

Wrongful Institutionalization of the Upper Class  
in Victorian Private Asylums

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In the 1800s, public institutions garnered social anxiety due to poor conditions, despite several well-intended reforms. The upper and middle class turned instead to private homes for their “mad” relatives. Those who had been confined themselves, however, argued that private institutionalization, which claimed to offer a higher quality of life for the upper- and middle-class, was truly intended for swiftly locking away the insane and preventing further embarrassment to the families of those deemed insane. Some who experienced wrongful commitment while claiming sanity voiced their stories on a public platform. Such was the case of Herman Charles Merivale, who in 1879 published an account of his tenure in the private madhouse titled *My Experiences in a Lunatic Asylum* under the pseudonym “Sane Patient.” This text raises the issue of confining those who were not necessarily “mad”, but simply eccentric, and serves as counter-argument to the propaganda of the 19<sup>th</sup> century that argued in favour of private institution. This paper will analyze Merivale’s account of wrongful institutionalization by looking at his accounts of legislation, the actions of asylum management and patient treatment methods, as well as analogies for asylums in other popular media publications, reveal how private asylums were demonstrative of a social system that benefitted family members and asylum administration, and place his work in a larger historical context.

Herman Charles Merivale (b. 1839 – d. 1906), son of Herman Merivale, under-secretary of the state for the colonies and India, was raised in an educated, upper class family in England. He trained as a barrister, though had a passion for writing. Earlier in his life, he spent time at several other mental institutions – however, it was not until his time at the private British asylum, Ticehurst, that he was confined without his consent. Merivale denies having suicidal thoughts before his time at Ticehurst, attributing his depression instead to the emotional grief of having

lost his father, and of the effects of alcohol on his liver. He suffered from what he called delirium and hypochondria, symptoms that modern doctors have seen as representative of depression. Merivale's account, intended to be read by the public, attempts to inform Victorians about the wrongful confinement of the sane and the "trade in lunacy," while explicitly appealing for change. "The lunacy laws are made in the supposed interests of relatives, not the sufferers themselves;" he says, "All is done to 'hush up,' not to expose."<sup>1</sup> While the source is limited, as it only speaks of an experience in an upper-class private asylum, its contents are reflective of larger societal mentalities.

Merivale's memoir challenges the system of private institutions in three ways. Firstly, he does so by disputing legislation of the time, particularly the process "certification". Newly appointed Commissioners in Lunacy, whose roles were established under the Madhouses Act 1828, were given the power to license and supervise private asylums.<sup>2</sup> The Lunacy Act of 1845 removed the patient's right to contest their detention in court. Further laws required two physicians to certify a person as mad before they were sent to an asylum. Merivale argues that these various new laws and legislation worked against the favour of those deemed "mad". Neither William Foster Giles nor Charles P. Steele, the two doctors responsible for Merivale's confinement, were practitioners of psychological medicine by training, according to Merivale, many were discharged soldiers, sailors and footmen. He felt he had reached the "lowest rung of the medical ladder indeed." Nonetheless, their word was the legally binding. "No loophole for

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<sup>1</sup> Sane Patient, *My Experiences in an Insane Asylum* (Longon: Chatto and Windus, 1879), 91.

<sup>2</sup> Andrew Roberts, "Introducing the Lunacy Commission The Victorian Ministry of Mental Health," The Lunacy Commission, A Study of its Origin, Emergence and Character, , accessed November 12, 2017, <http://www.studymore.org.uk/1.htm>.

escape was left us which the law can sew up,” described Merivale.<sup>3</sup> “At any moment the certificates of any two doctors who may be utter strangers to the patient ... may condemn him to the worst form of false imprisonment.”<sup>4</sup>

Secondly, Merivale’s account reveals how asylum administration, in many cases, prioritized themselves or the paying family members of the insane over the patients themselves, by pointing out their attempts to misrepresent asylum conditions to the public. Merivale’s condition, and the ones in which he lived, were concealed from his family members. His letters were often censored, and sometimes never sent at all. He describes being denied visits from friends on several occasions, as doctors told him he was simply “too ill” to undergo such excitement. He denies this. “I was not too ill,” he claims. “It was a lie.”<sup>5</sup> Even when he was allowed to have visitors, he describes a well-set luncheon table and a good bottle of wine replacing the “garbage” which they were usually given. This strict attitude served to protect the asylum administration from the judgement of the public, and family from the patient’s behavior: in essence, they created the kind of environment that family members would feel happy about leaving their “mad” relative in, therefore continuing to make a profit.<sup>6</sup> Merivale describes the asylum management as self serving, using the private retreat as more of a business than a legitimate medical institution. “I have known the enrolment of new patients on their books ... cited with as much pride as that of new boys at a schoolmaster's.”<sup>7</sup>

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<sup>3</sup> Sane Patient, *My Experiences in an Insane Asylum* (Longon: Chatto and Windus, 1879), 44.

<sup>4</sup> *Ibid*, 3.

<sup>5</sup> *Ibid*, 77.

<sup>6</sup> J. C. N., "The Anatomy of Madness: Essays in the History of Psychiatry, vol I: People and Ideas; The Anatomy of Madness: Essays in the History of Psychiatry, vol II: Institutions and Society," *American Journal of Psychiatry* 144, no. 12 (1987), 165

<sup>7</sup> Sane Patient, *My Experiences In an Insane Asylum* (Longon: Chatto and Windus, 1879), 93.

Thirdly, Merivale's account of the treatment he received suggests that much of asylum care served to relieve families of embarrassment and shame. Furthermore, hospitalization provided a justification for the isolation of an insane family member. It promised a treatment, and in some cases, a cure. In this way, institutionalization of the mentally ill relieved the helplessness felt by family members who did not know what else to do. While previous treatments for mental illness, such as cold baths, waterboarding, bleeding, vomiting and the use of the electric chair, attempted to treat mental illness as if it was a physical disease, these private institutions instead described and treated mental illness in terms of "organic pathology"<sup>8</sup> This evolved from the "moral treatment" techniques put forth by Philippe Pinel and English Quaker William Tuke half a century prior. Insanity was instead attributed to accidents (blows to the head or falls), physical ill-health (influenza, fever, childbirth, age) or stress caused by industrialization (overwork, excitement from business). By describing mental disturbance as something beyond the family's control, they were better equipped to deal with the embarrassment of the relation, and the guilt that came along with interring a relative.<sup>9</sup>

Finally, this historical source can reveal a greater social opinion – one of public criticism of wrongful confinement – by means of analogy: the comparison between mental institutions and the Bastille. This French prison was a place where enemies could be hidden from sight, and metaphorically "buried alive." This analogy emerged following the publication of *Mémoires sur la Bastille* (1783) by Simon Nicholas Henri Linguet, which describes the largely-secret

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<sup>8</sup> J. C. N., "The Anatomy of Madness: Essays in the History of Psychiatry, vol I: People and Ideas; The Anatomy of Madness: Essays in the History of Psychiatry, vol II: Institutions and Society," *American Journal of Psychiatry* 144, no. 12 (1987), 161.

<sup>9</sup> *Ibid*, 161

conditions within the prison's ominous walls.<sup>10</sup> Other secondary sources, such as Louisa Lowe's *The Bastilles of England*, which takes Merivale's narrative into account, helps demonstrate the social connection between the French prison and English asylums.<sup>11</sup> "The victims to the lunacy system silently sink below the surface of society;" she wrote, "They disappear one by one, and are forgotten." Overall, this asylum-prison analogy reflected a growing fear that family members could take advantage of the certification system to "do away" with inconvenient family members. "Control over confinement was predicated upon the desires of families to care for and control dependent and violent relatives."<sup>12</sup>

These "counter-arguments" argue that treating patients was not the sole priority of the commissioners and management of private asylums, or the families who confined their relatives. Personal accounts such as Merivale's shaped public opinion as well as law regarding the treatment of the insane.<sup>13</sup> His memoir challenges the "certification process" of institutionalizing the insane in asylums based on legal authority, and the Lunacy Laws in general, and the true motivations behind administrative actions and the patients' treatment. To the modern historian, such "counter narratives" serve to expose the neglectful treatment and cruelty that asylum patients underwent, and show how policy changes did not serve to benefit the patients themselves, but often their family members and asylum management.<sup>14</sup> To fully understand this

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<sup>10</sup> Simon Nicolas Henri Linguet and Edmund Goldsmid, *Memoirs of the Bastille* (Edinburgh: Privately printed, 1884).

<sup>11</sup> Louisa Lowe, *The Bastilles of England; or, The lunacy laws at work* (London: Crookenden and Co., 1883).

<sup>12</sup> D. Wright, "Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century," *Social History of Medicine* 10, no. 1 (1997).

<sup>13</sup> Cristina Hanganu-Bresch and Carol Berkenkotter, "Narrative Survival: Personal and Institutional Accounts of Asylum Confinement," *Literature and Medicine* 30, no. 1 (2012), 11.

<sup>14</sup> *Ibid.*, 11.

text, further analysis of other similar works, such as Clarissa Caldwell Lathrop account of her wrongful incarceration in the Utica Asylum in the state of New York in her text, *A Secret Institution* (1890), or fictional tales such as Wilkie Collins' *The Woman in White* (1860) and Charles Reade's *Hard Cash* (1863), would be helpful in understanding public opinion surrounding wrongful conviction in England's private institutions of the late 19<sup>th</sup> century.

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