



MENTAL HEALTH IN HISTORICAL PERSPECTIVE

# Private Madhouses in England, 1640–1815

## Commercialised Care for the Insane

Leonard Smith

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# Mental Health in Historical Perspective

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Private Madhouses  
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Mental Health in Historical Perspective

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I must begin by recognising the considerable debts of gratitude owed to people who are no longer with us. In the mid-1980s, when I began investigating the history of mental health provision in England, one of the first books I read was *The Trade in Lunacy* by William Parry-Jones. My interest was aroused in the evident myriad of small private institutions that came and went between 1700 and 1900, revealed through the painstaking researches of a psychiatrist with a strong interest in the past. Parry-Jones was one of a group of distinguished, diligent psychiatrist-historians that also included Richard Hunter, Ida Macalpine and Alexander Walk. Their published works remain essential reading for anyone with a serious interest in the history of psychiatry. Another, whose work is less celebrated due to not having been commercially published, was Dr H. Temple-Phillips of Bristol, but his careful studies of the Mason-Cox dynasty have proved invaluable. The contribution of these people, and other mental health professionals who engaged in historical researches, was certainly appreciated by Professor Roy Porter. His unsurpassed insights into the social history of psychiatry and medicine as a whole, particularly in the ‘long’ eighteenth century, have continued to inspire those who have since ventured into the field.

This book has been many years in the making. The materials have been collected gradually, often as part of more wide-ranging research into institutional provision for mentally disordered people in the eighteenth and nineteenth centuries. Over the years I have benefitted greatly from interactions and exchanges with many other historians, too numerous to



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## ABBREVIATIONS

BPP	British Parliamentary Papers
CRO	County Record Office
CWA	City of Westminster Archives
LMA	London Metropolitan Archives
ODNB	<i>Oxford Dictionary of National Biography</i>
SC	Select Committee
THA	Tower Hamlets Local History Library and Archives
TNA	The National Archives

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## CHAPTER 1

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# The Rise of the Private Madhouse

Over the last two decades, significant elements of mental health-care provision in Britain have been transferred from the National Health Service into the hands of private entrepreneurs or corporations. This applies particularly in certain sectors, such as secure hospitals for people with complex presentations or who exhibit challenging behaviours, and residential or nursing care homes which either provide for rehabilitation or accommodate individuals with longer-term, more chronic needs.<sup>1</sup> Such a profound shift toward an overtly commercial ethos in the mental health field is perhaps regarded by many observers as a relatively recent economic, ideological and cultural phenomenon. However, business-orientated activity has been deeply embedded within the historical development of institutional care for mentally disordered people in England for almost four centuries. For a substantial portion of that time, what generally became known as private madhouses, and later as private lunatic asylums or mental hospitals, have comprised an important element of specialist provision for people whose manifestations of mental disturbance could not be contained within the wider community.

This book will examine the emergence of private madhouses in seventeenth-century England and their subsequent steady rise to become the predominating element in institutional care for people deemed insane by 1815. It provides the first comprehensive study of the early ‘trade in lunacy’ for almost half a century,<sup>2</sup> delineating the locations, structures, facilities and modes of operation of madhouses. The men and women who

owned or operated them occupy a central place in the narrative, for it was they who reconciled commercial endeavour with the practical aspects of accommodating and managing people regarded as highly problematic. The proprietors' attributes and practices largely determined the nature of treatment and conditions experienced by the socially disparate groups of patients who were confined. Historians of eighteenth-century psychiatry are not blessed with the wealth of case-book material that later became ubiquitous. Consequently, much of the material that follows has been assembled from new research into recently discovered or previously under-utilised sources, many of them fragmentary and scattered. They reveal people and places that were previously lost or obscured. The records indicate that, almost from the outset, madhouses were more numerous in London and elsewhere in the country than has hitherto been appreciated, and that their comparative significance has been under-estimated.

### ORIGINS AND INFLUENCES

In 1600, Bethlem Hospital in London constituted the country's only significant institution for confinement and care of the insane.<sup>3</sup> Its relatively small site and restricted accommodation, as well as admission policies geared mainly towards people with limited means, helped to stimulate the development of alternative options for those who could afford to pay for them. Over the following decades, in the capital and elsewhere, a number of private practitioners established houses to accommodate and treat people variously described by contemporaries as 'mad', 'frantic', 'distracted' or 'lunatic'. By the 1670s, if not earlier, the term 'mad-house' had entered common usage to describe these places. In his collection of poems, *Lucida Intervalla*, the episodically deranged Admiralty clerk James Carkesse satirised his own confinement in 'Finnes-bury Mad-house'.<sup>4</sup> At that juncture, the term was still largely descriptive, having not yet acquired all the negative connotations and cultural stereotypes with which it later became associated. It was during the course of the eighteenth century that the private madhouse was increasingly identified in popular consciousness as a locus of unjustified incarceration, neglect, malpractice and more flagrant abuses. Such perceptions were doubtless justified in some, perhaps many, instances. However, the reality was more nuanced and historical justice requires the construction of a balanced portrayal of what were, in reality, key formative institutions in the history of mental health services.

The emergence and rise of private madhouses occurred against a background of the fundamental economic, social, cultural and political changes occurring in England during the seventeenth and eighteenth centuries. After the bitter religious and political conflicts that culminated in the Civil War from 1642 until 1651 were succeeded by the constitutional settlement of 1688, the ensuing century witnessed ‘revolutions’ in commerce, agriculture and industry, all informed by the intellectual currents of the Enlightenment. Such profound societal upheavals doubtless impacted upon many individuals, particularly within the aspirant middling ranks and the marginalised poorer classes, contributing in some measure to a perceived higher incidence of ‘melancholy’, the ‘English malady’ and other more serious mental disorders. In response, an increasingly sophisticated ‘consumer society’ was presented with diverse service options for dealing with a range of health-related problems, including those affecting the mind.<sup>5</sup>

Historians have discerned significant changes in attitude towards insanity and the insane in England during the ‘long’ eighteenth century. In one construction, a conception of the mad person as being akin to a wild animal, who required taming by forceful means, was gradually giving way to a recognition that he or she was a human being who had lost their reason. Consequently, measures were required to promote the restoration of reason. As Andrew Scull highlighted, these would often be implemented in the context of a controlling, coercive ‘domestication’ approach to madness, whereby the practitioner sought to impose order and rationality upon the insane person.<sup>6</sup> At the same time, more permissive, gentle methods were being applied in certain quarters, as attempts were made to encourage or engage with lucid elements of the lunatic’s thought processes. The discourses of coercion and mildness, at times conflicting and at others complementary, informed the operational practices of the new private madhouses. Their independent status and relatively small physical scale provided opportunities for some to act as genuine sites of experimentation and innovation.<sup>7</sup>

Concurrently, as Michael MacDonald has argued, a process of ‘secularisation’ saw the identification and treatment of madness pass definitively from the religious to the medical sphere. In their writings, practitioners increasingly construed madness either directly as a disease of the brain or otherwise as being closely linked to identifiable physical disorders. It followed, therefore, that its curative treatment needed to be conducted under the direction of a medical man, in a suitably ordered and protective

environment. This conception directly influenced the establishment and operation of most private madhouses, as well as the charitable or voluntary lunatic hospitals established in several cities during the course of the eighteenth century. Both public and private institutions participated in the same expanding medical market-place, where they competed and interacted with one another, in several instances sharing or exchanging key medical and other personnel, all within a developing ‘mixed economy’ of health-care.<sup>8</sup>

The consolidation of the private madhouse sector was rooted in the preoccupations with rank and social class that increasingly pervaded English society during the period.<sup>9</sup> Even if space might be available in Bethlem or one of the other lunatic hospitals, most people within the higher and middling ranks would not be inclined to consign their insane relatives to a stigmatised public institution, associated with images of madness, disorder, squalor and material hardship. Rather, they were often prepared to pay handsomely for the person’s placement in a smaller, more exclusive, retired domestic environment where social status was acknowledged and expectations of seclusion, privacy or even secrecy upheld, under the direction of a medical man or other experienced person with respectable credentials.<sup>10</sup> As James Moran has recently highlighted, allied concerns about the patient’s capacity to manage his (or her) affairs or look after their property were likely to be addressed through the legal processes of a writ *de lunatico inquirendo* followed by a commission of lunacy. These mechanisms could provide a formal framework around confinement at home, in designated lodgings or in a madhouse.<sup>11</sup>

The private madhouse, however, did not remain as a receptacle solely for the wealthier classes. Even before 1700, some enterprising proprietors were already making provision for insane paupers, whose parishes felt compelled to pay for the removal, care and treatment of people who had become unmanageable in community settings, including the poor-house or workhouse. Arrangements became increasingly solidified, as parish officers entered into contractual arrangements with particular madhouse keepers. By the end of the eighteenth century, especially in east and north-east London, large madhouses housing substantial numbers of pauper lunatics had become a significant element within the overall business.<sup>12</sup> The periodic exposure of poor conditions and unsatisfactory practices in some of these private pauper institutions contributed significantly toward the increasingly negative perceptions of the madhouse.

## PRECEDING LITERATURE

Almost fifty years have now elapsed since the psychiatrist and historian William Parry-Jones produced his ground-breaking study of private madhouses, *The Trade in Lunacy*.<sup>13</sup> Building upon the earlier historical explorations of the psychiatrists Richard Hunter and Ida Macalpine,<sup>14</sup> his diligently collated evidence demonstrated beyond question the prominent place of private establishments and practitioners within the fabric of institutional care for the insane between 1700 and 1900. It was inevitably the case that, due partly to the relative survival of historical source material, Parry-Jones concentrated rather more on the nineteenth century than the eighteenth. Like other psychiatric practitioners who engaged in historical research, he brought a perspective much influenced by direct experience of frequent engagement with mentally ill people. That frame of reference is not always available to social and intellectual historians. Nevertheless, in regard to the 'long' eighteenth century, no individual has achieved more than Roy Porter in illuminating the key aspects of the history of psychiatry and provision for mentally disordered people during that crucial period. Within several influential essays, and in the magisterial *Mind Forged Manacles*, Porter located private madhouses and some of their proprietors at the heart of developments in therapeutic practice and institutional management.<sup>15</sup>

In the aftermath of Parry-Jones's and Porter's endeavours, various historians have made significant contributions toward our knowledge and understanding regarding the early 'mad business'.<sup>16</sup> In her history of the socially exclusive Ticehurst private lunatic asylum, Charlotte Mackenzie depicted a long-standing, successful family enterprise that originated in the late eighteenth century.<sup>17</sup> Several key studies have focussed on London, which consolidated its position as the main centre of private institutional provision. Akihito Suzuki showed that madhouses comprised one element within a range of interconnected options for poor metropolitan families attempting to cope with insane members.<sup>18</sup> Elaine Murphy's investigation of the large East End madhouses revealed the complexity of their operations, as proprietors sought to profit both from affluent customers and from the growing demand emanating from metropolitan parish authorities.<sup>19</sup> The higher end of London's lunacy trade was revealed by Jonathan Andrews and Andrew Scull in their penetrating biography of the Bethlem Hospital physician John Monro, constructed around his surviving 1766 case book. Following his father, Dr James Monro, he became a key player

in that trade, operating a successful private madhouse in addition to placing and attending numerous patients in others.<sup>20</sup> The clear dichotomy between madhouse provision in London and the provinces was delineated by Chris Philo in his compendious history of institutions for the insane in England. Philo's geographically oriented perspective emphasised the importance of locational factors and influences.<sup>21</sup>

A number of localised investigations of particular provincial madhouses or practitioners have been instrumental in constructing a more comprehensive national picture. In the same year that Parry-Jones's *Trade in Lunacy* appeared, a somewhat neglected piece by Hunter and Macalpine considered the seventeenth-century 'origins' of the private madhouse 'system', personified by the ill-fated Reverend John Ashburne of Suffolk.<sup>22</sup> Their evidence was later re-examined and augmented by Andrew Mason.<sup>23</sup> In a valuable unpublished history of the Fishponds lunatic asylum, near Bristol, Dr H. Temple Phillips drew attention to Joseph Mason and his Stapleton madhouse, precursor of the more celebrated establishment inherited by his grandson Joseph Mason Cox.<sup>24</sup> Another psychiatrist-historian, Peter Carpenter, surveyed the private madhouses of Leicestershire and reviewed the career of the physician Thomas Arnold, who combined madhouse proprietorship with direction of the public Leicester Lunatic Asylum.<sup>25</sup> A locally published biography of the Kent surgeon and madhouse proprietor William Perfect portrayed the activities of an energetic, rather singular figure.<sup>26</sup> More recently, Hertfordshire's madhouses were examined within a wider study of health and welfare provision in that county.<sup>27</sup> Finally, my own previous endeavours include studies of several notable provincial proprietors and their madhouses, including the Proud family of Bilston, Thomas Bakewell of Spring Vale, Dr Edward Long Fox of Brislington House, Joseph Mason of Stapleton, and Dr Francis Willis of Greatford.<sup>28</sup>

## SCOPE AND CONTENT

This book seeks to build upon the existing scholarship in extending and re-evaluating the historical development of private madhouse provision in England before 1815. To that end, hitherto unavailable, unnoticed or under-researched primary sources have been deployed wherever feasible. That task has certainly been aided by the proliferation of digital collections, including *Early English Books Online*,<sup>29</sup> *Eighteenth Century Collections Online*,<sup>30</sup> the British Library *17th and 18th Century Burney*

*Newspapers Collection*,<sup>31</sup> the *British Newspaper Archive*,<sup>32</sup> *UK Parliamentary Papers Online*,<sup>33</sup> *London Lives*<sup>34</sup> and the *Oxford Dictionary of National Biography*.<sup>35</sup> Invaluable as such resources have undoubtedly become, however, they cannot supersede the need for exploration of material documents, mostly located in national and local archive collections and libraries. Across numerous repositories around the country, printed and manuscript reports, volumes of minutes, journals, diaries, financial accounts, personal letters and other correspondence have been accessed, as have various old newspapers which have so far evaded digitisation.

The study's temporal parameters have not been determined arbitrarily. As will be apparent in Chap. 2, circumstantial evidence indicates the presence of proto-madhouses by around 1600. In Katharine Hodgkin's study of Dionys Fitzherbert, based on her powerful manuscript journal, profound mental anguish led to her confinement in Dr Carter's house at Holborn in 1606. Here Dionys spent several weeks, receiving protection, medicines and emotional support, provided by Carter, his wife and a keeper, before her recovery and discharge.<sup>36</sup> This was more than two decades before Edmund Francklin's removal to the house of Dr Helkiah Crooke, the Bethlem physician, once considered the earliest evidence of a functioning private madhouse.<sup>37</sup> The volume's chosen start date of 1640 marked the commencement of an era of enormous social and political turmoil in England. It also coincided with an increasing frequency of contemporary references to madness and houses of confinement. At the other end, the year 1815 witnessed the final acts of the Napoleonic Wars, widely regarded as bringing the 'long' eighteenth century to its conclusion. Simultaneously, the crucial parliamentary Select Committee on Madhouses conducted its main deliberations and reported in 1815, thereby representing a genuine watershed in the movement toward 'reform' of lunacy provision, both public and private.<sup>38</sup>

There is a certain difficulty in determining what actually constituted a madhouse, as distinct from a less formal situation where a medical practitioner, minister of religion or enterprising lay person received payment to accommodate one or perhaps two mentally disordered persons. Such arrangements were common throughout the eighteenth century and persisted well into the nineteenth.<sup>39</sup> Among the wealthier classes, families burdened with a deranged member who was unmanageable at home might opt to place them under close supervision in lodgings, usually following consultation with a medical man. In London, specialist physicians like Richard Hale, James Monro and, a century later, Sir Alexander



Morison would facilitate such placements as an integral part of their private practice.<sup>40</sup> Similar ‘boarding out’ arrangements occurred in provincial centres, and were well illustrated by the Chester surgeon George Nesse Hill.<sup>41</sup> Parish authorities also frequently entered into agreements to pay specified people to house and look after individual insane paupers.<sup>42</sup> These sorts of practices were arguably part of the fabric of extra-institutional care in the community delineated by Bartlett and Wright and the other contributors to *Outside the Walls of the Asylum*.<sup>43</sup> However, the boundary between the accommodation of one or two people and an actual madhouse could on occasion be quite hazy or porous, especially before regulatory legislation in 1774 defined it in terms of numbers, with the requirement for a licence if more than one person was confined in the house.<sup>44</sup>

Private madhouses or asylums were largely an English phenomenon before the late eighteenth century. In its closing decades they ‘sprung into existence’ in France and elsewhere in Europe, to cater for ‘the relations and friends of the rich’ who were not prepared to place ‘afflicted’ family members in the recently established public or charitable asylums.<sup>45</sup> Roy Porter noted the presence of some ‘private facilities for the rich’ in *ancien regime* France, but insisted that ‘nowhere did they appear in such profusion as in England, or play such a dominant role’.<sup>46</sup> Private institutions appeared comparatively late in other parts of the British Isles. In his extensive studies of mental disorder in eighteenth and early nineteenth-century Scotland, Rab Houston referred to a number of private madhouses of varying sizes and attributes, mostly located in Edinburgh and the surrounding region.<sup>47</sup> According to Alice Mauger’s work on the care of paying patients in Ireland, the first private madhouse was opened in Cork in 1799 by Dr William Sanders Hallaran, who had for some years directed the city’s voluntary public lunatic asylum.<sup>48</sup> A short-lived private asylum opened near Dublin in 1815, before its disreputable proprietors relocated to a new house at Hanover Park, Carlow.<sup>49</sup> There is no direct evidence of any private provision in Wales prior to 1817.<sup>50</sup> One overseas region within the British sphere where madhouses appeared relatively early was the territory administered by the East India Company. Waltraud Ernst has identified small private houses in Bombay in 1670, Madras in 1787, and Calcutta in 1793.<sup>51</sup> There is little clear evidence of similar early provision elsewhere in the empire, although it appears that public asylum officers took every opportunity to engage in activities geared toward private gain in colonial New South Wales.<sup>52</sup>

In England, the number of private madhouses rose steadily from the mid-seventeenth century onwards. The continual growth of the capital city, with its political, economic and social pre-eminence, was largely responsible for the significant differences in concentration of provision that prevailed between London and the provinces. Considerable difficulties remain in establishing actual numbers of houses and people confined within them, particularly before the 1774 Act required licensing of every private house accommodating more than one lunatic. There were various possible ways to circumvent those legal obligations. For example, several people might be individually kept in adjoining houses, or alternatively proprietors could claim that they were merely providing lodgings. Only random firm data is available regarding the numbers kept in particular houses at certain dates, which will be examined in Chap. 5. A combination of evidence and informed estimate suggests that, in 1815, there were about 1600 people in licensed madhouses in London and its environs, and upwards of 750 in the provinces.<sup>53</sup> In contrast, there were in the same year approximately 1050 people in public lunatic asylums, of whom 860 were in established voluntary institutions<sup>54</sup> and around 180 in the three recently founded county asylums.<sup>55</sup> Even allowing for the figures' limitations, private madhouses probably accounted for as much as seventy per cent of all people resident in specialist institutions for the insane in 1815.

Private madhouses collectively acquired meanings well beyond the commercial and the medical. They became embedded within polite and popular culture, most commonly with negative connotations as places of mismanagement, exploitation and abuse, where unscrupulous people with money and influence could sequester unruly or inconvenient relatives. Reputable practitioners and proprietors with genuine intent to provide enlightened, sympathetic treatment and achieve their patients' recovery had to overcome such unhelpful perceptions in order to attract and retain custom. Porter showed that such well-motivated people unquestionably existed, with some madhouses offering a well-managed, comfortable, therapeutic environment, a position that was even conceded by Scull.<sup>56</sup> An objective evaluation has to incorporate that perspective, whilst also acknowledging that other less principled proprietors and their houses definitely merited the opprobrium freely cast upon the sector as a whole.

In the chapters that follow, the first three chart the emergence, development and dissemination of England's private madhouses. Clear distinctions are drawn between London and the provinces, reflecting the significant differentials in the nature and scale of provision. Chapter 2

outlines the initial appearance and growing presence of madhouses during the course of the seventeenth century, indicating modes of operation both as businesses and aspects of medical practice. The main concentration was in London, mostly to the north of the City, where the Hoxton district became predominant. The clientele emanated primarily from the middle and upper classes, although a few paupers were also being received by the 1670s. Early documented examples are presented of private madhouses and their proprietors in the provinces, particularly in the south-west of England. The available evidence indicates strongly that, by 1700, private houses of confinement had become more numerous and widespread than historians previously believed, and that the basis of a national network was being laid down.

Chapter 3 covers the period from 1700 until the passage of regulatory legislation in 1774. Significant development occurred in the private madhouse sector, in response to a growing and diversifying demand. The range of services offered became more sophisticated, as the patient demographics widened to encompass most ranks within society. London's position as the main centre of the mad-business was consolidated. An elite group of physicians, mostly connected to Bethlem or St Luke's hospitals, became particularly influential, placing patients with favoured madhouse proprietors with whom they had formed commercial connections. The Chelsea area catered largely for a select clientele, whilst certain east and north London madhouses became large undertakings, providing both for wealthy private patients and substantial numbers of parish paupers. Provincial madhouses tended to be smaller, family businesses. There was increasing geographical dispersal, although a degree of concentration was apparent in the West Country and the Midlands.

Chapter 4 opens with consideration of the 1774 legislation, contending that it was more influential than hitherto acknowledged by historians. There followed a period of accelerated growth in the private madhouse sector, offering lucrative commercial opportunities both in the London area and in the provinces. In London, the numbers of madhouses had almost doubled by 1815. Many were still relatively small undertakings, but two particular lay proprietors, Thomas Warburton and Sir Jonathan Miles, constructed substantial business empires, each accommodating several hundred patients in their houses, many of whom were paupers. In the provinces, a comparable expansion occurred in both numbers and geographical dispersal of madhouses. Some large houses were established, containing an increasingly diverse clientele.

A more thematic approach is adopted in the subsequent chapters. Chapter 5 focuses upon the people committed to and who inhabited private madhouses. The numbers of patients virtually doubled between 1775 and 1815, with twice as many being admitted to London madhouses as to those in the provinces. There were distinct geographical and socio-demographic influences in determining madhouse admissions. Whilst some established London houses attracted people from far afield, the great majority of patients in metropolitan and provincial houses emanated from the surrounding regions. The steadily widening social class composition of the patient population was exemplified by the increasing presence of pauper lunatics in certain madhouses, most notably in north-east and east London. The chapter also explores the variety of circumstances that preceded admission and the range of symptoms and behavioural characteristics that individuals displayed once inside the madhouse.

In Chap. 6, the proprietors of private madhouses are considered in their roles as entrepreneurs, as they strove for commercial success in an increasingly competitive market. To that end they would determine levels of charges according to the nature and quality of service provided and the social class related expectations of their patients. Allied to this, they emphasised their houses' particular attributes, in regard to location, facilities, comfort and treatment orientation. A majority of provincial madhouse proprietors were medical men, either physicians or surgeons, whilst in London unqualified lay men and women came to predominate, with notable exceptions. Whether proprietors were professionally qualified or otherwise, successful outcomes were linked to family connections and inheritance, as well as intangibles like business acumen, communication skills and the ability to construct a favourable personal reputation.

Chapter 7 explores the changing nature of treatment and care for mental disorders during the long eighteenth century, paying particular attention to contemporary distinctions of 'medical' and 'moral' treatment or 'management'. An ideal of curative treatment became central, as private madhouses became prime sites for testing out different approaches and confronting fundamental dilemmas. Discourses of authority and control were being challenged by an increasing expectation that humanity and gentleness would be exercised toward patients. Established medical and physical treatments continued to be widely deployed, supported by the technology of mechanical restraint and coercion. Simultaneously, a climate

of experimentation stimulated controversial methods like the circular swing chair as well as the development and refinement of interactional psychological techniques.

Chapter 8 focuses upon the issues and concerns highlighted by the madhouse's many vocal critics. The assembled evidence confirms that internal standards and conditions ranged across a wide spectrum, from the almost exemplary to the utterly scandalous. For many contemporary commentators, the vexed question of 'wrongful confinement' constituted the greatest of the evils associated with private madhouses. This and other alleged abuses received extensive coverage in various literary forms, including official reports, newspapers, polemical pamphlets and novels. Of particular significance were the articulations of dissent and protest by people with direct personal experience. Although sometimes difficult to retrieve, the voices of patients and former patients continue to exercise a singular power as they reveal the lived reality of the madhouse. They also confirm that not all people regarded as insane were passive recipients of what the house and its proprietor had to offer. A few were even quite positive about their experience, serving to underline the importance of retaining a studied objectivity in conducting any historical evaluation of private madhouses and what occurred within them.

## NOTES

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9. J.C.D. Clark, *English Society, 1688–1932* (Cambridge: Cambridge University Press, 1985); Paul Langford, *Public Life and the Propertied Englishman, 1689–1798* (Oxford: Clarendon, 1991).
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13. See note 2.

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