallucinations. Gradually became more and more dull & apathetic.*



Family history

- Insanity *Brother*
- Drink *No*
- Filth *No*

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Fair, Health poor 10 days workhouse</i> Injuries on admission <i>Bruises on left arm and few scratches.</i> Weight on admission <i>98 3lbs</i> Diagnosis <i>Sub-acute mania. Chronic Alcoholic. Insanity</i> Treatment <i>Moral. Hygienic.</i> Prognosis Recovered or transferred <i>4 June 1900 To the Annexe</i> Weight on discharge |

| Number of Registrar | Name | Where Chargeable |
|---------------------|-----------------|------------------|
| 10333 | Thomas Flanagan | Manchester |

| | | | | | |
|---------------|--------------|--------------------|--------|-----------------|----------|
| Admitted | 18 June 1900 | Age | 35 | Occupation | Labourer |
| Social status | Married | Number of children | 2 | Age of youngest | 6 months |
| | | Education | Little | Religion | R.C. |

PARTICULARS OF CERTIFICATE

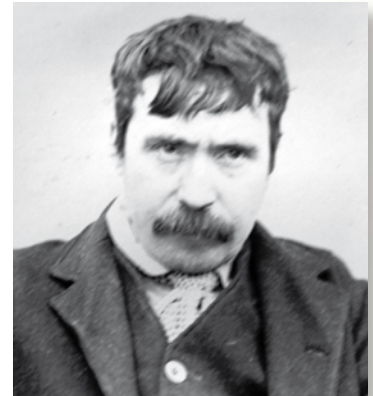
He states that he has been in the army, and left it six months ago & his wife tells he was never in the army. He does not know what regiment he was in nor the names of any of the officers. He tells me that he fell from a scaffold 12 yrs ago, then he says it was 7 yrs ago, then he tells me 6 yrs ago. His memory is at fault.

Epileptic *No*
 Suicidal *No*
 Dangerous *No*

HISTORY

Previous attacks *First* Age on 1st attack *35* Duration of attack *6 months*
 Supposed cause *Fall from scaffold. Drink*

History of attack *Fell from scaffold 2 yrs ago. Health good. Has been going wrong for last 6 months, worse last 2 wks, Restless, wanders about, sleeps badly. No history of syphilis. 6 days in workhouse.*



Family history

- Insanity *No*
- Drunk *No*
- Phthisis *No*

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Good</i> Injuries on admission <i>None</i> Weight on admission <i>10s 5lbs</i> Diagnosis <i>G.P. and dementia</i> Treatment <i>Moral. Hygienic.</i> Progress Recovered or transferred <i>26 February 1902 to Winwick</i> Weight on discharge |

| Number of Registrar | Name | Where Chargable |
|---------------------|-------------|-----------------|
| 11882 | Emily Brown | Manchester |

| | | | | | |
|---------------|-----------------|--------------------|--------|-----------------|---------|
| Admitted | 11 January 1900 | Age | 25 | Occupation | Servant |
| Social status | Unknown Single | Number of children | | Age of youngest | |
| | | Education | Little | Religion | Unknown |

PARTICULARS OF CERTIFICATE

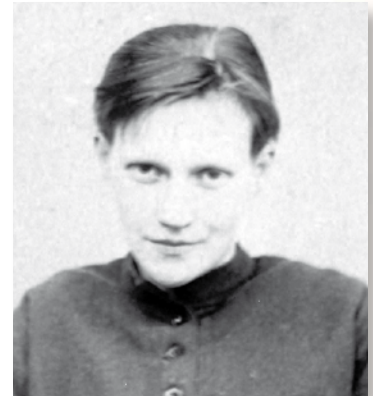
She is suffering from acute mania, is violent, noisy & incoherent, repeats her statements time after time, she is constantly talking

Epileptic *No*
 Suicidal *Unknown*
 Dangerous *Eyes*

HISTORY

Previous attacks *Unknown* Age on 1st attack *Unknown* Duration of attack *Unknown*
 Supposed cause *Drink & Immorality*

History of attack *Found wandering in Manchester. Believed to be a prostitute.*



Family history

- Insanity *No*
- Drink *No*
- Filth *No*

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Poor</i> Injuries on admission <i>Numerous bruises on arms, legs and chest</i> Weight on admission <i>65 lbs</i> Diagnosis <i>Melancholia with delusions & partial stupor</i> Treatment <i>Feeding, tonic - promotion of sleep - Moral Employment</i> Prognosis Recovered or transferred <i>2 March 1900 To the Annesse</i> <i>18 July 1901 Died - Phthisis</i> Weight on discharge |

| Number of Registrar | Name | Where Chargeable |
|---------------------|------------|------------------|
| 11886 | Jane Dixon | Prestwich |

Admitted *23 January 1900* Age *46* Occupation *A.W.*
 Social status *Married* Number of children *5 now living* Age of youngest *17 yrs*
 Education _____ Religion *R.C. Irish*

PARTICULARS OF CERTIFICATE

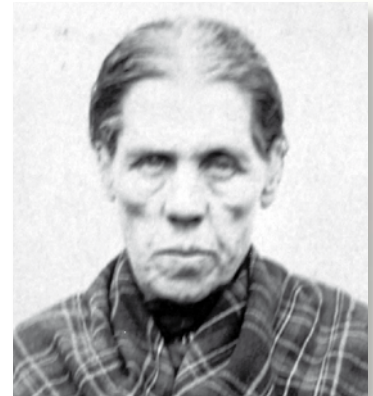
She says she has been brought here three times this week for the Phoenix Park murders & condemned to death. She can hear voices calling to her.

Epileptic *No*
 Suicidal *(No) Yes*
 Dangerous *Yes*

HISTORY

Previous attacks *First* Age on 1st attack *46* Duration of attack *Abt 7 wks*
 Supposed cause *Unknown - Domestic trouble - Drink*

History of attack *Married 27 years*
Had trouble with her boys - Drunk beer 4 or 5 years - pawned and got into debt.
"Funny" a long time. Health good till lately



Family history

- Insanity *No*
- Drunk *No*
- Phthisis *No*

| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission <i>Fairly nourished. Head dirty.</i></p> <p>Injuries on admission <i>Several bruises on the legs, recent scar near knee</i></p> <p>Weight on admission <i>75 lbs</i></p> <p>Diagnosis <i>Acute melancholia</i></p> <p>Treatment <i>Food, Feeding, Stimulants, Hygiene, Moral</i></p> <p>Prognosis _____</p> <p>Recovered or transferred <i>Died 11 June 1900</i></p> <p>Weight on discharge _____</p> |

Case Studies:

Bereavement

10341: Arthur Todd

10390: Thomas Jenkins

11888: Ellen Hyde

11948: Rose Stokes

| Number of Registrar | Name | Where Chargeable |
|---------------------|------------|------------------|
| 10341 | Arthur Edd | Oldham |

| | | | | | |
|---------------|-------------|--------------------|--------|-----------------|-------------------|
| Admitted | 5 July 1900 | Age | 26 | Occupation | Labourer |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | Little | Religion | Church of England |

PARTICULARS OF CERTIFICATE

He is dull apathetic, does everything in an automatic sort of way having no will. Absolutely refuses to speak and has not spoken for some time.

| | |
|-----------|----|
| Epileptic | No |
| Suicidal | No |
| Dangerous | No |

HISTORY

| | | | | | |
|------------------|------------------------|-------------------|----|--------------------|---------|
| Previous attacks | First | Age on 1st attack | 26 | Duration of attack | 2 years |
| Supposed cause | Death of a dear friend | | | | |

History of attack: Has been dull & miserable for nearly 2 years. Has done nothing since, at times refuses food.



| | | |
|----------------|----------|----|
| Family history | Insanity | No |
| | Drunk | No |
| | Phthisis | No |

| Date | STATE ON ADMISSION. |
|------|---|
| | <p>Physical condition on admission: Fair</p> <p>Injuries on admission: None</p> <p>Weight on admission: 98 lbs</p> <p>Diagnosis: Acute melancholia</p> <p>Treatment: Moral Hygiene</p> <p>Progress:</p> <p>Recovered or transferred: 7 July 1902 transferred to Winnick</p> <p>Weight on discharge:</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|----------------|------------------|
| 10390 | Thomas Jenkins | Oldham |

| | | | | | |
|---------------|-------------------|--------------------|---------|-----------------|----------|
| Admitted | 25 September 1900 | Age | 38 5/12 | Occupation | Soldier |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | Wesleyan |

PARTICULARS OF CERTIFICATE

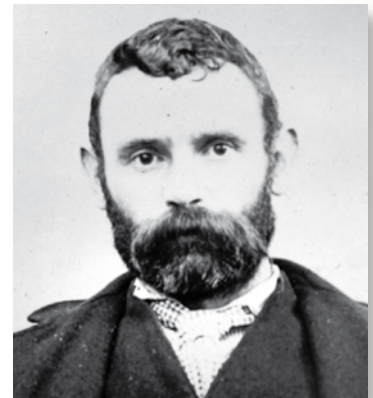
He is very depressed and melancholic & suffers from delusions. He told me that he constantly sees and talks with his dead wife and child.

Epileptic *No*
 Suicidal *No*
 Dangerous *No*

HISTORY

Previous attacks *First* Age on 1st attack *46* Duration of attack *Since April 1900*
 Supposed cause *The news about his wife and child's death*

History of attack *Joined the Royal reserves last April & has been drinking steadily ever since. Was placed in Cambridge Hospital Aldershot 5 weeks ago in a state of melancholic stupor.*



Family history

- Insanity
- Drink
- Filth

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Good</i> |
| | Injuries on admission |
| | Weight on admission <i>116 2lb</i> |
| | Diagnosis <i>Melancholia</i> |
| | Treatment <i>Moral & Hygienic</i> |
| | Prognosis |
| | Recovered or transferred <i>19 October 1900 Discharged</i> |
| | Weight on discharge <i>116 6lb</i> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|------------|------------------|
| 11888 | Ellen Hyde | Haslingden |

| | | | | | |
|---------------|-----------------|--------------------|----|-----------------|-------------------------|
| Admitted | 26 January 1900 | Age | 30 | Occupation | A.W. |
| Social status | Married | Number of children | 2 | Age of youngest | 3 years 5 months - died |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

She does not sleep except under the influence of drugs, & often sings almost all the night. Though I have attended her almost daily for the last month, she fails to recognise me three times out of four. She has several times left home very suddenly, in a most suspicious manner.

Epileptic *No*
Suicidal *No*
Dangerous *No*

HISTORY

Previous attacks *First* Age on 1st attack *30* Duration of attack *5 weeks*
Suggested cause *Death of child - domestic trouble*

History of attack

Family history

- Insanity *No*
- Drunk *No*
- Poison *No*



| Date | STATE ON ADMISSION. |
|------|---|
| | <p>Bodily condition on admission <i>Well nourished</i> Injuries on admission <i>None</i> Weight on admission <i>85 11lbs</i> Diagnosis <i>Melancholia</i> Treatment <i>Eonic - Promotion of sleep - Moral - Employment</i> Progress Recovered or transferred <i>16 April 1900</i> <i>Discharged "Recovered". Readmitted</i> Weight on discharge</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|-------------|------------------|
| 11948 | Rose Stokes | Salford |

| | | | | | |
|---------------|-------------|--------------------|----|-----------------|----------|
| Admitted | 11 May 1900 | Age | 32 | Occupation | A.W. |
| Social status | Married | Number of children | 3 | Age of youngest | 9 months |
| | | Education | | Religion | R.C. |

PARTICULARS OF CERTIFICATE

She told me she had attempted suicide with a knife owing to the death of her child. When I told her that she had done wrong in attempting suicide and in refusing food her only answer was it is all right

Epileptic *No*
Suicidal *Yes*
Dangerous *No*

HISTORY

Previous attacks *First* Age on 1st attack *32* Duration of attack *1 month (6 days)*
 Supposed cause *Death of child - Lactation - Mental worry, Domestic trouble - Loss of rest*
 History of attack *Child had long illness, Bronchitis and Pneumonia, died at 8 months - this caused her much anxiety and loss of rest*

Family history
 Insanity *No*
 Drink *No*
 Filth *No*



| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Poor</i> Injuries on admission <i>None</i> |
| | Weight on admission <i>75 lbs</i> Diagnosis <i>Acute melancholia</i> |
| | Treatment <i>Emic - Feeding - Promotion of sleep - Moral</i> |
| | Prognosis |
| | Recovered or transferred <i>17 January 1902</i> <i>Discharged "Recovered"</i> |
| | Weight on discharge |

Case Studies:

Disappointment in Love

12033: Lily Handley

12107: Sarah Lockett

12127: Florence Harrop

| Number of Registrar | Name | Where Chargeable |
|---------------------|--------------|------------------|
| 12033 | Lily Handley | Manchester |

| | | | | | |
|---------------|-------------------|--------------------|----|-----------------|-------------------|
| Admitted | 26 September 1900 | Age | 23 | Occupation | Housemaid |
| Social status | Single | Number of children | 1 | Age of youngest | 18 months |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

She cannot answer questions, she sits with her eyes shut playing with her fingers as though she were playing the piano. She cannot say how long she has been from her place of business (She was housemaid at temperance hotel). She gesticulates wildly.

Epileptic No
Suicidal No
Dangerous No

HISTORY

Previous attacks First Age on 1st attack 23 Duration of attack 5 days
Supposed cause Unknown. Disappointed love affair

History of attack Brought up by Uncle and Aunt & indulged. At age 16 tried employment but did not succeed - became hysterical & walked in sleep Confined 18 months ago. Since housemaid etc Restaurants



Family history
Insanity No
Drink Mother
Fetters Father

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission Fairly nourished Injuries on admission None |
| | Weight on admission 75 10lbs Diagnosis Mania |
| | Treatment Eonic, Moral, Employment |
| | Prognosis |
| | Recovered or transferred 31 July 1901 Discharged "Recovered" Readmitted |
| | Weight on discharge |

| Number of Registrar | Name | Where Chargeable |
|---------------------|---------------|------------------|
| 12107 | Sarah Lockett | Manchester |

| | | | | | |
|---------------|------------------|--------------------|----|-----------------|---------|
| Admitted | 28 December 1900 | Age | 26 | Occupation | Servant |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | Unknown |

PARTICULARS OF CERTIFICATE

She looks very afraid of something, says that someone is coming after her & that she is very low-spirited. She says that they gave her poison at the workhouse. She is fretful and strange in her manner.

| | |
|-----------|-----|
| Epileptic | No |
| Suicidal | No |
| Dangerous | Yes |

HISTORY

| | | | | | |
|------------------|--------------------------------------|-------------------|---------|--------------------|---------|
| Previous attacks | Unknown 1st | Age on 1st attack | Unknown | Duration of attack | Unknown |
| Supposed cause | Unknown. Love Affair. Disappointment | | | | |

History of attack

Family history

- Insanity
- Drunk
- Phthisis



| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission <i>Fairly nourished</i></p> <p>Injuries on admission <i>Free from bruises</i></p> <p>Weight on admission <i>85 2lbs</i></p> <p>Diagnosis <i>Melancholia</i></p> <p>Treatment <i>Emic - Feeding - Promotion of sleep - Moral</i></p> <p>Progress</p> <p>Recovered or transferred <i>Transferred to Cheddleton Asylum, Staffordshire</i> <i>"Relieved"</i></p> <p>Weight on discharge</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|-----------------|------------------|
| 12127 | Florence Harrop | Prestwich |

| | | | | | |
|---------------|-----------------|--------------------|----|-----------------|-----------|
| Admitted | 23 January 1901 | Age | 34 | Occupation | Unknown |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | Unitarian |

PARTICULARS OF CERTIFICATE

She is strange in her manner, says that she has placed onions all over her house to remind her of Wales because she is going to marry the Welsh. She is a person of weak intellect. She has torn into the sheets which were new.

Epileptic *No*
 Suicidal *Yes*
 Dangerous *Yes*

HISTORY

Previous attacks *Yes* Age on 1st attack *18 or 19* Duration of attack *7 months*
 Supposed cause *Love affair. Previous. Drink.*

History of attack *Recovered - Denbigh
 Here Jan to June 1895
 "Recovered"*



Family history

- Insanity
- Drink
- Filth

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Well nourished</i> Injuries on admission <i>None</i> Weight on admission <i>75 lbs</i> Diagnosis <i>Recurrent mania</i> Treatment Prognosis Recovered or transferred <i>March 26 1901</i> <i>To the Annerse</i> Weight on discharge |

Case Studies:

Epilepsy

10199: Frank Nicholson

10276: William Holland

10394: George Carroll

11914: Lucy Poole

| Number of Registrar | Name | Where Chargable |
|---------------------|-----------------|-----------------|
| 10199 | Frank Nicholson | Salford |

| | | | | | |
|---------------|-------------------|--------------------|----|-----------------|---------------------|
| Admitted | 17 September 1899 | Age | 23 | Occupation | Book Repairer, Exon |
| Social status | Single | Number of children | | Age of youngest | Expired Criminal |
| | | Education | | Religion | Wesleyan |

PARTICULARS OF CERTIFICATE

He thinks people are persecuting him and assaulted a woman whom he thought was doing so. He is very melancholic and is subject to fits of great depression.

Epileptic Eyes
 Suicidal Eyes
 Dangerous Eyes

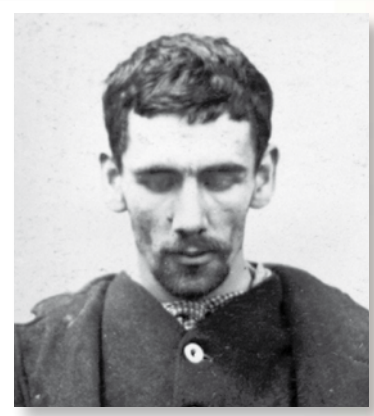
HISTORY

Previous attacks: Eyes
 Supposed cause: Epileptic
 Age on 1st attack: _____
 Duration of attack: Years

History of attack

Family history

- Insanity
- Drunk
- Filth



| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission: Fair</p> <p>Injuries on admission: Three recent scars left forearm, scars on abdomen</p> <p>Weight on admission:</p> <p>Diagnosis: Epileptic Mania</p> <p>Treatment: Moral & Hygiene</p> <p>Prognosis: Bad</p> <p>Recovered or transferred: La Chronic Care Book 1897 page 355</p> <p>Weight on discharge:</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|-----------------|------------------|
| 10276 | William Holland | Chorlton |

| | | | | | |
|---------------|------------------|--------------------|--------|-----------------|----------|
| Admitted | 22 February 1900 | Age | 36 | Occupation | Labourer |
| Social status | Married | Number of children | 2 | Age of youngest | 6 years |
| | | Education | Little | Religion | Wesleyan |

PARTICULARS OF CERTIFICATE

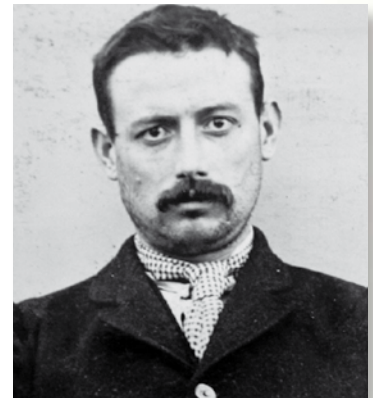
He is a dangerous epileptic, he becomes violent if opposed and he looks very wild & excited. He shouts at the top of his voice if contradicted and becomes dangerous.

Epileptic Eyes
 Suicidal Eyes
 Dangerous Eyes

HISTORY

Previous attacks First Age on 1st attack 36 Duration of attack 5 Days
 Supposed cause Epilepsy, Heredity

History of attack Made a murderous attack on a stranger in the street. Has fits (for years) about once a day. No history of attempt or threat of suicide



Family history
 Insanity Aunt Epileptic
 Drunk No
 Pkissu No

| Date | STATE ON ADMISSION. |
|------|---|
| | <p>Bodily condition on admission Fairly good, dirty</p> <p>Injuries on admission Small bruises on upper arms and calves</p> <p>Weight on admission 9s 11lb</p> <p>Diagnosis Epilepsy with mania</p> <p>Treatment Moral employment</p> <p>Prognosis</p> <p>Recovered or transferred October 3rd 1901 to Annex</p> <p>Weight on discharge</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|----------------|------------------|
| 10394 | George Carroll | Salford |

| | | | | | |
|---------------|-------------------|--------------------|----|-----------------|--------------|
| Admitted | 28 September 1900 | Age | 44 | Occupation | Iron Moulder |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | R.C. |

PARTICULARS OF CERTIFICATE

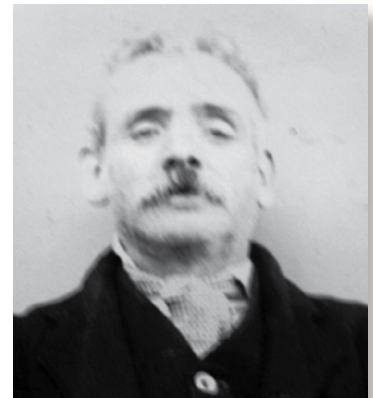
Incoherent in his talk if he is started on a topic. He told me a series of filthy tales mixed up with delusions about himself & others, such as would only be recounted by a lunatic.

Epileptic Eyes
 Suicidal No
 Dangerous Eyes

HISTORY

Previous attacks First
 Supposed cause Epilepsy
 Age on 1st attack 44
 Duration of attack 10 weeks

History of attack Has been in Salford Union for the last 10 weeks, has altered very little



Family history

- Insanity
- Drunk
- Filth

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission Good Injuries on admission Old scar on left shin and on outer side of right knee Weight on admission 10s 4lb Diagnosis Epilepsy, mania Treatment Moral & Hygiene Prognosis Recovered or transferred La Annex 5 February, 1902 Weight on discharge |

| Number of Registrar | Name | Where Chargeable |
|---------------------|------------|------------------|
| 11914 | Lucy Poole | Salford |

| | | | | | |
|---------------|---------------|--------------------|----|-----------------|-------------------|
| Admitted | 13 March 1900 | Age | 40 | Occupation | A W |
| Social status | Married | Number of children | 2 | Age of youngest | 3 years |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

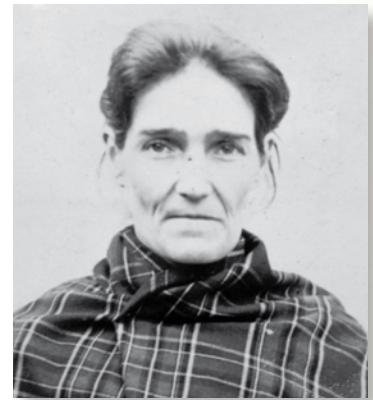
Unable to answer intelligently any simple question I asked her. She was restless and excited in manner, muttering nonsense when spoken to, she had no idea where she was, nor when she came into hospital

Epileptic (No) Eyes
Suicidal Eyes
Destructive Eyes

HISTORY

Previous attacks First Age on 1st attack 40 Duration of attack 14 days
Supposed cause Epilepsy in Domestic Trouble

History of attack Had fits as a girl, ceased for a time. Began again 3 yrs ago gradually worse, very bad attack recently & was taken to Hope Hospital



Family history
Insanity Father had fits as a boy
Not since is now 70 yrs
Drunk No
Pituitary No

| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission Poor head dirty</p> <p>Injuries on admission Bruises on back of legs</p> <p>Weight on admission 8s 6lbs</p> <p>Diagnosis Acute mania, Epilepsy</p> <p>Treatment Eonic feeding, moral</p> <p>Progress</p> <p>Recovered or transferred To Annex 24 Mar, 1900 Died 1901</p> <p>Weight on discharge Annex 9s 2lbs</p> |

Case Studies:

Maternity

11957: Annie Oliver

12136: Mary Collinge

| Number of Registrar | Name | Where Chargeable |
|---------------------|--------------|------------------|
| 11957 | Annie Oliver | Salford |

| | | | | | |
|---------------|-------------|--------------------|----|-----------------|-------------------|
| Admitted | 23 May 1900 | Age | 23 | Occupation | A. W. |
| Social status | Married | Number of children | 1 | Age of youngest | 4 months |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

Refused to answer any question by me. She passively moved about or made gestures as I told her. She took no interest in my examination or her surroundings

Epileptic *No*
Suicidal *No*
Dangerous *No*

HISTORY

Previous attacks *First* Age on 1st attack *23* Duration of attack *4 months*
Supposed cause *Confinement - Puerperal. Domestic trouble*

History of attack *Confinement of 1st baby on the 19th Jan 1900. Did well 1st few days then became alarmed over illness of baby*



Family history
 Insanity *No*
 Drunk *No*
 Pithous *No*

| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission <i>Poor</i> Injuries on admission <i>None</i> Weight on admission <i>6st 2lbs</i> Diagnosis <i>Puerperal Melancholia</i> Treatment <i>Lonic. Feeding. Moral.</i> Progress Recovered or transferred <i>18 Sep 1900</i> <i>Discharged "Recovered"</i> Weight on discharge <i>8st 5lbs</i> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|---------------|------------------|
| 12136 | Mary Collinge | Prestwich |

| | | | | | |
|---------------|------------------|--------------------|----|-----------------|-------------------|
| Admitted | 21 February 1901 | Age | 21 | Occupation | Domestic Servant |
| Social status | Single | Number of children | 1 | Age of youngest | 2 weeks |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

That she is extremely noisy and violent. She has various delusions and has attempted to strangle her child. She talks incoherently & has a wild appearance.

Epileptic No
 Suicidal No
 Dangerous Yes

HISTORY

Previous attacks First
 Supposed cause Confinement
 Age on 1st attack 21
 Duration of attack 5 days

History of attack

Family history

- Insanity No
- Drink No
- Pituitous Eyes



| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission Fair - Head not clean Injuries on admission None Weight on admission 7st 6lb Diagnosis Puerperal Mania Treatment Eonic. Open air exercise. Moral Prognosis Recovered or transferred Discharged "Recovered" 27 June 1901 Weight on discharge |

Case Studies:

Miscellaneous

8078: John McGarrigal 'Jack the Ripper'

10198: William Crowther Varley 'Over study'

8028: William Hadfield 'William V'

| Number of Registrar | Name | Where Chargeable |
|---------------------|----------------|------------------|
| 8078 | John McQuarrie | Newcastle |

| | | | | | |
|---------------|---------------|--------------------|------|-----------------|----------------|
| Admitted | 16 April 1891 | Age | 30 | Occupation | Bookbinder |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | Poor | Religion | Roman Catholic |

PARTICULARS OF CERTIFICATE

Makes long rambling irrational statements, thinks sometimes he is Caminada, sometimes Jack the Ripper, & says he is the mouthpiece through which they speak

Epileptic *Na*
 Suicidal *Na*
 Dangerous *Na*

HISTORY

Previous attacks *None* Age on 1st attack *30 yrs* Duration of attack *Unknown*
 Supposed cause *Drink*
 History of attack *Transfer from Newcastle Asylum*

Family history
 Insanity *Na*
 Drink *Na*
 Filth *Na*



| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission Injuries on admission Weight on admission <i>8st 3lbs</i> Diagnosis <i>Mania with delusions</i> Treatment <i>Moral and Employment</i> Prognosis <i>Good</i> Recovered or transferred <i>26 April 1893 Transferred to Annexe.</i> Weight on discharge |

| Number of Registrar | Name | Where Chargeable |
|---------------------|-------------------------|------------------|
| 10198 | William Crowther Varley | Bolton |

| | | | | | |
|---------------|-------------------|--------------------|----|-----------------|-------------------|
| Admitted | 15 September 1899 | Age | 26 | Occupation | Medical student |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

Incoherent in conversation, loss of memory, violent & restless in his conduct and quite unable to take care of himself, he has a desire to wander about, without object, suspicious of the motives of those around him.

Epileptic *No*
Suicidal *No*
Dangrous *No*

HISTORY

Previous attacks *First* Age on 1st attack *21 1/2* Duration of attack *4 years*
Suggested cause *Over study*

History of attack *Has been at Hazdock Lodge since 1895*

Family history

- Insanity
- Drunk
- Pkissus



| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission <i>N. Fair</i></p> <p>Injuries on admission <i>None</i></p> <p>Weight on admission</p> <p>Diagnosis <i>Chronic Mania</i></p> <p>Treatment <i>Moral & Hygienic</i></p> <p>Prognosis <i>Hopeless</i></p> <p>Recovered or transferred <i>11 Dec 1899</i> <i>To the Annerse this day</i></p> <p>Weight on discharge</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|------------------|------------------|
| 8028 | William Hadfield | Prestwich |

| | | | | | |
|---------------|-----------------|--------------------|------|-----------------|-------------------|
| Admitted | 3 February 1891 | Age | 26 | Occupation | Schoolmaster |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | Fair | Religion | Church of England |

PARTICULARS OF CERTIFICATE

He is under a delusion that he is King of England and calls himself William the Fifth. He says he has given Queen Victoria a year's notice to quit the throne.

Epileptic *No*
 Suicidal *No*
 Dangerous *No*

HISTORY

Previous attacks *No* Age on 1st attack *26* Duration of attack *Since Jan 30, 1891*
 Supposed cause *Disappointment in business*

History of attack

Family history

- Insanity *Eyes, Father in Lancaster. Recovered at 21*
- Drink *No*
- Filthous *No*



| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission <i>Fair</i> |
| | Injuries on admission <i>None</i> |
| | Weight on admission <i>8st 10lbs</i> |
| | Diagnosis <i>Acute Mania</i> |
| | Treatment <i>Bed and walked for four hours by two attendants</i> |
| | Prognosis <i>Good</i> |
| | Recovered or transferred <i>Died 3 April 1892 of acute mania and exhaustion</i> |
| | Weight on discharge |

Case Studies:

Moral

10332: William Mills

11966: Barbara Hulme

12019: Miriam Smith

10265: Albert Rostron

10307: Charles Batty

| Number of Registrar | Name | Where Chargeable |
|---------------------|---------------|------------------|
| 10332 | William Mills | Bury |

| | | | | | |
|---------------|--------------|--------------------|--------|-----------------|-------------------|
| Admitted | 18 June 1900 | Age | 19 | Occupation | Piecer |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | Little | Religion | Church of England |

PARTICULARS OF CERTIFICATE

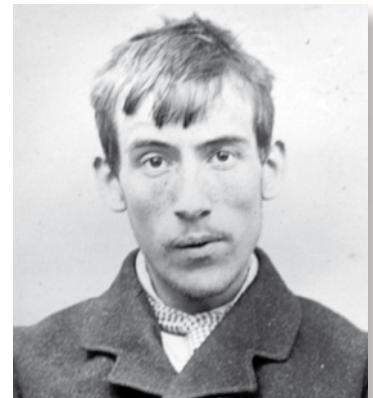
Great violence of demeanour, requiring forcible restraint.
Continual loud talking & shouting, chiefly disconnected
interspersed by hymn singing

Epileptic *No*
Suicidal *No*
Dangerous *Eyes*

HISTORY

Previous attacks *First* Age on 1st attack *19* Duration of attack *1 week*
Supposed cause *Masturbation Adolescence*

History of attack *Good personal health
Too much interested in music, grew
very restless & excitable*



Family history

- Insanity *Mother had Puerperal Mania 15 yrs age*
- Drink *No*
- Filth *No*

| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission <i>Good</i></p> <p>Injuries on admission <i>Abrasions on right arm. Scratches on back</i></p> <p>Weight on admission <i>7s 11lb</i></p> <p>Diagnosis <i>Acute Mania</i></p> <p>Treatment <i>Moral Hygiene</i></p> <p>Prognosis</p> <p>Recovered or transferred <i>20 October 1900 Discharged finally, "cured"</i></p> <p>Weight on discharge <i>10s 4lb</i></p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|---------------|------------------|
| 11966 | Barbara Hulme | Chorlton |

| | | | | | |
|---------------|-------------|--------------------|-------------|-----------------|--------------|
| Admitted | 29 May 1900 | Age | Act (36) 26 | Occupation | Housewife |
| Social status | Married | Number of children | | Age of youngest | |
| | | Education | | Religion | R.C. Ireland |

PARTICULARS OF CERTIFICATE

She is very violent biting and screaming, calling on Jesus and Mary - saying that Brimstone was coming from Heaven. She takes no notice of her surroundings will Not answer questions - she suffers from acute mania Here Jan - May 1900 "Recovered"

Epileptic No
Suicidal No
Dangerous No

HISTORY

Previous attacks Recovered
Suggested cause Drink, Immorality
Age on 1st attack Unknown
Duration of attack Unknown

History of attack Found 2.20am knocking on the door of the Rector of R.C. church Salford. Known to the Police as a doubtful character-immoral



Family history

- Insanity
- Drunk
- Pituitary

| Date | STATE ON ADMISSION. |
|------|---|
| | <p>Bodily condition on admission Well nourished. Head not clean</p> <p>Injuries on admission Small bruises on the arms</p> <p>Weight on admission</p> <p>Diagnosis Recurrent Mania</p> <p>Treatment Feeding, Promotion of sleep - Moral</p> <p>Progress</p> <p>Recovered or transferred 24 October 1900 "Recovered" Readmitted (no date)</p> <p>Weight on discharge</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|--------------|------------------|
| 12019 | Miriam Smith | Prestwich |

| | | | | | |
|---------------|------------------|--------------------|----|-----------------|-------------------|
| Admitted | 4 September 1900 | Age | 37 | Occupation | Weaver |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

She keeps saying don't do anything at me and appears to be very distressed about breath which she says has been made offensive by someone she will not answer questions put to her

Epileptic *No*
 Suicidal *No*
 Dangerous *Eyes*

HISTORY

Previous attacks *Unknown* Age on 1st attack *Unknown* Duration of attack *Unknown*
 Supposed cause *Hereditry, Drink, Immorality*

History of attack *At Strangeways 2 weeks for picking pockets hence to workhouse. Has taken drink since mothers death 4 yrs ago. Wandered about streets & wouldn't work though a good weaver*



Family history
 Insanity *Brother here Elijah Smith*
 Drink
 Filth

| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission <i>Well nourished</i> |
| | Injuries on admission <i>Few bruises on shoulder and back</i> |
| | Weight on admission <i>95 lbs</i> |
| | Diagnosis <i>Mania Alcohol</i> |
| | Treatment <i>Eonic moral employment</i> |
| | Prognosis |
| | Recovered or transferred <i>Died 20 March 1905</i> |
| | Weight on discharge |

| Number of Registrar | Name | Where Chargeable |
|---------------------|---------------|------------------|
| 10265 | Albert Roston | Manchester |

| | | | | | |
|---------------|-----------------|--------------------|--------|-----------------|--------------------|
| Admitted | 29 January 1900 | Age | 22 | Occupation | Packing Case Maker |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | Little | Religion | Church of England |

PARTICULARS OF CERTIFICATE

He is peculiar in his manner, says he came from home this morning, (he came from the workhouse where he has been for 3 days) says he feels 'maddish' & that he is madly in love. His speech has become different since this attack. He says that at present he is living at Mosegate. He has not lived nor is living at Mosegate. His sweetheart lives there.

Epileptic No
Suicidal No
Dangrous No

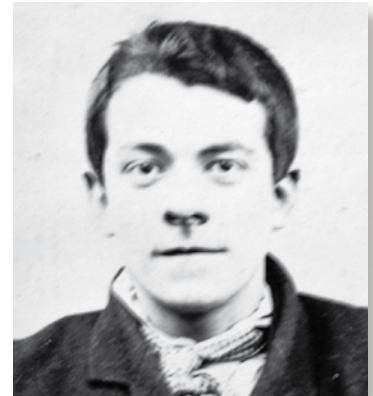
HISTORY

| | | | | | |
|------------------|-------------|-------------------|----|--------------------|--------------|
| Previous attacks | First | Age on 1st attack | 22 | Duration of attack | About 1 week |
| Supposed cause | Love affair | | | | |

History of attack

Family history

- Insanity
- Drunk
- Poison



| Date | STATE ON ADMISSION. |
|------|--|
| | <p>Bodily condition on admission: Fairly good</p> <p>Injuries on admission: Bruise right buttock, several abrasions on back</p> <p>Weight on admission: 10s 9lb</p> <p>Diagnosis: Acute Mania</p> <p>Treatment: Moral Employment</p> <p>Progress:</p> <p>Recovered or transferred: July 30th 1900 Discharged</p> <p>Weight on discharge: 11s 6lb</p> |

| Number of Registrar | Name | Where Chargeable |
|---------------------|---------------|------------------|
| 10307 | Charles Batty | Manchester |

| | | | | | |
|---------------|------------|--------------------|--------|-----------------|------------------------|
| Admitted | 3 May 1900 | Age | 32 | Occupation | Labourer, Term Expired |
| Social status | Single | Number of children | | Age of youngest | Criminal |
| | | Education | Little | Religion | Church of England |

PARTICULARS OF CERTIFICATE

Is simple and childish in his manners apathetic & slovenly in his habits also dirty and untidy & does not seem able to keep his personal clothing on

Epileptic *No*
 Suicidal *No*
 Dangerous *No*

HISTORY

Previous attacks *Unknown* Age on 1st attack *Unknown* Duration of attack *Unknown*
 Supposed cause *Privation Syphilis*

History of attack

Family history

- Insanity
- Drink
- Filth



| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Good</i> |
| | Injuries on admission <i>None</i> |
| | Weight on admission <i>9s 9lb</i> |
| | Disease <i>Syphilis, G. P.</i> |
| | Treatment <i>Moral</i> |
| | Prognosis |
| | Recovered or transferred <i>To Michleover Asylum, Derbyshire, Nov 1 1900</i> |
| | Weight on discharge |

Case Studies:

Religious Mania

11868: Elizabeth Chatterton

12041: Elizabeth Chronnell

| Number of Registrar | Name | Where Chargeable |
|---------------------|----------------------|------------------|
| 11868 | Elizabeth Chatterton | Chorlton |

| | | | | | |
|---------------|-------------|--------------------|-------------------|-----------------|-------------------|
| Admitted | 19 Dec 1899 | Age | 42 | Occupation | A. W. |
| Social status | Married | Number of children | 12 (8 now living) | Age of youngest | 13 months |
| | | Education | | Religion | Church of England |

PARTICULARS OF CERTIFICATE

Has a wild, excited appearance, is under restraint in padded room, says her father's soul is in the room with her, that she hears voices calling to her through the wall and sees people looking at her, says her mother who is dead has got her soul

Epileptic *No*
 Suicidal *No*
 Dangerous *Yes*

HISTORY

Previous attacks *Yes First 15 yrs ago* Age on 1st attack *27* Duration of attack *1 week*
 Supposed cause *Religious Mania - Ill-health*

History of attack *During last lactation an abscess formed in leg - went to Hospital about May - returned in Sept - seemed going wrong then*



Family history

- Insanity *No*
- Drink *No*
- Filthous *No*

| Date | STATE ON ADMISSION. |
|------|--|
| | Bodily condition on admission <i>Well nourished</i> Injuries on admission <i>None</i> Weight on admission <i>9s 7lb</i> Diagnosis <i>Recurrent Mania</i> Treatment <i>Eonic - Moral - Employment</i> Prognosis Recovered or transferred <i>19th June 1900</i> <i>Discharged "Recovered" Readmission</i> Weight on discharge <i>10s 1lb</i> |

| | | |
|---------------------|---------------------|------------------|
| Number of Registrar | Name | Where Chargeable |
| 12041 | Elizabeth Chronnell | Charlton |

| | | | | | |
|---------------|----------------|--------------------|----|-----------------|-------------|
| Admitted | 5 October 1900 | Age | 27 | Occupation | Home duties |
| Social status | Single | Number of children | | Age of youngest | |
| | | Education | | Religion | R.C. |

PARTICULARS OF CERTIFICATE

Cannot be induced to speak. Stares vacantly when spoken to.

Epileptic *No*
 Suicidal *Perhaps*
 Dangerous *Eyes*

HISTORY

Previous attacks *First* Age on 1st attack *27* Duration of attack *Since 1st October*
 Supposed cause *Religious Mania. Ill-health - overwork*

History of attack *Had Chorea when 6 or 7 years old
 Health not strong - kept House for
 Brother, an R.C. Clergyman
 Onset sudden*



Family history
 Insanity *No*
 Drunk *No*
 Pkiss *No*

| Date | STATE ON ADMISSION. |
|------|---|
| | Bodily condition on admission Injuries on admission Weight on admission Diagnosis <i>Melancholia</i> Treatment <i>Abundant food - Stimulants - Promotion of sleep. Moral</i> Progress Recovered or transferred <i>Discharged "Recovered" 16 December 1901</i> Weight on discharge |

Lesson 3: Case Studies Answer Sheet

Patients Name: _____

Any links with other case studies?

Which Victorian theme does it mention?

What guesses can you make?

What does this
case study tell you?

Diet Sheet

PRESTWICH ASYLUM—ORDINARY DIET.

DINNERS.

| DAILY | | MONDAY. | | TUESDAY. | | WEDNESDAY. | | THURSDAY. | | FRIDAY. | | SATURDAY. | | SUNDAY. | |
|---------|-----|---|-----|------------------------------------|-----|-----------------|-----|-----------------|-----|---------|-----|--------------|-----|---|-----|
| M. | P. | M. | P. | M. | P. | M. | P. | M. | P. | M. | P. | M. | P. | M. | P. |
| oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. | oz. |
| 8 | 6 | 8 | 6 | 5 | 4 | 5 | 4 | 5 | 4 | 16 | 12 | 16 | 12 | 3 | 3 |
| Bread | | Fresh Meat uncooked, and free from bone | | *Meat uncooked, and free from bone | | *Same as Sunday | | Same as Tuesday | | *Pork | | Beef | | *Tinned Meat cooked, and free from bone | |
| 3 | 3 | 16 | 12 | 12 | 8 | | | | | 16 | 12 | 3 | 3 | 3 | 3 |
| *Butter | | *Potatoes | | *Potatoes | | | | | | *Fish | | Dacon or Ham | | Bread | |
| 3 | 3 | 3 | 3 | 4 | 4 | | | | | 3 | 3 | 16 | 12 | 4 | 4 |
| Tea | | *Flour | | *Flour | | | | | | Bread | | Potatoes | | *Flour | |
| 1 | 1 | | | 3 | 3 | | | | | 3 | 3 | 3 | 3 | 1 | 1 |
| Sugar | | Bread | | Bread | | | | | | | | Bread | | *Cerealia | |
| 1 | 1 | | | | | | | | | | | | | | |
| Milk | | | | | | | | | | | | | | | |

COCOA, MILK, or BEER, Half-Pint each M. and P. for Dinner.

| | | | | | |
|--|--|---|---|--|--|
| *14 oz. Preserves substituted occasionally at Tea. | *Cabbage when available, or 2 oz. Pars substituted occasionally. | *Made into Meat and Potato Pie, or, occasionally, Irish Stew, when 4 oz. extra Meat is used per head and no Beer. | *Or Pork—M. 10 oz. with bone. P. 9 oz. with bone. | *Or same as Sunday during the Summer months. | *Or Rhubarb Pie, made with 4 oz. flour each M. and P. 1 oz. Cheese each M. and P. †Rolled Currant Pudding. |
|--|--|---|---|--|--|

Lesson 4: Safe Haven Worksheet

Was Prestwich Asylum a safe haven from the outside world?

TASK: Read through the statements about the asylum and decide whether each statement suggests that the asylum was a safe haven or not. You will need two colours to colour-code the statements and complete the key at the bottom of this page.

| | | |
|---|---|--|
| The inmates received a balanced diet and many poorly nourished people gained weight after staying in the asylum. | Many of the inmates missed seeing their families and children. Some inmates lost contact with all of their relatives. | Some female inmates were taken away from the dangers of prostitution and working on the streets. |
| The asylum was clean and each inmate knew that they had somewhere to sleep and clothes to wear. | Some of the staff treated the inmates roughly and with cruelty. | The inmates lost the freedom to go out and try to earn a living. They lost most of the social freedom that they had been used to. |
| As part of their treatment, the inmates had to complete various jobs and chores inside the asylum. This use of a captive labour force was exploitative. | The inmates got used to having a daily routine. This gave inmates a structure to their lives, this was part of their therapy. | Some of the inmates who were admitted for depression or teenage pregnancy were forced to mix with more violent and unpredictable characters. |

The asylum was a safe haven

The asylum was NOT a safe haven

FOLLOW UP: Write three paragraphs to summarise this key question:

Was Prestwich Asylum a safe haven from the outside world?

- 1: In some respects, Prestwich Asylum was a safe haven because...
- 2: In other respects, the asylum was not a safe haven because...
- 3: In my opinion the asylum was/was not a safe haven because...

Staff Records: Interpretation

Details of dismissed employee

| | |
|---|--|
| Name: | Henry Brougham |
| Age: | 27 years |
| Date of entry on Service: | 16 Nov 1891 |
| Social State: | Married |
| Previous Occupation and Residence: | Labourer, P.R. Jacksons Steel Works, Hampson St, Salford 21 Denbeigh St, off Heights, Pendleton |
| By whom recommended: | P.R. Jackson & Co. as above Army Character: 1st Battalion King's Own Yeomanry Light Infantry "Exemplary, he is steady & trustworthy" |
| Date and reason of Leaving: | Left March 25th 1898, Notice given him |
| Observations: | Had been several complaints of rough treatment but never quite brought home then (i.e. enough proof on this occasion) |

Details of model employee

| | |
|---|--|
| Name: | George McAllister |
| Age: | 26 years |
| Date of entry on Service: | 16 Nov 1891 |
| Social State: | Single |
| Previous Occupation and Residence: | Gardener for Capt GB McQueen, Dundas Castle, South Queensferry |
| By whom recommended: | Mr P Brock, Glenmor, Drogheda Mr A Kirk, Norwood Gdns, Alloa, N.B. |
| Date and reason of Leaving: | Left March 26, 1902 went to work at Winwick Asylum |
| Observations: | Good gardener, 2 year hospital course instruction, passed exam with fair grade |

Commentary

Henry Brougham had a military background which made him suited to the routine of the asylum, but his rough treatment of the patients led to his dismissal.

George McAllister's gardening skills were highly valued in the maintenance of the asylum grounds. He also supervised patients working in the gardens as part of their therapy.

Staff Records: Staff Record of Dismissed Employee

Name *Henry Drougham*
Age *24 years*
Date of entry on Service *16 Nov. 1891*
Social State *Married*
Previous Occupation and Residence *Labourer. P. R. Jacksons Steel Works
Hampson St Salford
71 Denbigh St off Heights, Pendleton*
By whom recommended *P. R. Jackson & Co as above*
Army Char. 1st Bn King's Own Y. Lt. Infy. "Exemplary, He is steady & trustworthy"
OBLIGATION.

To be signed by each Attendant and Servant before appointment.

I HEREBY ADMIT that I have read and been furnished with a Copy of the Rules, Regulations, and Orders, for the guidance of persons engaged in the service of the County Asylum at Prestwich. I promise to obey the Rules, Regulations, and Orders of the Asylum; to promote as far as I am able its objects; to be careful of its property; to avoid gossiping about its inmates or affairs; and to endeavour generally by my own good conduct and demeanour to sustain its respectability. I consider myself bound to perform any duty assigned to me by the Superintendent. If anything improper and contrary to the Rules of the Asylum is done in my presence or comes within my knowledge, I pledge myself to report it to the Superintendent. I understand my engagement to be monthly; and I agree to give a month's notice should I wish to leave my situation, or to forfeit a month's wages should I leave without giving notice. I also understand that a month's wages will be retained by and in the hands of the Superintendent, which wages will be forfeited in the event of my giving up the appointment, or leaving the Asylum with just cause. I acknowledge the right of the Superintendent to discharge me without warning, or fine me for acts of unkindness or violence to patients, for intemperance, for disobedience of orders, or for any transgression of the Rules, Regulations, and Orders; my wages being forfeited if, in his opinion, my conduct compromise the character of the Institution.

Signed *Henry Drougham*

In the presence of *Henry Ellis*
Date *16 Nov 1891*

Conduct during period of Service

Good.

Date and reason of Leaving

Left Mch 25/98

Notice given him -

Observations

Had been several complaints of rough treatment but never quite brought home them

Staff Records: Staff Record of Model Employee

Name *George Mc Allister - Gardener*
 Age *26 yrs.*
 Date of entry on Service *16th Nov. 1891*
 Social State *Single*
 Previous Occupation and Residence *Gardener*
for Capt G. B. McQueen, Dundas Castle, South Queensferry
 Residence *as above*
 By whom recommended *M^r P. Brock, Glenmos, Drogheda*
M^r A. Kirk, Norwood Gdns, Alloa, N. B.
I trust others
 OBLIGATION.

To be signed by each Attendant and Servant before appointment.

I HEREBY ADMIT that I have read and been furnished with a Copy of the Rules, Regulations, and Orders, for the guidance of persons engaged in the service of the County Asylum at Prestwich. I promise to obey the Rules, Regulations, and Orders of the Asylum; to promote as far as I am able its objects; to be careful of its property; to avoid gossiping about its inmates or affairs; and to endeavour generally by my own good conduct and demeanour to sustain its respectability. I consider myself bound to perform any duty assigned to me by the Superintendent. If anything improper and contrary to the Rules of the Asylum is done in my presence or comes within my knowledge, I pledge myself to report it to the Superintendent. I understand my engagement to be monthly; and I agree to give a month's notice should I wish to leave my situation, or to forfeit a month's wages should I leave without giving notice. I also understand that a month's wages will be retained by and in the hands of the Superintendent, which wages will be forfeited in the event of my giving up the appointment, or leaving the Asylum with just cause. I acknowledge the right of the Superintendent to discharge me without warning, or fine me for acts of unkindness or violence to patients, for intemperance, for disobedience of orders, or for any transgression of the Rules, Regulations, and Orders; my wages being forfeited if, in his opinion, my conduct compromise the character of the Institution.

Signed *George McAllister*

In the presence of *Henry Ellis*
 Date

Conduct during period of Service

Good

Date and reason of Leaving

Left March 26/02
went to Warwick Asylum -

Observations

2 yr. Course Instruction
Passed Fair examⁿ

Good Gardener.

Job Advert: Victorian Job Advert

A Prestwich Mental Asylum job advertisement taken from the Manchester Guardian Newspaper 15th March 1897.

Man, steady, single, required as an attendant: must have some knowledge of electric bells and batteries & co:

Salary commences £30 with board (no beer) lodging, washing and uniform. Apply to Superintendent County Asylum, Prestwich

Job Advert: 2008 Job Advert

Greater Manchester West 
Mental Health NHS Foundation Trust

Advanced Nurse Practitioner in Forensic Mental Health Care

Registered Mental Health Nurse and MSc
in Advanced Practice or equivalent

£37,106 - £44,527

Permanent position

Responsible to Head of Service

37.5 per week

Key responsibilities

The jobholder will:

- Be aware of the body of knowledge related to practice in the specialist area of forensic mental health care.
- Assess service user's mental health and illness, to include comprehensive assessment of psychopathology, medical history and physical health.
- Provide senior nurse lead within the team, contributing towards the assessment, treatment and evaluation of evidenced based care for service users with complex needs and their families and carers.
- Promote the rights and entitlements of service users to ensure equality of access to services and individualised care so that the service user's dignity and individuality are preserved.
- Act as a role model to nursing staff and allied staff, by demonstrating leadership and expertise and by maintaining credibility within the Directorate and Trust.
- To lead and participate in the investigation of complaints or concerns raised, reporting in a timely and measured manner.
- Complete service user's mental and/or physical health assessments, at least two-weekly, and more regularly if mental state and risk behaviour necessitate within an agreed caseload.

The NHS has a responsibility for the nation's health.

Protect yourself, service users, visitors and staff by adhering to our no smoking policy.

Greater Manchester West Mental Health NHS
Foundation Trust.

1901 Inspection Report

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PRESTWICH ASYLUM.

The completion of the installation of the Electric Lighting of the Asylum is the only other structural or important work which has been completed since our colleagues' visit of last year. The work appears to have been very admirably carried out.

Since the date of the above visit—February 14th—482 patients have been admitted here: 339 discharged or removed, of whom 217 had recovered, and 177 have died. Of the patients removed some have been transferred to the new Chronic Asylum at Winwick in accordance with the undertaking, which we trust will be strictly observed, that that Asylum shall only be filled by the chronic patients transferred from the older County Asylums.

Of the patients on the books four are absent on trial, and 78 are in the Rochdale Workhouse, under the arrangement with that workhouse; so that the patients in residence are 2,594. Twenty-eight of these belong to the private class. There would appear to be vacancies for 19 males and seven females.

We learn that the percentage of recoveries upon admissions, excluding transfers, in 1901, was 50 per cent.—a very satisfactory proportion—and that the death-rate was only 6·57 per cent. of the average number of patients resident.

Post-mortem examination was made in the case of 147 of the 177 deaths above-mentioned, or 83 per cent. Among the causes of death we may mention general paralysis at that of 21·9 per cent. of the deaths, and phthisis of 27·8 per cent.; and there were two deaths from colitis, and one suicide by drowning of a female patient while on leave. An inquest in this and two other cases was held.

Non-fatal but serious accidents have been very few; only two, causing fractures, are reported. No patient included in the above number of 177 had a bed sore at death, a fact very creditable to the nursing.

Neither mechanical restraint nor seclusion has been employed since the last visit.

The proportion of epileptics is 8·6 per cent. of the total patients; of the general paralytics, 4·1 per cent.; and of the actively suicidal, 2·9 per cent.

We have given to all the patients full opportunity, of which many availed themselves, of appealing to us. Applications for discharge were numerous, but very few complained of any ill-treatment, and no complaint appeared well founded. We regard the dress of both sexes as satisfactory. We have seen the dinners

on both days of our visit. Yesterday it was fish and bread and cheese; to-day bacon and peas, with rice milk; both ample and wholesome; but we desire to recommend the substitution of ordinary crockery for the enamelled iron plates and cups in use, which become very shabby.

We are informed that of the male patients 53 per cent. and of the female 73 per cent. are usefully employed; that 50 per cent. of both services attend Church of England service on Sunday; and that for the Roman Catholic patients, of whom there are 514, Mass is also performed on Sunday. Thirty-seven per cent. of the patients commonly attend the Associated Entertainments; 23 per cent. of the men, but no women, go for exercise beyond the Estate; and 30 per cent. of both sexes walk daily, weather permitting, beyond the Airing Courts, to which some 15 per cent. are confined for their exercise.

The Staff, we are informed, includes for day duty 180 men and 120 women; and for night duty 24 men and 26 women. In the first numbers are included artizans who give some assistance in the Wards, and laundry maids; and the total numbers represent one attendant to $6\frac{1}{2}$ male patients, and a nurse to 12 female patients. Less than 15 per cent. of the men, but 31 per cent. of the women have not yet completed a year's service; but over 40 per cent. of the former and 24 per cent. of the latter can reckon over five years' service. Miss Vicary, chief female officer, is about to retire on a pension after more than 30 years of very useful service.

An attendant of each sex has, since our colleagues' visit, been dismissed for misconduct.

We desire to mention the small Phthisal Ward which has been established, and in which eight male patients are subjected to the open-air treatment, with results as to their bodily health said to be satisfactory. Whether there is any corresponding mental improvement seems doubtful. The Ward itself is well designed for its purpose.

Dr. Perceval called our attention to the very low temperature in the present severe weather in the sanitary spurs at the Annexe, and we agree with him in thinking it would be very desirable to place in them some heating apparatus, which might be low pressure steam coils. The subject is worthy of consideration.

The Medical Staff remains of the same strength as heretofore, but there have been some changes among the Assistant Medical Officers, and Dr. Cowen is about to leave to take up the appointment of Senior Assistant at the Lancaster Asylum.

Lesson 7: An evaluation of the scheme of learning

Please answer all of the following questions as honestly and carefully as you can. We are interested in finding out your views and suggestions.

1: Which lessons did you enjoy most and why?

2: Which lessons did you find most challenging and why?

3: What have you learned about Victorian attitudes towards people with mental health issues?

4: How has this study changed your attitude towards mental health issues?

5: What skills have you been able to develop during this study?

6: How has this study helped your understanding of local history?

7: What suggestions do you have to improve this scheme of learning further?

Glossary of Useful Terms

| | |
|--|---|
| Annexe | Additional part of Prestwich hospital which received 'untreatable' severe mental patients where they received care and supervision |
| Asylum | Hospital for the mentally ill, meaning sanctuary or place of safety, which links to the modern meaning of protection from persecution, eg 'asylum seeker' |
| Ch of Eng | Church of England or Anglican church |
| Chronic | Describes a patient with severe and long-term mental illness |
| Climacteric | Female menopause, also known as 'change of life', when the reproductive phase of a woman's life ends |
| Confinement | Pregnancy and childbirth |
| Delusions | Hallucinations or imagined events; symptoms of severe insanity |
| Dementia | Symptom of mental illness resulting in loss or weakness of mental capacity |
| Drink | Drinking alcohol, thought at the time to be a key cause in the onset of mental illness |
| Epilepsy | Mental condition with symptoms of fits or convulsions |
| Employment | Treatment regime to keep patients occupied with constructive tasks, offering distraction or relief from symptoms of depression |
| GP | Abbreviation of General Paralysis [of the Insane], a condition associated with syphilis, where a patient's leg muscles are weakened, resulting in paralysis |
| Haydock Lodge | Private asylum near Liverpool, patients were transferred to and from Prestwich asylum |
| Hereditary [or Heredity] | Patient has family history of inherited mental illness |
| Imbecility | Condition of severely restricted mental development or weakened mental faculties |
| Inmate | A patient in an ayslum. The term 'patient' became standard later. |
| Lactation [or lactating] | Describes mothers who were breastfeeding babies or producing milk following a pregnancy |
| Melancholia [or melancholy] | Severe depression, possibly with suicidal tendencies |
| Mania | Symptoms of excitable or uncontrollable behaviour; Acute or sub-acute mania being extreme or lesser symptoms |
| Mania a potu | Severe symptoms of alcohol dependence including severe confusion and shaking |
| Moral | Also described as moral management, this treatment emphasised the principles of upright Christian behaviour and strong self-discipline. It included regular church attendance, work and daily routines to bring a patient back into normal behaviour |
| Pauper | A patient whose care was funded by the local parish or council. There were also private patients whose treatment were funded by their families, the Army or, in the case of criminals transferred from prison because of mental health problems, the prison authorities |
| Phthisis | Tuberculosis, usually of the lungs (pulmonary tuberculosis), commonly known as T.B., also known as consumption, or any wasting disease of the body |
| Puerperal | Any condition directly due to childbirth, such as puerperal fever (an infection following childbirth) or puerperal mania, a severe depression following childbirth. Now known as post-natal depression. |
| Purgative | Treatment to purge or cleanse the body, usually involving laxatives to relieve constipation, but could also include enemas, and substances to induce vomiting |
| R.C. | Roman Catholic |
| Recurrent Mania | Continual or re-occurring uncontrollable attacks |
| Syphilis | Sexually transmitted disease which, before treatments were developed, caused brain damage resulting in dementia and death |
| Term-expired Criminal | A mentally ill criminal who has completed a prison sentence and is admitted to a mental hospital for treatment |
| Trial | Describes a patient on a trial period in preparation for release from hospital, not a criminal trial |
| Wesleyan | Another term for Methodist churches |
| Winwick | Hospital near Warrington, patients were transferred to and from Prestwich asylum |



Greater Manchester West **NHS**
Mental Health NHS Foundation Trust

