

# A SUMMARY OF PAPERS READ AT THE LAMAS LOCAL HISTORY CONFERENCE HELD AT THE MUSEUM OF LONDON ON 15 NOVEMBER 2003: 'LUNATICK LONDON'

## CHARLES AND MARY LAMB AND THEIR LUNATIC ASYLUM

*Lionel Lambourne*

Today Lamb is remembered (if at all) by *Lamb's Tales from Shakespeare* (much of it written by Mary) and his *Essays of Elia* with its moving story *Dream Children*. Poor Mary is really only remembered for the awful tragedy of the murder of her mother.

The father of the family was John Lamb, who acted as a general factotum for Samuel Salt, a kindly ex-MP who as a Master of the Inner Temple was able to pull strings and get the young Charles into the Blue Coat School — a sure ticket to ordination, until the school authorities vetoed such a career move for Charles, because of his severe stutter. Mary and Charles grew up in an area of London still recognisable today — Lincoln's Inn Fields. The family home was 7 Little Queen Street, which used to run from High Holborn down to Great Queen Street, and is now absorbed into the top end of Kingsway.

The first real intimation of the impending tragedy to survive occurs in a letter dated 5 May 1796 from Lamb to his lifelong friend Samuel Taylor Coleridge, whom he had met as a fellow Bluecoat schoolboy. In it Lamb, aged 21, confessed: 'My life has been somewhat diversified of late. The six weeks that finished last year and began this your very humble servant spent very agreeably in a mad house at Hoxton. I am got somewhat rational now, and don't bite

anyone. But MAD I was — and many a vagary my imagination played with me, enough to make a volume if all told.' In this letter Lamb enclosed a sonnet 'which has small merit as poetry but you will be curious to read it when I tell you it was written in my prison house in one of my lucid intervals'. The poem is dedicated 'to my sister' and reads:

If from my lips some angry accents fell  
Peevish complaint, or harsh reproof unkind,  
T'was but the error of a sickly mind  
And troubled thoughts.  
Let this my verse the poor atonement be  
To repay the mighty debt of love I owe  
Mary, to thee, my sister and my friend.

It is one of the most curious features of the Lambs' personal tragedy that it was he and not Mary who first experienced the rigours of life behind bars in a private asylum, although in his case, of course, he was only suffering from a nervous breakdown, a voluntary patient, and not guilty of a horrifying murder.

The pages of *The Morning Chronicle* on 26 September 1796 give the story of the Lamb tragedy in succinct form.

The Coroner and a respectable jury heard the case of a fatality of a lady in the neighbourhood of Holborn, who died in consequence of a wound from her daughter.

While the family were preparing for dinner, the young lady seized a case knife laying on the table, and in a menacing manner pursued a little

girl, her apprentice, round the room; despite the eager calls of her helpless infirm mother to forbear ... The child by her cries brought up the landlord — but too late — the dreadful scene presented to him the mother lifeless, pierced to the heart, on a chair, her daughter yet wildly standing over her with the fatal knife, and the venerable old man, her father, weeping by her side, himself bleeding at the forehead from a severe blow received from one of the forks she had been madly hurling about the room.

The above unfortunate young person is a Miss Lamb, a mantua-maker [dress-maker], in Little Queen Street, Lincoln's Inn Fields. It seems the young lady has been once before, in her earlier years, deranged, from the harassing fatigues of too much business. As her carriage to her Mother was ever affectionate in the extreme it is believed that to the increased attentiveness, which her parents' infirmities call for by day and night, is to be attributed the present insanity of this ill-fated young woman.

The jury of course brought in their verdict, *Lunacy*.

She has been since removed to Islington mad-house.

It is deeply saddening to picture the horror of the scene which confronted Charles upon his return after a thwarted attempt to get the doctor. For ever afterwards he would describe it as the 'Day of Horrors' and recall how he had removed the knife from Mary's hand. After six weeks she began to recover and wrote, 'I have no bad terrifying dreams ... At midnight when I happen to awake, the nurse sleeping by the side of me, with noise of the poor mad people around me, I have no fear'.

By April 1797, Mary appeared to have made a complete recovery. But the Medical Authorities were understandably nervous about her being released into society unless someone was prepared to take complete responsibility and keep close watch upon her. Otherwise she would be condemned for life to a public asylum.

Lamb, aged 21, was placed in a truly heart-rending dilemma. To understand its full implications one must remember that Lamb had several widely differing roles to play, and more than one mask to wear, as a lynch-pin in the Romantic Movement. Yet some of those roles he must have realised he would never be able to play, for the family's history of mental disorder meant that he could never marry and have children — a realisation which would later grow upon him more and more. Although at the East India Office he enjoyed a steady income in a

steady job, it was a real grind; he would, however, remain there for the next 33 years. This work would, if a little boring, nevertheless just earn him the wherewithal to pay the financial fees at a private establishment for the care of the mentally ill.

Mary's fees were, however, only one factor in the equation. John Lamb, his senile father, his aged Aunt Sarah, and John his elder brother were all troublesome. His brother John abrogated all responsibility for his sister and urged Charles to have Mary put in the Bethlem Hospital, a course which Charles was determined not to follow. Eventually he came to an arrangement with Islington Mad House that Mary should have a room and a nurse for herself for under £60 a year. Over the next three decades a pattern would establish itself, a pattern which entailed no less than eight moves between 1799 and 1823, in order to keep a close eye on Mary not too far from Islington Mad House. Poignantly when she felt her illness overcoming her, Mary would search out her strait-jacket, and go off to the madhouse either with Charles or a nurse. The Lambs moved first to 15 Chapel Street, Pentonville, then to No. 36 after John senior's death, thus enabling Mary to join her brother there. They gradually moved further and further out of London to Enfield, where they went into lodgings with a couple called Westwood, a stingy couple (whose meanness led to him charging Wordsworth extra due to the fact that he took too much sugar with his tea). Lamb and Mary then moved into a small private house for mental patients kept by a Mr and Mrs Walden in the neighbouring town of Edmonton. Cut off from his friends and deeply saddened by the death of his friend Coleridge in July, Lamb died on 22 December 1834.

We would like to believe that the treatment meted out to Mary and other inmates was humane in the private madhouses, but it seems to have varied alarmingly as Sarah Burton's new book reveals. Sexual scandals and ill treatment were all too common as is shown in a report of 1815 which records how patients were left chained to their beds for weeks, forcibly fed, gagged, and mopped down at an outside pump. The Keepers were expert at keeping such criminal behaviour secret by keeping up a benevolent front to visitors and drugging patients when visitors were expected.

Charles was that rare phenomenon, a naturally funny man, a unique mixture of innocence and

sophistication. He was once seized by a group of revellers as 'the veritable guy'; they put him on top of a bonfire from which he fortunately escaped. The charm of his personality, and great gifts of hospitality (shared with his sister Mary), led to his rooms on Thursday evenings becoming a centre of the Romantic Movement in which William Wordsworth, and his friend Samuel Taylor Coleridge, Thomas de Quincy, John Keats, and the painter Benjamin Robert Haydon participated. It was in Haydon's studio that on 28 December 1817 an epic party took place which became known as 'The Immortal Dinner'. A great deal of alcohol was consumed, and a great many ironic toasts were drunk to such subjects as 'Voltaire' or 'Confusion to Mathematics'. Isaac Newton was denounced by Keats for destroying all the poetry of the rainbow by reducing it to a prism. A good deal of fun was made of the pompous figure of a civil servant named John Kingston who had gate crashed the party. Lamb teased Kingston unmercifully by approaching him with a candle, holding it close to his victim's face, and demanding, 'Sir would you allow me to look at your phrenological developments?' Lamb was led away to another room where he could be heard singing, 'Hey diddle diddle dumpling, my son John went to bed with his breeches on. Hey diddle the cat and the fiddle', and 'do let me have another look at the gentleman's organs'. This led to Keats's and Haydon's inextinguishable laughter. Later all parted in good humour and no ill effects followed. Ah well! Like so many memorable parties it was probably very much funnier at the time! This anecdote can be used to justify the charge that Lamb had, or rather enjoyed, what we would describe as 'a drink problem'. Given his problems it would be surprising if he did not — he also made gallant efforts to stop smoking.

Lamb's most famous poem provides us with a useful, although extremely sad, biographical account of what happened next, all too familiar to anyone who has had to attend to a much loved relative's slow decline, and together with his essay *Dream Children* (a lament for the children he could never have) is guaranteed to leave not a dry eye in the house.

Where are they gone, the old familiar faces?  
I had a mother, but she died and left me,  
Died prematurely in a day of horrors —  
All, all are gone, the old familiar faces  
I have been laughing, I have been carousing,  
Drinking late, sitting late, with my bosom cronies

All, all are gone, the old familiar faces.  
I loved a love once, fairest among women  
Closed are her doors to me, I must not see her  
All, all are gone, the old familiar faces.

His position out of the arena of love and marriage did not stop Lamb from falling in love. Passionately involved in the theatre at Drury Lane and elsewhere, both writing plays and becoming active in the back stage politics in the theatre, he met the vivacious actress Fanny Kelly. In 1819 Lamb wrote offering to marry her, but she turned him down with great tact and they remained friends.

After Charles's death Mary moved back to London in 1841, after Mrs Walden developed a very evil temper. She settled at 41 Alpha Road, St John's Wood with an old nurse, the last of her many moves. She lived there until her death on 20 May 1847, aged 83, outliving her brother by 12 years.

So much for a brother's dilemma on how to care for a much loved but potentially dangerous sister's problems.

### Further reading

- S Burton *A Double Life. A Biography of Charles and Mary Lamb* (2003)  
Lord David Cecil *A Portrait of Charles Lamb* (1983)

### '... A SPECIAL BRANCH OF ARCHITECTURE': ARCHITECTS AND THE DESIGN OF LARGE ASYLUMS IN THE VICTORIAN PERIOD

*Jeremy Taylor*

The massive expansion of pauper lunatic asylum provision following the 1845 Lunacy Act represented an equally massive effort for the design and construction sector, and especially for the architects involved with this special building type.

The *68th Report* of the Commissioners in Lunacy (1914) showed the numbers of patients housed in County and Borough asylums in England and Wales from 1847 to 1914. It emphasised the rate of growth from only 5,486 patients in 21 asylums in 1847 to over 105,000 patients in 97 asylums by 1914. To that then had to be added London's five Metropolitan Asylums Board asylums, making a total of over 112,000

patients in 102 asylum complexes. So this expansion represented 81 new large building complexes housing over 106,000 patients in the publicly-funded sector.

How did the architectural profession acquire specialist knowledge and planning skills to respond to all this? Apart from the example of existing buildings to visit, there were architect-directed items on asylum design such as:

Technical press editorials, *eg* in the *Builder* journal under its editor George Godwin.

Publications aimed at architects, *eg* the Commissioners in Lunacy's own *Suggestions and Instructions*. Important instances of architects addressing their fellow professionals directly on this topic: 1846, Charles Fowler at the IBA; 1880, William Dawes at the Architectural Association; 1901, G T Hine at the RIBA (after 50 years of increasing size in developments).

The architect Charles Fowler, at the very beginning of the period, compared pre-1845 plan forms. In making his analysis, he criticised their operational deficiencies and went on to present his own version of the radiating plan form, aimed at solving some of these plan problems. By 1880, when William Dawes presented a long paper on 'Asylums for the Insane' he noted the shortcomings of such radiating plan forms in the face of the increasing size of institutions and more varied building programmes with a range of identifiable and separable units. Just as Fowler, he advocated a new type of plan — in his case the 'broad arrow' layout, as first used at Gloucester (1881–84), with the ward blocks arranged in echelon. Dawes also stressed to his audience the need for close collaboration in planning between doctors and architects, for 'in the perfection of this important art ... neither the physician alone nor the architect unaided will accomplish anything very greatly in advance of failure'.

By 1901 G T Hine's lengthy presentation was to become a valedictory statement on asylum construction from the 1870s on, comprehensively summing up the period with the main building developments already achieved and the plans for the next few years on the drawing board. Hine (1842–1916) can be seen as the pre-eminent and most prolific specialist asylum architect of this whole period, with a practice dedicated to this building type alone, and a key role as Consulting Architect to the Commissioners in Lunacy. Hine opened his

address to fellow architects by emphasising that 'Asylum construction constitutes a special branch of architecture' and that 'the art of combining so many dissimilar structures into one harmonious whole' (with all their services) resulted in 'practically a little town'. This reflected the change from a unified structure to the complex of buildings that typified the asylum by the end of the 19th century, and was already noticeable by the 1870s. By 1901, most of these earlier asylums had already required very large additions (including some special function blocks *eg* blocks for children).

In his analysis, Hine emphasised the need to consider site features, and to ensure that there were as few changes of level as possible to negotiate in the connecting web of corridors — especially relevant as many asylums were to be located on hilltop or hillside sites. Other aspects of sites and siting are also set out in the various editions of the Commissioners' *Suggestions and Instructions*, *eg* requirements for one acre per 10 patients, siting on a south-facing slope on an upland, well-drained location, and the patients' side to face the private/landscape view. This resulted in the main 'architectural' frontage being to the non-public and secluded south-facing side, with the paradox that the 'working' side of the asylum, and its fragmented imagery, was inevitably presented to the outside world: *ie* the north with its offices, workshops, laundry, stores, and utilitarian service aspects.

Hine commented on various plan layouts and noted the use of different block types reflecting patient classifications/subdivisions and design features related to cutting down distances between the administration and the ward blocks — a 'question of primary importance'. He took the opportunity to be highly critical of the use of ranks of three-storey pavilion blocks in the 1870s, as adopted by London's newly-formed Metropolitan Asylums Board and aimed at accommodating cheaply the long-term chronic in tightly-spaced dormitories.

When Hine moved on to address the 'ideal' for that time — 1901 — it allowed for two new developments to be given emphasis: the Acute Hospital 'the most important building in the whole scheme', and Villa Residences. Both were used in the programme for his new 1,275 bed asylum at Hellingly, East Sussex (completed 1903). This asylum represented an exemplar as perceived by Hine, with the main asylum building for 840 patients and also a detached chapel

in the grounds 'consistent with the patient's preconceived ideas of attending religious worship' — as required by the Commissioners but a subject of debate at the time. Costs were approx £300 per bed, a figure which Hine gives as providing a 'well-built asylum, designed on liberal principles and fitted with all modern appliances'. (By comparison larger urban general hospitals would be more likely to cost in the order of £350 to £500 per bed for new-build in the early 1900s.)

With this analysis of the asylum plan 'as it should be' (and presumably as Hine would hope to encourage it, as Consulting Architect to the Commissioners in Lunacy), Hine had covered the main ground of his presentation centred on 'the primary importance of the plan'. But in saying that he had added: 'It must not be supposed that no consideration for exterior design need be exercised.' For the topic that Hine had left unexplored — what asylum buildings might look like, *ie* the architectural imagery — was quite obvious to his specialist audience, with this aspect of design always seen as a prime role for the architect and a jealously guarded area of individual professional responsibility.

But this did leave open the larger question of *who* such imagery might be aimed at? For instance was *appearance* seen as important in the following four ways:

- 1 For public and political perception of this publicly-funded building type?
- 2 As a civic or local contribution to the environmental scene?
- 3 For the benefit of patients living permanently or temporarily there, plus those working on the site and visitors?
- 4 For the architectural profession itself, in its self-appraisal of its ability to add, creatively, some design quality in the face of very stringent cost limits?

Given such bleak comments as those of the Commissioners in Lunacy, who stated that 'As the building is intended principally for ... pauper patients, all superfluous decoration must be avoided', it is comforting that the architects involved in this specialist work were, in many cases, able to transcend in their designs the lowest common denominator of sheer utilitarianism.

For instance, subsidiary elements such as water towers, chapels, halls, and lodges were all pressed into service by architects so as to provide

some counterpoint and design dialogue with the more uniform rhythm of the main buildings. And for the overall design, there was a variety of stylistic solutions that could be applied to allow for individuality and creativity, *eg* Italianate/Classical (with terracotta as an alternative to stone at Exeter), Tudor/Jacobean (at Hatton, Warwick), round arch (at Colney Hatch/Friern), or Edwardian Neo-Classical (at Horton, Epsom, by Hine).

So, reading between the lines of G T Hine's presentation at the RIBA (a specialist architect talking to fellow architects about 'a special branch of architecture'), it could be argued that he would not have wished to stress this visual aspect of asylum design — for it would be exactly there that any serious and competent professional would be expected to offer the most creative and individual contribution.

As an architect, to see that aspect writ really large, you could always study the grandest of all Victorian asylum buildings — the privately financed Holloway Sanatorium at Virginia Water (1884 by the architect W H Crossland) with its Franco-Flemish Gothic and its formidable central tower derived from that of the Cloth Hall at Ypres. But all that cost over five times the cost per patient of a publicly-funded asylum of the same date built to the Commissioners' standards. And it was those standards which Hine and his colleagues were involved with interpreting creatively, and on which his RIBA paper of 1901 was focused.

### Further reading

- H C Burdett, *Hospitals and Asylums of the World* vols 1–2 (1891)
- The Builder* (1846), 349–50, 354–5: review of Charles Fowler's paper on the arrangement of lunatic asylums given to the Institute of British Architects
- The Builder* (1880), i, 274–5, 308–10: the full text, with some notes of the discussion, of a paper on 'Asylums for the Insane' given by William Dawes to the Architectural Association, London
- Commissioners in Lunacy *Suggestions and Instructions* (1856; revised 1887, 1898, 1911)
- Commissioners in Lunacy *Sixty-Eighth Report* (1914)
- G T Hine 'Asylums and asylum planning' *Journal of the Royal Institute of British Architects* (23 February 1901), 161–84, plans I–XII
- RCHME *English Hospitals 1660–1948* (1998)
- J Taylor *Hospital and Asylum Architecture in England 1840–1914* (1991)
- J Taylor 'The architectural image of the asylum' *The Victorian Society Annual 1995* (1996), 14–20

**PSYCHIATRY AND WAR***M Neve and T H Turner*

The great Shell Shock debate of World War I — was it brain concussion or some form of lack of moral fibre? — left its legacy in the 1920s and 1930s with a million or more chronic neurotics joining the legless veterans to create an enormous War Pensions burden on the troubled British economy. Thus there was considerable concern, prior to the Second World War, as to the mass hysteria (and acute psychiatric casualties) that would result, for example, from large-scale bombing of cities. London's experience therefore — the effects of air raids, the psychiatrists working there, and the studies carried out — remains central to our understanding of warfare's psychiatric impact.

Useful sources include the recently published *A War of Nerves* by Ben Shephard (2002), a marvellous account of soldiers and psychiatrists from 1914 to 1994, the memoirs of a leading psychiatrist, Dr William Sargant (working at Belmont Hospital in Sutton), and some studies published in the early 1940s. They tell of panic (initially), hurriedly cleared hospitals, no psychiatric casualties (as no bombing) and bored inactivity.

But after Dunkirk it was different. Hundreds of 'mixed' cases came direct to Belmont by rail, many of the soldiers in filthy uniforms and in states of 'total and abject neurotic collapse', suffering from acute hysteria, loss of memory, or unable to use their limbs. Faced with one patient who was shaking all over Sargant gave him an injection of Sodium Amytal (a short-acting barbiturate), and 'the effect was startling'. The patient's speech returned, he stopped trembling, and he became 'intelligent, articulate, and comparatively normal'. From this were developed a whole range of sedative treatment methods using various barbiturates, and the paper 'Acute war neuroses' (*Lancet* (1940), ii, 1) became a classic in that it identified what Sargant termed the 'uniform clinical picture', equated to 'acute shell shock'. Treatment consisted of hypnotics, rest, food and sleep, and continuous narcosis for up to a week. Psychiatrists also tried to get patients to remember the horrors they had experienced (to fill in the memory gaps or 'amnesias') and found this was helpful as well.

However the two most striking features of psychiatric activity in London were: (a) the pre-

War panic; and (b) the lack of any distinctive excess of people with 'nervous' or 'mental' conditions. The only new diagnosis to emerge was so-called 'shelter phobia', despite the general belief that a first class air raid might kill about 50,000 and wound about 300,000 people (in fact the Blitz killed about 40,000 people, mainly in 1941–42).

By 1941 a better understanding of 'Civilian psychiatric air raid casualties' was outlined by F Brown (*Lancet* (1941), i, 686–91). Thus: 'the psychological reaction of civilians to air raids has been observed ... the swarms of hysterics which were expected to follow bombing have not appeared, but there are certain psychiatric disorders attributable to air raids'. The author listed a number of observed conditions:

*Psychoneuroses*

'Such cases usually do well in hospital and their admission is advisable because they are likely to be a nuisance in a public shelter.'

*Psychoses developing in apparently normal patients*

*Eg* a woman fighting wildly and shouting 'O help it's the Gestapo, go away, I'm a gas mask'. She asked 'what's that on the bed? It's poisoned gas'. She was disorientated, confused, and given Sodium Amytal. The next morning she made a homicidal attempt on the ward sister whom she called a Gestapo agent. She was kept narcotised with Amytal for three days, her husband being allowed to sit with her. After ten days she regained her normal personality.

*Depressive psychosis*

The precipitating factor was seen as being the general unrest and insomnia due to raids rather than any bombing experience.

*Established psychotic patients*

Patients suffering from an already established psychosis (*eg* schizophrenia as it is called today) are usually abnormally unmoved by air raids.

One researcher found that the acceptance and admission of fear, when being bombed in an air raid, was a useful reaction that tended to mean you did not develop psychiatric symptoms. This mild fearfulness might involve tremors, sweats and palpitations, and even