



Leicestershire & Rutland Heritage of Mental Health

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Recovery Resources Charity

Acknowledgements

'Because I do not hope to turn again
Because I do not hope
Because I do not hope
Because I do not hope to turn again
Desiring this man's gift and that man's scope'

A user group was started specifically at the beginning of the 21st Century by Peter Campbell in London to write the history of user groups and the effect they have had on the treatment of mental health. In 2004 the Rutland Healing Group, some users, past-users and carers, decided to campaign for freedom and a voice in their own mental health treatment. This led to the start of this Heritage Mental Health project, 'The Progress In Our Age' Exhibition, the book 'Our Local Heritage of Mental Health' and the two pamphlets of Life-Stories.

Rutland Healing Group has researched the archives in Wigston Record Office on these hospitals every Thursday morning in November, December 2007 and January 2008 with the help of volunteers and a Leicester University 3rd year history student researcher. We have discovered some very amusing, disturbing and interesting things. We would be grateful for your comments and have available some evaluation sheets for you, our audience, to fill in.

Rutland Healing Group is becoming a charity and is changing its name to Recovery Resources' Charity in April 2008.

May this Exhibition, book and pamphlets be a great success for recovery of mental health. It should be fantastic considering all the good work.

We Would like to say thank you to:

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Jesus and Lizzie. Significant that they should be mentioned together. We could not have done this without them.

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Early Medicine in the Ancient World

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Evidence of medicine and healing pre dates any historical event, surviving in archaeological finds thousands of years old. ‘Some skulls show signs of trepanation (holes drilled through the bone), a procedure that demanded technical expertise and a rationale for operating.’¹ Trepanning will have been used as a solution to a wide range of medical problems, although this is a matter for conjecture, including bad migraines and mental health problems to drive out evil spirits. The practice of trepanning persisted for many centuries and there are even advocacy groups for the practice today.

Demonic Possession 2,000 Years Ago

In some ways mental health has made little progress since the time when Jesus was born. People are accused today of being mentally ill when they are in fact sane. Probably the most sane people are the ones who are attacked the most, like Jesus when many of them said ‘He is demon-possessed and raving mad. Why listen to him?’ But others said ‘These are not the sayings of a man possessed by a demon. Can a demon open the eyes of the blind?’² Many times in the bible Jesus was accused of being mad by the Pharisees and Sadducees; but after his crucifixion and resurrection he was recognised by believers as having completed the task and in touch with reality. Jesus was a talented healer and a compassionate ‘suffering servant’ who with God’s power was able to heal the sick. Could Jesus have been tortured by the system and chained to a rock like others accused of being ‘demon possessed’? We can see today that his teachings were the ‘way, the truth and the life’ for believers and throughout His life He had perfect mental health. In some versions of the bible it says that Jesus’ brothers and mothers came to ‘seize’ Him because he was not eating enough. Soon after this incident Jesus went quite willingly to the cross. Perhaps this was more honourable and less

torture than being chained to a rock? In those days they had no euthanasia machine. Had Jesus had enough of the bullying accusations and was willing to end His life?

Night and Day Among the Tombs

Self-destructive tendencies, fascination with death, imprisonment and inability to care for one's own body and mind. This was how the man 'came from the tombs to meet' Jesus.³ Demonic possession is rare today especially in countries that embrace the bible. However dabbling in the occult in films, internet, some types of music, drug and alcohol results in 142,000 hospital admissions as a result of self-harm in this country today. In Jesus' time this man was called Legion 'for we are many' he said. This could mean both many demons and many people with an evil spirit. It was a much bigger problem then than nowadays. A demon was a negative spirit of powerful influence over humans usually unclean or evil. Demons are fallen angels supposed to help the devil in his fight against mankind's knowing the goodness of God and to ruin God's 'honour in creation'. Demon possession was just a primitive way of explaining mental problems but it was not recognised as an ordinary illness and it had a sinister cause. We no longer accept the reality of an evil, supernatural or spiritual cause within mental health. Many people recognise that Jesus destroyed this evil link the devil had with the 'power of death' by freeing 'those who all their lives were held in slavery by their fear'.⁴ Since then many people have made a complete recovery and believe they have been healed in Jesus' name. When this man was healed he wanted to follow Jesus. Jesus told Legion to go and spread the news of the Lord's mercy, his healing powers and to 'display God's work in his life'. Complete recovery, then as today, is when the user or past-user is welcomed home and into fellowship with friends and family. 'Once we begin to seriously rethink how we treat and relate to those who live with mental illness in our society, we might begin to... experience the kind of healing and blessing we all want to know.'⁵ It is interesting that it is the one who was healed who wanted to follow Jesus while the others wanted him

out of the country. This concept is expressed by these words of hope and healing:

'The deep truth is that our human suffering need not be an obstacle to the joy and peace we so desire, but can become, instead, the means to it' ⁶ Most humans have some sort of mental, emotional or physical suffering in their lives and it can be the 'dark night of the soul' which propels the spiritual life into action.

What was the Greatest Resource for Recovery in 30 AD?

It is obvious from the bible that Jesus was a great healer of physical and mental diseases. Often so many people came to be healed that He had to escape to the hills or by boat across the lake of Galilee. They came willingly, no-one had to be forced. Recovery was assured because of their faith and hope in healing. 'For he had healed many, so that those with diseases were pushing forward to touch him. Whenever the evil spirits saw him, they fell down before him and cried out, 'You are the Son of God.'⁷ Amazingly enough it was the people



Design by Community of Saint Clare



Chapel at Community of Saint Clare, Freeland

who were 'mad' who recognised who he was and had some understanding that some 'normal' people did not have.

So how did Jesus heal? The answer probably lies in the fact that he had faith in God. Jesus looked to God for guidance in everything and did not rely on his own power while he was on this earth. Just like the Christian Healing Ministry today believes that all healing comes from Jesus.

Many of those who understand about 'spiritual warfare' between good and evil on this earth agree that there was a 'great plague' of demonic activity when Jesus began his ministry in the 30's AD. The Welsh Baptist minister Rev Geoff Thomas voices these concerns:

'So it was here: it was this Lord of glory, the Son of God, who had consigned these fallen angels to hell, and kept them in its darkness awaiting judgment. When they heard that he had come to earth leaving the glories of heaven - a heaven which they had once known - and always having access to this world, they seized the opportunity of opposing and troubling Christ in his great redemptive mission.'⁸ Today, like then, there seems to be more mental health problems than ever does this signify that the end of the age is coming?

Relationship Between Religion and Mental Health

We know that being religious today is not very popular. But on the other hand the word 'religion' comes from the Latin 'religio' meaning 'I bind together'. This is not only humans with the divine but also family members, community fellowships, priests and congregation. Michael McCullough, a professor of psychology and religious studies at the University of Miami, has shown in studies that the more people are joining in with church services and social events the more benefit they get from inner



Picture of books at Community of Saint Clare, Freeland, Oxford.



Photography by Joe Newell Maitland

peace, sense of belonging, casting their cares and emotional support. This feeling of security, power and love that: 'If you believe there's a God watching out for you, that's profoundly comforting,' Professor McCullough says. 'It's the grand-scale equivalent of thinking, If I can't pay my rent at the end of the month, my dad will help.'⁹

All the major world religion's believers; Christianity, Judaism, Islam (the prophetic traditions who believe in the resurrection) or Hinduism, Sikhism and Buddhism (Vedic traditions who believe in reincarnation); find comfort from the fears and traumas of this life. All religions aim to find the truth and can help peoples' need for purpose and meaning in their life. Studies and statistics have shown that mental health in this country is improving now that everyone is welcome within churches, synagogues, gompas and gurdwaras and there is less discrimination either racial or 'healthiest'.

It is not just God who can help but aiming to be, a Buddha for the benefit of all beings, helps sentient humans to recognise that their happiness is dependant on the happiness of others. Buddhists show great compassion by doing good works within their community. They believe a reflection of love is wanting happiness for all the world. Practice of meditation helps the mind to be still and controlled, to be able to achieve the best for everyone. When they meditate on Bodhicitta (being a Buddha for the benefit of others) their compassion takes on the suffering of others and they become enlightened or fully healed and peaceful. In other words there is perfect health in Nirvana because Buddhas



know the ultimate truth or how to be content in every moment; because they are benefiting all beings.

Can people benefit from being spiritual beings without 'subscribing to a particular doctrine'? Not all non-believers are hitting rock-bottom but 'Atheists and agnostics who follow some framework of belief be it secular humanism or pure science can derive benefits similar to what others gain from religion. And the blessings of community support and love are also available to doubters.'¹⁰

What we should recognise is that we are not just human bodies but we have a soul, a mind and a spirit. We are made up of these four parts and to be fully human each of these parts should be nurtured. Perhaps we are human beings becoming spiritual beings as said Teilhard de Chardin – the priest who invented the big bang. However our spirituality should equal our humanity and the one should not take over the other.



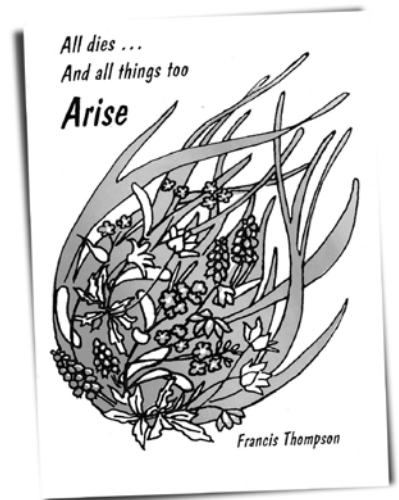
Are we spiritual beings becoming human beings?
Photography Joe Newell Maitland

The Divine Infliction Of Madness In The Middle Ages

by Elizabeth Maitland and Christopher Moore

Ideas on illness and madness in the medieval period drew heavily on ancient theories; many Greek ideas were assimilated into thinking at this time. An example would be professor Montpellier's book 'Three Books on the Cure of Internal Diseases' 1549, in which he writes that mania, 'arises from stinging and warm humours, such as yellow bile, attacking the brain and stimulating it along with its membranes.'¹ The Greeks were the first culture to view madness as an object of rational inquiry and literary depiction. The rise of philosophers such as Socrates, Plato and Aristotle who systematically reasoned about nature, meant that the Greeks reasoned about madness. They began to look for causes, preventions and cures for mental illness. Two main theories on madness developed. One was that the mind was tormented with the reflection of inner conflict arising from divided loyalties, love, family. This idea was claimed to be present in Greek art. It could offer a possible resolution to such issues, 'forcing the unthinkable to be spoken, bringing into the open the monsters of the mental deep,' reclaiming 'the emotional battleground for reason, all passion spent.'²

The other way in which ideas on mental illness developed was through medicine. Hippocrates's writings, which were dominant at the time, said that all illness was natural, not supernatural, and therefore could be empirically investigated and fell within medicines bounds. Greek medical thought was that health depended on the four 'humours' (bodily fluids), 'an excess of



'All dies and all things too arise'
(Community of Saint Clare,
Freeland, Oxfordshire)



Madness, Shows Chances of a Cure, With Rats, disoriented, Angelical Music, a Snaps of Phlegm, that has been Stuck upon the Baking, being given a Ministry of Sea, here the Madhouse, France, that can build but Sabarants, & Muses will, With Rats, disoriented, Angelical Music, a Snaps of Phlegm, that has been Stuck upon the Baking, being given a Ministry of Sea, here the Madhouse, France, that can build but Sabarants, & Muses will, The headstrong force of youth has run, &e him by thee to Run sold, What wonder from this darling son, And care thy self, & care thy gold, No nothing done with Silver done, A Child Death struggling with Phlegm, Retouched by the Author 1765

Hogarth's Bedlam 1247, British Museum

yellow bile (cholera) would overheat the system, causing mania or raving madness: by contrast, surplus black bile (melancholia) would induce dejection.’³

A distinctly new idea though was that of the Church’s, who believed that religious madness was as a result of conflict between God and Satan for their soul and thus viewed it as a divine infliction. In those days the attitude towards madness had more acceptance and humility than in modern technological times. Nowadays the belief that man can understand the truth has led to less of a debate and more of a didactic compulsion. In the introduction of his book ‘Madness and Civilization’ the French writer Michel Foucault writes: ‘In the middle ages and until the Renaissance, man’s dispute with madness was a dramatic debate in which he confronted the secret powers of the world; the experience of madness was clouded by images of the Fall and the Will of God.’⁴

In the Middle ages the main health problem seems to have been leprosy. When it disappeared from the Western world at the end of the middle ages it left a legacy both physical and mental of

'reaches (that) would belong to the non-human.'⁵ From the 14th Century to the 17th Century it was madness that took over the 'purification and exclusion' felt by the lepers. This 'major form of a rigorous division which is social exclusion but spiritual reintegration'⁶ has always been part of the world. What will take over from the problems of Mental Health as recovery statistics improve? There will always be the hypocrites who refuse to stretch out mercifully their hand and yet salvation is accomplished by sufferers 'in a strange reversibility that is the opposite of good works and prayer.'⁷



Photography
Joe Newell Maitland

There are many instances at this time of access to church being denied to 'vagabond madmen'. They were literally driven away as in ritual exiles reminiscent of when Jesus was chased out of the synagogue. However the madman had a 'privilege of being confined within the city gates'⁸ In the middle ages he had an order sometimes to be sent away from his homeland on a ship. Soon after the career of the 'ship of fools' comes the madhouse where people are to be made maintained. So confinement now succeeds embarkation. A new pleasure is taken in the rantings of the mad, seen to be enjoyable as well as useful, as if there is 'true wisdom' in them.

Shakespeare wrote about madness. He writes of the 'desperate passion' of lost love either because of desertion or death. While there is an object love is more than madness but love deceived has hardly any way out of despair. Death for Ophelia was the only escape to the sweet joy of never being separated again.

Mental Healing, Confinement and Protest in Early Modern Period

By Elizabeth Maitland and Christopher Moore.

Mental Healing In 17th Century Britain

In this age there are some exciting explanations and remedies for mental disorders. Richard Napier was an astrological physician who dabbled in many of the various available explanations and treatments. The astrological physician and Church of England clergyman was born in Exeter on 4 May 1559 and died at Great Linford on 1 April 1634. Napier devoted most of his time at Linford to the pursuit of theology, alchemy and especially astrological medicine. 'The afflicted came to him from all social ranks, although the majority of his clients were derived from the lower middling, artisan, farming, and labouring classes. Even the poorer folk sought Napier out, no doubt encouraged by the fact that his fees were on the modest side, and that he would often forgo charging the poor.'¹ Around a quarter of his other patients came from the nobility.

Demons, Witches and Madmen
Throughout seventeenth century England, 'people continued to believe that mental disorders could be caused either by natural or supernatural forces.'² These included astrological movements, physical illness and psychological stress. Astrological movements were not believed in themselves to cause insanity, but rather to make one more susceptible to it, and gave signs with which to work out the reasons for a person's insanity. Ordinary Villagers were more than willing to blame the



Prayer of saint Francis

Devil and evil spirits for insanity and suicide, whilst the clergy insisted that evil spirits and the like would not harm anyone unless it was God's will. This compares favourably with the 21st Century where it is the theologically minded who believe in God's infinite goodness.

Many such men and women believed that amulets and exorcism were effective against mental troubles. There was a belief that such things as amulets, charms, talisman or wearing a piece of paper with some scripture around the neck afforded the wearer protection. They also believed exorcism to be effective, an idea vigorously promoted by groups such as the Puritans and Jesuits in an attempt to give themselves, as dissident religious groups, claims to divine legitimacy.

Medical Psychology and the Natural Order:

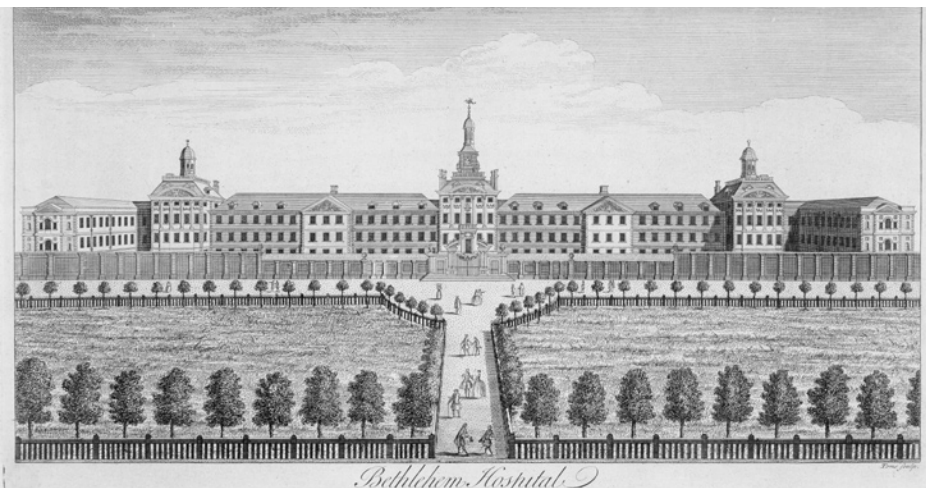
According to Robert Burton's influential writing the soul was divided into three parts with different functions, the vegetal, sensitive and rational. 'The vegetal soul shares with the plants the powers of nutrition, growth and generation. The sensitive soul shares with beasts the powers of perception and motivation. The rational soul shares with the angels the power of understanding and will,'³ They believed that mental disorders impaired either the rational or sensitive soul. It was accepted that heightened passions and emotions caused illness or even death. When emotions such as fear and grief were amplified by a disordered imagination they would cause sickness of body or mind, and that both were linked meaning that disease of the body could lead to disease of the mind and vice versa. The idea of the bodies four humours was still prevalent. Again this was seen to work both ways with an imbalance of the humours causing mental problems.

Because of this strong link between body and mind physical treatments were often employed to tackle mental disorders. For instance nearly all of Napier's patients were bled with leeches or cups, and purged with laxatives and emetics, regardless of their

symptoms. The drugs that seventeenth century physicians used were wide ranging and often had their roots in ancient and Arabic medicine. The increasing volume of trade with places like the New World meant that more options were available than ever and new substances came into common use such as tobacco as a vomit. There was also a rise in pharmacology, using inorganic compounds made from materials such as metals and minerals (eg. mercury), and although controversial most practitioners in England incorporated them into their treatments along side their existing organic remedies.

However, the only drugs provided by pharmacology that can be said to have had any positive effects on relieving the symptoms of insanity were opiates which were used as an effective sedative. Opiates were more widely used in this period of English history than ever before but despite this purges, emetics and bloodletting were the mainstay of the medical profession.

In the early seventeenth century natural and supernatural explanations and treatments coexisted some what uneasily but, 'although the remedies sanctioned by natural scientific theory were no more effective than religious or magical treatments for mental disorder, the medical approach eventually prevailed over supernatural explanations for the causes of madness.'⁴



Bethlehem Hospital – First asylum (1739) British Museum

The Great Confinement

In England the first madhouse to be opened was Bethlehem Hospital in London. During the late sixteenth and early seventeenth centuries Bethlehem Hospital housed fewer than thirty patients. It was cramped and filthy but, 'the offal that shocked inspectors did not deter the public from coming to gawk at the small company of lunatics.'⁵ The Asylum was closed down in 1657 due to the size and behaviour of the crowds which amounted to as many as 96,000 thousands visitors a year. The name Bethlehem was transformed by people to Bedlam, a slang term for complete madness.

Confinement in these days was closely linked with the human desire to condemn laziness and yet to be benevolent towards the sick. At this time many contradictions sought to cause violent tensions concerning madness because 'By a strange act of force, the classical age was to reduce to silence the madness whose voices the Renaissance had just liberated, but whose violence it had already tamed.'⁶

Protest Literature

Roy Porter (Professor of History of Medicine) says in the foreword of *Voices of Madness*, four pamphlets or life-histories of recovered patients in the late 16-1700's, that 'the mad were talking a foreign language which few felt inclined to learn.'⁷

In the 18th Century a patients' protest literature, *Voices of Madness* (1683 - 1796), emerged to support this hope of vindication of sanity. Ironically the only one of the four pamphlet writers to not be confined in a madhouse is Hannah Allen. It is ironic because she is the only one not to refuse to recognize her madness. This reflects on attitudes today when often those who are forced into hospital are the ones who feel well. The ones who were admitted had 'forced administration of medicines, beatings and chaining.'⁸

In 1796 William Belcher wrote in one of these pamphlets about 'The Trade of Lunacy' or a recipe for making a lunatic and stealing his property:

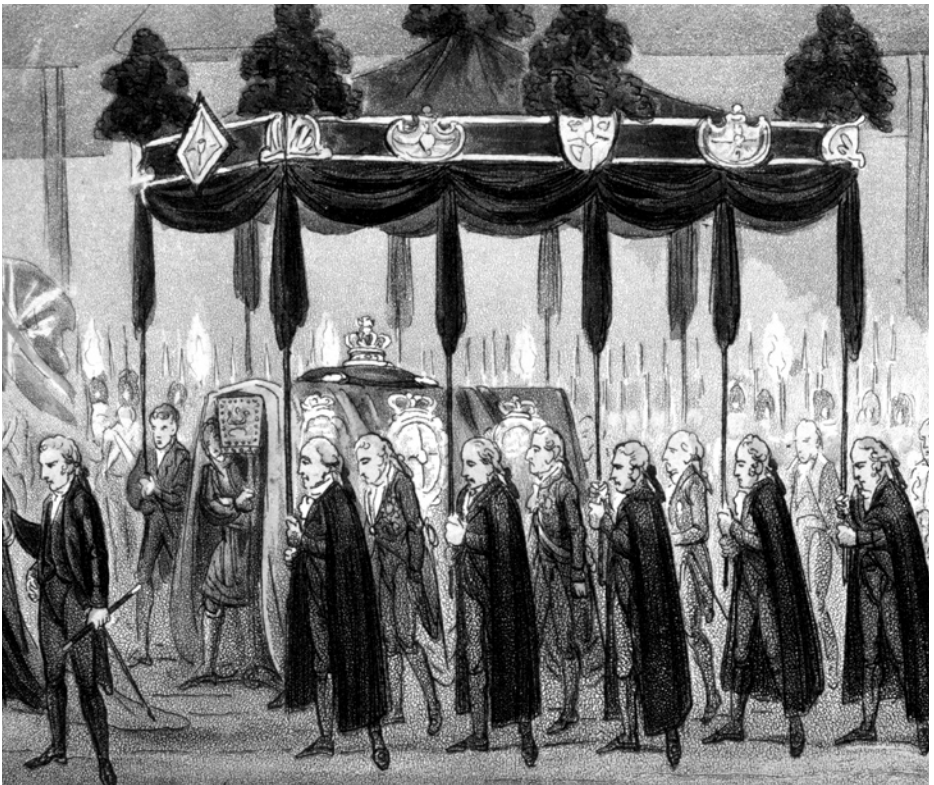
'Watch for some season of vexation, and then, by proper insinuations and a pitying tone of voice, work up the patient to a due pitch of passion; then lay on blisters; and before his agitation of spirits has time to subside, hurry him away violently to a mad-house...one of the graves of mind, body and estate, much more dreadful than the Bastille and Inquisition.'⁹

Belcher noted that: 'The friends and guardians of a lunatic need very seldom be afraid that the state of his mind will be regarded as an object, unless they mean that it should; but may depend on it that their will and choice will determine whether he is in his senses or not.'¹⁰

Who was 'Mad' in Eighteenth Century Britain?

by Christopher Moore

What do we know about the word 'mad'? Today when somebody is defined as mad it is usually meant in one of two ways. One way in which the word is used is to describe someone with a disorder that causes considerable distress or dysfunction relating to emotions, behaviour or cognitive functions. Another way in which the word is used is in an informal and slang manner, when somebody acts foolishly or against accepted social norms. However, the word mad meant something quite different in the eighteenth century. Who was considered mad and why, how were they 'treated' and how can this be related to George III?



Funeral procession of George III, British Museum

The eighteenth century was the age of enlightenment and ideas about madness began to change and develop with the age of reason and philosophy. Reason was at the heart of the enlightenment and insanity was a representation of unreason, thus it was rejected outright. Foucault argues that it was only now that the physical exclusion of mentally ill people took place on a large scale. Rosen describes how etiquette and manners dominated society and, 'from this social matrix sprang the institutions for dealing with irrational behaviour.'¹ They were a product of society. A bizarre trade was to develop with the growth in mental institutions. People would visit the institution and upon payment of a penny could mock patients as much as they pleased as well as observing them being humiliated for no apparent reason; head shaving and ice cold baths without warning.



Bartholomew Fair 1776 - 1825, British Museum

Madness was also to feature as a theme in eighteenth century literature. Mad people were those that allowed for too much imagination. An example of this is Swift who claimed that the difference between a madman and a sane one was that, 'the former spoke whatever came into his mind, and just in the confused manner as his imagination presented the ideas. The latter only expressed such thoughts, as his judgement directed him to choose, leaving the rest to die away in his memory.'² The

ideas of John Locke on matters of the mind in *An Essay concerning Human Understanding* proved influential during the eighteenth century. He wrote that madmen, 'they do not appear to me to have lost the faculty of reasoning, but having joined together some ideas very wrongly they mistake them for truths'³ and that, 'madness was a disease of ideas rather than a disease of man.'⁴ He claimed there were two types of madness; opposition to reason and being overpowered by passions. The eighteenth century was when the public first began to take an interest in mental illness and it was in the 1744 Vagrancy Act that the first separate mention of lunatics was made. Further Acts were to follow including the Act of 1774 that regulated private mad houses for the first time and meant that a certificate of insanity was legally required to incarcerate someone.

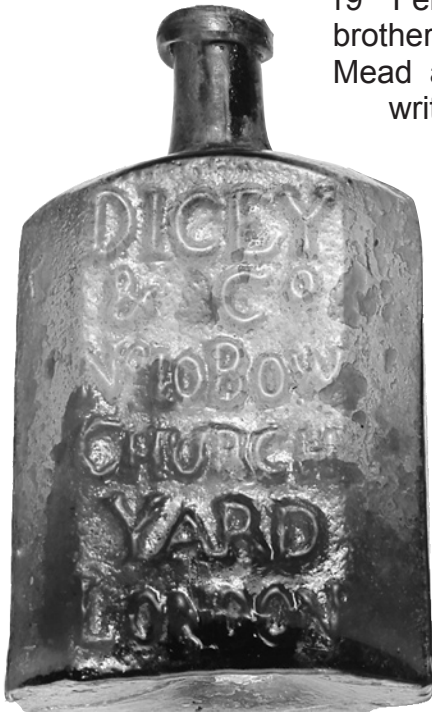
During this period doctor's knew very little about madness. Although the growing medical profession was striving to improve its competence when dealing with matters of the mind, one of the only things that specialists were able to agree on, 'was that madness had never been 'precisely defined' and comprised not of one but many species of disorder.'⁵ There was certainly no agreed orthodox stance on madness established within the medical profession. There were few laws and regulations governing the medical profession and it was common for lay people to take up the job of looking after the mentally ill. There was a growing market for dealing with the mad and there was a rapid growth of mad houses with lay administrators. Because of all this, doctors would often find themselves in opposition with one another and lay practitioners over assessments and techniques.

A controversial point in case showing the difficulties facing the medical profession on how to evaluate and treat the apparently insane is that of Dame Sarah Clerke. She was seventy three years old, at the head of a vast estate, supported by both sides of her family and managing her own affairs. Although her case may not be typical of the diagnosis and treatment of madness in the average person given her status, this example will be a better

comparison when George III is examined. Sarah's case was to split her family and the medical community with the nature of her illness and its treatment, providing us a fascinating insight into why people were considered mad and how it should be dealt with. Her illness began innocuously enough. She was under a lot of pressure from her family and it was recommended to her that she spend some time in Bath. This she did from October 1717 until January 1718. When she returned she was apparently no better, incoherently babbling at times, and was prescribed medicines by her two physicians, Mead and Friend, not all of which she accepted. Her doctors soon began to think of her as insane and the brothers wrote to a Dr Hale, from Bethlehem the infamous mad house to arrange a consultation. She rejected Hale's prescriptions and ignored the brothers' attempts to persuade her to confine herself. She trusted her friends and the Clerke side of the family who, knowing the brothers' intentions went to the local

Justice of the Peace for a writ. It was issued on 19 February 1718. However the Turnor brothers had obtained letters of insanity from Mead and Friend on 13 February and had written to Hale the next day. The doctor

arrived the day after and with two nurses confined Sarah to her bedroom. Her brothers then hired 'porters' to secure the room and proceeded to collect all of Sarah's valuables, composing an inventory and taking over the running of her estate. From 17 - 21 February the Lord Chief Justice heard evidence and he ordered that the patient be seen by two ladies and a Dr Henry Levett. A full re-trial of the case was to proceed. However two days before Sarah's allies released her. Her confinement lasted only ten days because of the actions of a



Eighteenth Century Medicine Bottle,
British Museum

JP, constable and Lord Cadogan's servants who forced their way in. The trial went ahead anyway with three new doctors testifying that Sarah was sane. Dame Clerke had restored to her all that was taken away but people were appointed to help look after her and her estate.

The controversy was only intensified shortly after the event, when a pamphlet was published by one of Dame Sarah Clerke's advocates and then an eighty page repost by the Turnor brothers. The first pamphlet was critical of Hale's actions and claimed that the evidence was flimsy at best. The signs described by the brothers included an assertion that she had assaulted Dr Mead but this did not 'constitute the comfortable proof of madness that it was asserted to be.'⁶ The pamphlet claimed that she had not held Mead by force as described in his over dramatisation of the event (remember that she was a seventy three year old woman) and that although she had swallowed glass it was simply an accident after she had broken a glass viol the night before. The fact that Sarah accused her doctors of poisoning her was also used as evidence of her insanity. However this was a common accusation for patients to make and she was under considerable pressure to take all kinds of unpleasant medicines. Her paranoia seems justified when you consider just what they wanted her to take. The controversy extends to her treatment as well as her diagnosis. It was during this confinement that Sarah was restrained, forced to take medication (including purging medicines) and was put on a strict low diet.

Mental disorders were thought to be caused by the corruption of the body through dietary problems and despite the controversy surrounding this case, Hale's regimen was typical for the time. His diagnosis and treatment, as abhorrent as they may seem now, were the accepted norm. Sarah seemed to be ill, certainly, but perhaps not insane and her treatment would not have received the attention it did had she been of a lower standing. With respect to the medical care received, it was not exceptional in any way compared to other patients at the time. Medicines such as ass's

milk, rose of rhubarb, Gascoigne's Powder (crabs claw), 'antimonium tarisatum' (to induce vomiting) and more extreme measures such as bleeding, opiates, restraint and forced drugging and dieting were common place during the eighteenth century.

'When the distinctions between nervous illnesses and insanity were so ill-defined, physicians were inevitably disappointed in expecting a consensus on their diagnoses and methods of treatment.' ⁷ This makes the task of pinning down a simple, unambiguous answer to the question of who was mad in the eighteenth century very difficult. The case of Dame Sarah Clerke is not only a good example of the treatment of mental patients but also of the lack of clarity about what constituted mad. Even when the matter had been dealt with in court and Sarah had been declared sane, Mead and Friend maintained that Sarah was insane.

George III began showing outwards signs of insanity in 1765, and there are parallels to be drawn between the treatment of the King and Dame Sarah Clerke. It has been suggested that the Kings illness was caused by porphyria. Porphyria is a rare metabolic dysfunction in the royal blood which would fit the most symptoms such as the Kings delirium. However this would not explain the King's sexual drive. George's symptoms may have been caused by lead poisoning perhaps from the wigs that were in fashion during the eighteenth century and were powdered with lead. Sir George Baker and Dr Richard Warren were the Kings physicians. They preferred to use a relatively soft touch when dealing with the King. However Baker in particular was indecisive and apart from heavily doping the King to subdue him, did very little. In desperation Dr Francis Willis became convinced that a: 'mentally ill person was overexcited and out of control. It was the task of the doctor to induce a state of calm over the patient.' ⁸ He treated the king much in a similar way as Richard Hale had Sarah Clerke. He placed the King on laxatives to purge him and had him bound to a chair when his behaviour became unacceptable. The Kings condition did improve, no doubt taking him off the dope helped and

perhaps the purge of his body helped speed recovery. Both the King's and particularly Sarah's cases show an important medical debate with on one side a mild, naturopathic... approach to mental health, and on the other side, a tough, interventionist and intrusive 'psychiatric' approach.

So who was mad in eighteenth century Britain? To answer this question it is not simply a scientific question but it is in fact necessary to know what society valued. What were the people's beliefs and attitudes? The seventeenth century was a time when morals, manners and reason were held in high regard. If someone were to act uncontrolled, rudely or unreasonably they were considered mad. It is the loss of self-control that is the key, and is exactly why King George III was considered mad. 'Loss of the most highly valued human attribute – self-control' and an 'excess of imagination is thought to constitute insanity at a time when reasonableness was highly valued.'⁹

The Madman, His Family, The Parish, The Poor Law and Mad-Doctors of 19th Century.

by Elizabeth Maitland and Christopher Moore.

Brief History of the Local Mental Hospital

Early asylums in the 19th Century had poor conditions and few of the modern day safety measures or comforts. There was only a small amount of beds and in 1794 these were at Leicester Royal Infirmary and a small private asylum in Belgrave Gate called Belle Grove Asylum. Also a private 'madhouse' was available for wealthier patients in Wigston Magna until 1852. Poorhouses and later workhouses took in 'pauper lunatics' until 1874 because when county asylums were up and running those with mental health problems only stayed around 4-5 months except when the problem was chronic and then they may have stayed years. Some of the asylums were better for recovery and discharge of patients. In the Towers the statistics for recovery are the worst most of the patients staying for years rather than months and often until death. In the mid to late 19th Century many people, young and old, died of 'phthisis' a progressive illness now known as Tuberculosis.

1 2 7

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FACE!

SOME DEFINITIONS

ALIENATION (mental)	General term for those forms of mental disorder which alienate or estrange the personality and character so as to constitute insanity
ALIENIST	An older term (still used in legal contexts) for a specialist in the study and treatment of mental disorders; a psychiatrist
FEEBLE-MINDED	Obsolete term for mental retardation and mental handicap
IDIOT	Obsolete term for any individual with a mental age of less than three years; in modern terminology "profoundly retarded"
IMBECILE	Obsolete term referring to low-to-moderate mental deficiency and mental age of two to seven; "severely retarded"
INSANITY	A legal term for any form of mental illness which renders an individual incapable of acting in accordance with the legal and conventional standards of the day
LUNACY/LUNATIC	Obsolete legal, and now only popular, terms for mental illness and a mentally ill person originally derived from a supposed connection between mental illness and the moon
MENTAL DISEASE	Any disturbance of mental organisation, including neurosis, psychosis and various personality defects
MENTAL DISORDER	A term covering both mental illness and mental handicap
MENTAL RETARDATION/HANDICAP	Any disorder which produces below average general intelligence
NEUROSIS	Milder psychological disorders such as hysteria, depression, anxiety and compulsive behaviour
PSYCHOSIS	Any severe mental illness, such as schizophrenia and autism

The record office for Leicestershire, Leicester and Rutland

Eventually, in 1834 plans were put in place for a county asylum. The building on University Road was open for its first patients in May 1837. It was called the Leicestershire Lunatic Asylum. The regulations of 1837 divided those unfortunate inmates into four classes:

- Class 1** Paupers, Vagrants, Criminal or dangerous lunatics who were sent by the order of Justices of the Peace.
- Class 2** was as above but from other counties.
- Class 3** non-paupers aided by the charity
- Class 4** private self-financing patients

In 1849 the name was changed to Leicestershire and Rutland Lunatic Asylum. In 1860's because of overcrowding another asylum was built and opened in 1869 called Leicester Borough Lunatic Asylum. Later this was called the Towers Hospital. This was closed down in 1 March 1996 and since then is used by the NHS for meetings and administration.

LEICESTERSHIRE AND RUTLAND LUNATIC ASYLUM

TABLE 1: Admissions and Discharges and Deaths from 1837 to 31 December, 1907

	Male	Female	Total	
Total Admissions for 71 years	3,400	3,662	7,062	
Total Discharges and Deaths:				
	Male	Female	Total	
Recovered	1,289	1,698	2,987	
Relieved	274	400	674	
Not Improved	104	137	241	
Total Discharges	1,667	2,235	3,902	(55.5 per cent of all admissions)
“Not Insane”	7	3	10	
Died	1,487	1,171	2,658	(39.6 per cent of admissions)
Total Discharged and Died	3,161	3,409	6,570	
Remaining 31 December, 1907	239	253	492	
Plus those Board out at Leicester and Beverley	10	59	69	
	249	312	561	

Admissions and Discharges, the record office for Leicestershire, Leicester and Rutland

Further need for beds in 1899 and a new institution was founded at Narborough in 1907 and it was called, with the modern swing towards mental health problems being an illness like any other, the Leicestershire and Rutland Mental Hospital. In 1939, with 20th Century sensitivity it became Carlton Hayes Hospital. It was run by the two councils and the Charity until in 1948 when it was under the auspices of the NHS. Now it has been closed and on the site is a well known bank. This could be the lesser of the two evils. It did actually close out thanks to the new policy of ‘caring in the

community'. For this many mental health users and past-users are eternally grateful as it heralded the beginning of our freedom. All of this achieved with some skill, grace and faith of not only the NHS but also the prayers and actions of the patients themselves. The NHS and the law managed to make the mental health treatment fairer with more patients having shorter stays in hospitals. Complete recovery is still seem as something rare and some Christians believe it to be accompanied by 'being healed in Jesus' name'. In this period 'religious enthusiasm or mania' was quite common as a mental health problem Since the Mental Health Act of 2007 we can rest assured that no-one can be sectioned because of the strength of their religious beliefs. We should pat ourselves on the back today for recognising that special needs is no longer a mental illness; then it was called imbecility or idiocy.

Even in the early 1800's books were being written about the causes and prevention of insanity. One definition of 'Incoherent Insanity' was given by Mr Arnold:

'It's characteristic is an incoherency of ideas, occasioned by an excessive, perverted, or defective activity of the imagination and memory, accompanied with images that exist within the mind, which do not exist externally.'¹

Users and past-users would do well to read this understanding of how to keep mentally healthy. Although in our day we are against using the Mental Health Act for social control it is still evident that many people are forced on drugs against their will because their imaginative vision for the future does not agree with someone else's.

Imbeciles and Religious Enthusiasm as an Illness

While in Wigston Record office we researched the 'name of patient, age, abode, class or parish, occupation, marital status, number of children, dates of admission and discharge or death and full treatment of illness' in a case book dated January 1845 – August 1848. In this we discovered details of a domestic servant called Martha Moon. She was aged 51 and married with two

children. She must have been in Leicestershire County Lunatic Asylum as this was the only county Asylum available for non self-financing patients. It was at the site of Leicester Royal Infirmary and later became known as Carlton Hayes Hospital. She was in the asylum for four months. The tome which described her case history had 18 typed questions and these were answered in pen with no punctuation. Extra space was given for question 16: What are the deranged ideas or mental hallucinations under which the patient has laboured? In regard to Martha this was the answer:

‘This is a case of religious monomania – the patient labouring under the impression that she has been most lamentably guilty in the eyes of God and that there is no pardon for her.’²

Today in the year 2007 we would not agree with this as a diagnosis for Mental Illness. In fact nowadays some psychiatrists would say her understanding of the gospel needed to be developed and there was nothing they could do for her.

In answer to a question about details of the illness, it says: ‘Continual attempts at self destruction. The principle of counter irritation by means of blisters was practised with considerable relief and equal benefit was derived from the use of leeches.’³

In those days the treatment for mental health was the same as for physical health. Compared to today the surgeons understanding of the use of drugs was really quite limited. This could be seen as a bonus because today patients suffer many side-effects from the drugs and often these are far worse than the illness itself. This can be noticed with reference to the life-stories written by users and past-users of Mental Health Services locally in 2007-8.⁴

Another case was Rhoda, aged 30, a domestic servant, single and with no children. Her Dates of being ‘under order’ in the asylum were January 30 June 15 1845. The supposed cause of the malady was ‘religious enthusiasm’. Some ‘deranged ideas or mental hallucinations’ were that:

'The notions of this patient on the subject of religion are very strange – she imagines herself to be most correct in all the observances of life – and is under the impression that she is persecuted for Christ's sake.'⁵

Many people nowadays have recognised that the way the NHS Mental Health system have forced perfectly well people onto drugs and into hospital for religious reasons is a form of 1st World persecution. Although people can worship their God when and where they like, before the Mental Health Act of 2007, people could be put into hospital for 'laying on hands of the sick' and 'believing themselves to be one with Jesus'. We all recognise this should stop and even forcing people on drugs and into hospital is becoming a thing of the past.

Later in the project it becomes clear that attitudes towards imbecility as a mental illness change. But at this time poor Austin Clarke was not seen as having 'special needs' but as 'perfectly imbecile'. He was age 23, and a footman, during his stay from July 1848 - January 13 1849:

'He was leeches, blistered and purged, was most carefully dieted and took regular exercise in the open air. His recovery was slow but extremely satisfactory.'⁶ Quite an intrusive form of treatment but with an effective and complete recovery. Today there are many recoveries but at what a tortuous price. Most patients agree psychiatric drugs have the most fearful side-effects so that some people would rather end their life than continue it.

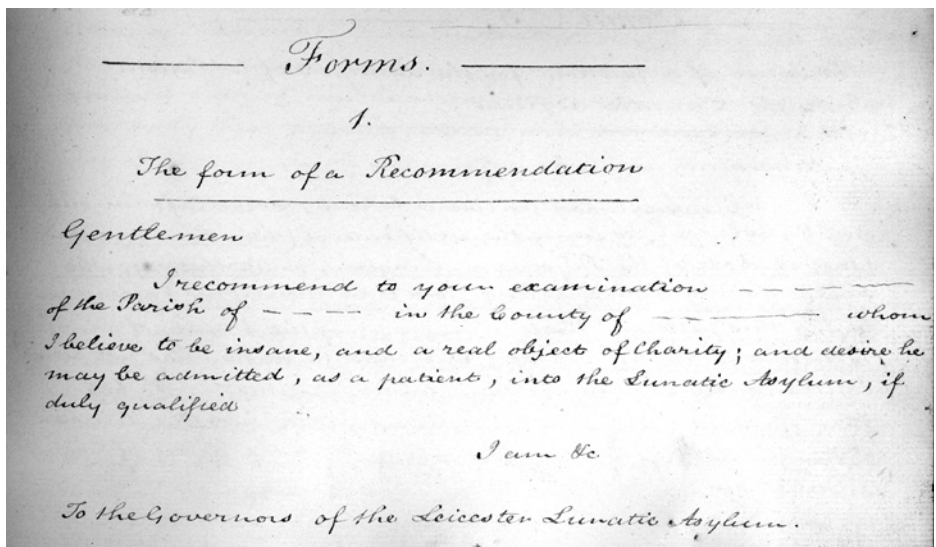
The Lunacy Acts, Management and Conduct in Asylums

'Most historians portray 19th-century county asylums as the exclusive realm of the asylum doctor'⁷ but Mr Bartlett argues that they should be thought of as an aspect of English poor law, in which the medical superintendent had remarkably little power.

He examines the place of the county asylum movement in the mid-century poor law debates and its legal and administrative regimes. Taking the Leicestershire asylum as a case study, he explores the role of poor law officers in admission processes, and relations between them and the staff and inspectors.

Nineteenth century asylums have to be taken in the context of the poor law. The administration of poor law and asylum administration was closely related and specifically for the poor. 'And far from nineteenth century asylum ousting Poor Law jurisdiction in insanity, large numbers of the insane remained on other forms of poor relief, usually residing in the workhouses or living on outdoor relief.'⁸

So who were the local officials for pauper lunacy? Bartlett studies the example of Leicestershire, looking at the role of local officials. He concludes that the centre of decision making process was at a local level, particularly with the justices of the peace and local poor law officials. He then goes on to look at how decisions were made, under the heading of the creation of coherence among misfits, using Leicestershire and Rutland County Asylum as his example. He looked at the case books up to 1870 and makes some



Rules for the Internal Government of the asylum 1815, the record office for Leicestershire, Leicester and Rutland



Hillcrest Workhouse, 'Union House' 1890, the record office for Leicestershire, Leicester and Rutland

interesting observations. For example the later versions contain the cause of insanity, rather than just physical conditions, and also contain an assessment of the person's character. He also notes that the 1853 Act meant that the medical officer himself had to observe the behaviour of the person being classed insane.

In the Lunacy Acts of 1890 and 1891 there was some caution as to restraining 'lunatics' and it is noticeable that it is only after six days of 'care and control' that a 'proper person' for the workhouse or asylum has to be seen by a medical practitioner. Only then can a medical certificate be written.

If 'the Justice is satisfied that the alleged lunatic is a lunatic. . . and if the medical practitioner. . . signs a medical certificate. . . the Justice may by order direct the lunatic to be received and detained in the institution for lunatics.'⁹

'Regulations for the Management and Conduct of the Leicestershire Lunatic Asylum' make it evident that the plight of the poor people was only remedied in part by these asylums. Since there were no NHS policies in place or Healthcare Commission with their core standards 'they were left to the

unrestrained authority of attendants' so 'madhouses became proverbially places of horror'. Yet even in these early days there was hope and the alienists (see illustration of 'Some definitions in 19th Century) understood that 'mental disorder' was 'dependant for its cure upon early and judicious treatment' and because of this the 'few that were restored to reason' ¹⁰ made a full recovery.

However there were some good things that even today the psychiatric wards could learn from:

'A certain proportion of ale, porter, wine, and any liquor likely to be ordered by the Physician or House Surgeon for the Patients, shall from time to time be procured from such Persons as the Visitors shall direct, and be administered as the Medical Officers shall order.' ¹¹

In the mid 19th Century they had a better understanding of the propriety of separating the sexes that we should respect today:

'The Male and Female Patients shall be kept in separate wards.' ¹² And no Male attendant, servant, or patient, shall be allowed to enter the Female Wards, nor any Female to enter the Male Wards' except when female nurses or servants were allowed to attend for any purpose. It has to be recommended for the necessity of the protection of vulnerable adults that single sex wards today be restored.

Many of the rules then are no longer in force today. Now if the nearest relative or carer wishes to discharge the patient it is quite difficult and if it is against the doctors wishes there has to be a tribunal. In past times:

'Any two of the visitors may if they think fit discharge the lunatic upon the undertaking of the relative or friend to their satisfaction.'

¹³

Comparison of the Towers and Carlton Hayes Hospital

In comparing these two institutions they differed in attitude, questioning and treatment of the inmates. In Carlton Hayes there were more detailed questions and patients' notes than in the Towers and this effective method was reflected in the fact that more of these patients recovered and were sent home within months. This asylum asked questions like 'Has the patient suffered from former attacks of the disease, and if so, how long were the intervals of sanity?' and the 'details of illness' takes up a whole page.

In the Towers 'the duration of existing attacks' was one of the few facts noted, and this might be a few weeks or months, whereas the inmate might remain in the institution for 30 years. The inmates often died in this asylum and on one occasion the 'observations' at death were 'has infection of the gums on left side of the mouth from decayed teeth.'¹⁴

Revolutionary Therapies and the Practice of Curing Lunatics

So what pioneers of preventative medicine and carers about mental health were around to improve the system? One man had a selfless career change to benefit those unfortunates in an asylum. Some innovative good works were occupational therapies and visits. John Buck was the first Medical Officer of Health in Britain (title used first in Public Health Act 1848). He later became superintendent of the County Lunatic Asylum in 1853. It was his idea to 'improve the laundry feasibilities (and) he suggested that the old laundry be turned into workshops for what might be called occupational therapy.'¹⁵

The dominant theme in this age is the struggle away from 'physical restraint and harsh custodial treatment towards a more sympathetic understanding of the mentally sick.' ¹⁶ He helped to get rid of 'mechanical restraint'. He found a piano and raised 'a small brass-band among the attendants and patients encouraging everyone to sing and dance. All this contributed very materially to the general cheerfulness.' ¹⁷ Trips were encouraged in 1855 into the villages and nearby forests (Bradgate Park) and even to London. He pressed for revolutionary therapies, like turkish baths, with some zeal. Yet, although many say he improved conditions for those in the asylum, the lack of success of his career was a disappointment. How can anyone really help improve conditions of medical support in mental health unless they have suffered it themselves? He really did not know what to do for the best to help these people.

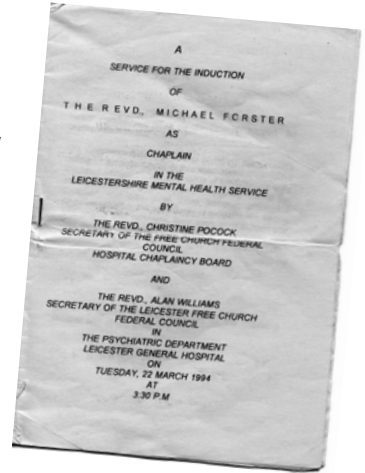
However for all this inadequate care it is apparent with some physicians that their aim was a cure and they had faith in this. In particular Dr William Arnold, who in 1784 took charge of the Infirmary Asylum in Leicester. He wrote of his "particular view... in the Practice of curing Lunatics" and how he had communicated to his son Thomas 'all I know relative to that deplorable disorder and My Method of Curing it.' ¹⁸ Dr Arnold had innovative ideas that he wrote in two books on insanity. He tried to show the difference between ideas (hallucinations) and notions (delusions) and was more interested in his philosophies of recovery than in the disease itself. This looks like a step in the right direction and perhaps the cause of the success he did effect.

Psychiatric Compulsion or Care in the Community?

by Elizabeth Maitland, Christopher Moore and Viv Addey.

The start of the new mental health unit

At this time it was the beginnings of the new 'Care in the Community' concept, innovative invasive treatments and some improvements since the 19th Century. Irvin Goffman, a sociologist, wrote a book called 'Asylums' which argued that putting people in institutions did not do them any good. He argued that the place was for people to be in the community. This helped to change attitudes of the professionals, carers and users.



Induction service booklet 1994 with Leicestershire Mental Health Service Chaplain



Matilda Ann Chamberlain 1901, the record office for Leicestershire, Leicester and Rutland
Matilda was a great great aunt of one of the management committee members of the project. She was committed to the Towers in 1901 aged 22 and passed away in 1911 of tuberculosis.

A new Mental Health Unit was opened linked to Leicester General called The Brandon Unit. Viv Addey was one of the first group of service users to move from Swithland ward at the Towers to the new unit at the Leicester General Hospital in 1984. She was on Ward 36 with fellow patients from the Market Harborough area. The staff wore uniforms complete with hats. In fact Ward 36 was the last ward to give up wearing uniform in the unit. Everything was new at first but soon things became tarnished. Viv informs



Leicester and Rutland - Carlton Hayes, Bradgate Ward 1989

us: 'My hospital number was GPSYH 00087 so you can see I was among the first. It was a novelty to go down stairs for meals and we had our own kitchen and cook. On a Sunday we had a full cooked breakfast and a roast lunch. The meals were of a much better standard than to day.'¹

The day hospital was open and provided some good activities for those on the wards and out-patients. In particular Viv enjoyed the gardening. They were encouraged to take part in activities and Scrabble proved to be the most popular with both staff and patients taking part. Many of the patients missed walking in the Grounds at the Towers but it was felt good to be part of a General Hospital and not separated because they had a Mental Illness. Some of the patients attended the Chapel in the Main Hospital and were made very welcome. Everyone agreed it was nice to be able to join in again with normal patients with physical problems.

Mental Health as Some Sort of Lost Truth

It has become evident that madness, since the time when the lepers were cured, has become an alternative focus for discrimination. Before then mad people had some respect and

even in Shakespeare's day the fools talked wise words. David Cooper comments. 'Madness has in our age become some sort of lost truth' ² writing in the introduction of Michel Foucault's book 'Madness and Civilization'. He was commenting on the late 20th Century. In this century the focus on mental health has been less on religious reasons for ill-health more on secular ones. According to the diary of a chaplain in the early part of the century it was usually more females than males who attended the chapel for the Sunday service. The average was about 103 males and 135 females. They were probably obliged to attend unless too ill. One of his comments was: 'A good congregation.' ³

A Survey of Mental Health in Leicestershire in mid 1900's

This was an attempt to bring together all the sources on Mental Health in Leicestershire at the time. Even in those days, as today, there were 'complaints of illegal detention of sane persons in such madhouses.' ⁴ In the 1930's there was a private madhouse at Wigston which belonged to a 'surgeon' or 'alienist'. His aim was to keep 'distinct the milder cases and those of better habits' ⁵ in an effort to purge society of the 'less cultivated and violent' in order to improve the 'society of each class suitable to the individual'. ⁶ It was a case of the 'social control' which our 2007 Mental Health Act has tried to stop.

In the second paragraph of this pamphlet, that was reprinted from the 'County Medical Officer's Health Report,' the reader is asked to 'realize that, while the difference between an idiot and a lunatic had long been known in principle, they were not legally separated' ⁷ Prior to the passing of the The Mental Deficiency Act 1913 Act no provision was made in Leicester for the care of 'defectives' except by voluntary effort or by the Poor Law Guardians. In 1907 a local voluntary association opened a small 'training' home on the King Richard's Road, handing management to the City in 1916. In an article published after the 1913 Act Ellen Swainston claimed

Leicester was at the forefront of care for the mentally ill and cited the Kind Richard's Road as a successful example.

In 1923 the Committee established Leicester Frith (Glen Frith) caring for 90 women and 30 girls. An increasing problem had been that patients were being accommodated outside the county. Leicester Frith had a farm comprising 130 acres and the whole of the farm and garden produce required by the Institution was grown on the estate. Very few patients at Leicester Frith were unemployed, with children in the school and men and boys working on the farm and garden, building, painting and repairing on the estate. Adult females were largely assigned to domestic duties including cooking, laundry, linen repair and embroidery. The embroidery, 'fancy work, was sold annually and in 1933 raised £70. Recreational pursuits appear to have been a little pallid, ranging from bagatelle to cards. It is striking, and perhaps a little amusing that the "danger of boredom is imminent".

In February 1929 an Occupation Centre was opened at the Cook Memorial Hall, Archdeacon Lane. Twenty to 30 'defectives' received training in 'good habits, self-control, and obedience, as well as in the simpler forms of manual work'.⁸ Placing patients under the supervision of the Occupation Centre was preferred to home 'training' (or care in the community). The 1930 Report notes that placing children in institutions 'full-time' was not popular with parents but 'an institution for defectives is, for the great majority of its patients, a very happy place; it gives them care suited to their needs, and employment regulated according to their ability.'⁹

In conclusion, it would appear clear from this report that attitudes had changed. 'Imbecility' was no longer an illness to be cured. When the Mental Deficiency Act of 1913 was passed then they were to be treated differently. This project rejoices at this achievement and hopes to find even more changes and improvements in Mental Health in this century. Finally, with progress today, we have in schools children with 'special needs' who are no longer labelled and shut away in their own institutions but are often integrated into mainstream schools. However

teachers and parents have noticed some children cope better in special schools but we can pat ourselves on the back for disposing of the old labelling. Perhaps we should be doing this now with the psychiatric labels?



No more labels for special needs

The Beginnings of Care in the Community

In 1986 it was the health service who provided most facilities for treating people in order to improve their mental health. Then there were two large psychiatric hospitals and a district general psychiatric unit. In those days, 1986/7, their budget was £15m and the GP's had a mental illness/mental distress component. ¹⁰



The Protectograph 1903, a cheque writing machine
British Museum

It is now that 'Care in the Community' initiatives help funds to be transferred nationally between the NHS, social services departments, the voluntary and the private sectors. These latter groups begin to take a greater role in providing services for Mental health. However mental health still does not seem to be as important as money. In earlier times, during this project we have noticed, the focus seemed to be on how to help effect a cure. Nowadays have we lost sight of a cure? Since we all know that psychiatric drugs (allopathy) is not about curing a problem but of driving the illness in, getting rid of the symptoms and providing the patient with side-effects that are sometimes worse than the illness itself. Hippocrates, one of the first writers about medicine, said there was two types of medicine. One was called allopathy and the other homeopathy. Allopathy is when dissimilar treats dissimilar with no favourable result except controlling the illness while homeopathy cures like with like. The terms 'mental health' started to be integretated into our culture after 1986. In the Service Profile of Leicestershire Social Services written in 1986 the terms 'mental illness' and 'mental distress' are used. Many schemes were started at this time for both patients and their carers yet the users and past-users were not yet being encouraged to be involved in a management capacity.

The legislation in the late 20th Century



Chairs in Forest Day Hospital 1989, the record office for Leicestershire, Leicester and Rutland

The National Health Service Act of 1977 outlines the functions of local social services as far as the 'mentally ill' are concerned. Their objectives are:

'prevention of illness and for the care of persons suffering from illness and for the aftercare of persons who have been suffering.'

¹¹ This covers the care of people in hospital and day centres for the 'mentally disordered' as well as in 'the field' or the community.

The Mental Health Act of 1983 superseded the 1959 Act and the mental welfare officers were replaced by Approved Social Workers. So the social workers had taken over from the earlier Justices of Peace and their main duties were to try to admit compulsorily 'mentally disordered' people to hospital.

Dr. Watts a G.P. at Ibstock in Leicestershire indicates the statistics of recovery from severe mental health problems. He says about the Schizophrenics that 'Over the 26 years some six cases out of 27 (22%) had recovered.'¹² This recovery implies that anyone knowing this person would never be able to realize that they had

ever had the illness. 'Social Recovery accounted for a further 41%' This means that the person can live in society and hold down a job but either be still under treatment or symptoms of the illness may be obvious. 'Some 15% were unemployed at home and 22% were permanent hospital residents'.¹³ Three types of schizophrenia were observed: true schizophrenia, schizophrenia simplex and schizoaffective disorders. It seems that this G.P considers schizophrenia to be a serious disease when someone is hearing voices. That schizophrenia simplex is someone who is just deluded and out of touch with reality as are the schizoaffective disorders.

But at least, as in all the studies made of earlier treatment of mental health, there is still a margin for recovery. In some cases the recovery indicates that the relatives, friends and doctors have come to recognize the health of a patient. Often then, as now, patients were in touch with reality but the family and doctors could not accept it. Must the patient be quiet about the trauma until the disbelievers can accept that they are well? When will the world realize that often in Mental Health the appearance is not the reality and the patient should be given the benefit of the doubt?

Improvements Since the 19th Century

Francis Dixon Lodge was described as a 'Therapeutic Community' it aimed 'at a more democratic type of social structure' instead of 'the familiar authoritarian organisation.'¹⁴ It was to make the best possible use of the residents and staff and 'with this in mind it is necessary to have free communication between resident and staff.' The residents elected their own committee and encouraged 'to participate in the administration of affairs.' The idea of the Therapeutic Community would also, it was hoped, have the effect of raising 'the status of residents so they can assume far more responsibility' in getting help for themselves and others.'¹⁵

Since 1973 the Francis Dixon Lodge had accepted families which may have been husband or wife or even included babies and small children.

Residents had a committee including a Chairman, Vice Chairman and a secretary elected by a majority vote to serve one month, those chosen for such a role had to have been a resident for at least one month, to have an idea of how things worked. Psychotherapy groups took the 'form of a verbal explanation of resident's problems and ways in which they may be caused by their characteristic attitudes and ways of behaving thus enabling change to take place.'¹⁶ The lodge 'has tended to focus treatment to include the outside environment from which residents come.'¹⁷ This involved using resources from outside the hospital and inviting social workers to attend psychotherapy groups.

The Pathfinder Scheme

Another innovative scheme introduced was the 'Pathfinder (Mental Health Support) Scheme'. It was largely organised through Age Concern Leicestershire. It was a voluntary community support service for the confused and elderly mentally infirm and their families.

The main aims of the Pathfinder Scheme were described as supplementing the work of home helps and health and social services personnel to give continuous care in their homes. The scheme, with the potential co-operation of Carlton Hayes staff, was to keep clients out of hospital.

A Letter from the Medical Superintendent:

The Medical Superintendent gives an account of the recent history of Carlton Hayes. Carlton Hayes was a county asylum, its job to treat and look after persons until they were fit to be discharged. Nobody went to such places unless they were 'really bad' and the

only way of getting in was to be 'certified'. Emphasis was on keeping the patients safe as few treatments were known to be effective. 'Even so the mental doctors were convinced they had something to offer.'¹⁸ They wished to attempt to treat the patients before they got to the point of being certifiable, while patients would still be co-operative.

Therefore an Act of Parliament was passed in 1930 to allow patients to enter Mental Hospitals of their own free will and to have freedom of choice concerning treatment. However, take up was low, people were apprehensive: 'those few who did come forward found that the walls, keys, close supervision and company of patients who had been in hospital many years created an atmosphere that was not conducive to peace of mind.'¹⁹ The Medical Superintendent believed that a change in spirit in the Mental Health service was necessary before the public lost its fear of Mental Hospitals and mental illness.

The Medical Superintendent declared that this change of spirit had occurred in Carlton Hayes by 1940. 'The Medical Staff thought themselves as Psychiatrists rather than Asylum Officers, the Nursing Staff as Nurses rather than Attendants and the Patients were referred to as Patients and not as 'Inmates''.²⁰ Professional standard came in along with training, exams, certificates of proficiency and psychiatry became a self-respected branch of medicine. However, it was not respected by the medical profession in general and few young doctors were encouraged to enter the career.

World War II changed all this according to the Medical Superintendents letter. There was a dramatic increase in the demand of psychiatrists due to the war for the treatment of 'nervous casualties' and also for other tasks such as personal selection. 'As a result of this, and of the excellent work they did, psychiatry earned the respect of everyone.'²¹ This led to a sharp increase in the numbers of young doctors entering the profession.

In 1948 the National Health Service came into being, Regional Hospital Boards became responsible for hospitals and, 'it is only in the last few years that the funding has been made available to enable us to get on with the job of making the hospital a reasonably pleasant place to come to.' ²² The Medical Superintendent concludes that the reader may now understand why so many sane people voluntarily admit themselves to Carlton Hayes each year.

The work of the Hospital:

The hospital was divided into two wards, Admissions Wards and Residential Wards. In the former the, 'emphasis is upon efficient treatment and quick discharge.'. Residential Wards were for longer stays and they claimed to make every effort to help them feel at home...

Patients treatments included, 'things like electricity, injections, pills and draughts which acts upon the body; all else is psychological.' ²⁴ The residents wards were meant to be homely and comfortable, so much so that they believed that, 'One great danger of

hospital life is that people can become too fond of the institution and forget what it was like outside.' ²⁵ Anyone who has been forced against their will on drugs and onto one of these wards would never agree with this statement. However someone who felt really ill and had chosen voluntarily to be admitted might be tempted to agree. It is a well known fact that someone who agrees to their treatment has a better chance of recovery while someone under compulsion has additional feelings of injustice, anger and regret to cope with.



Compulsion or capacity?

INNOVATIVE AND INVASIVE TREATMENTS

The Use of Prefrontal Leucotomy at Carlton Hayes Hospital

On the front of this report by Duncan Fleming Macgregor, a study of 76 case-histories, is written a quote by St John of the Cross. Any determined theologian will know this saint as someone who talks about the dark night of the soul and how suffering of the physical body leads to a spiralling up of the spiritual soul. He talks about stillness where the “soul finds its tranquility and rest”. Obviously, as most people in England were Christians when this report was written in 1948-1952, this would be fairly typical to have a quote from a famous medieval saint on the front of this report. The quote is a comment on peace of the soul with the hope of this treatment to achieve this:

‘profoundly established in the centre of its own nothingness it can be assailed by naught that comes from below and, since it no



The operating theatre Middlesex early Twentieth Century

longer desires anything; what comes from above cannot depress it.' ²⁶

The reason for writing the report was to reassure the general public of :

'The fear (that) has often been expressed that, as a result of leucotomy, imperfectly recovered and morally irresponsible individuals are being discharged from mental hospitals.' ²⁷

This leucotomy seems to have had little improvement, some were even tragic failures and in most case the 'insanity continued'. In all cases it was remarked that 'mental activity of all kinds is reduced, with a consequent loss of spontaneity and initiative'. Also 'this inertia may be so severe that the patient exhibits no more spontaneity than a robot and is motionless except when carrying out a set routine which has been drilled into him.' ²⁸

Most people would agree that the way to achieve stillness in the mind is not by some dangerous invasive treatment like a leucotomy but by regular practice of prayer or meditation. The only way for the mind to be still is in the presence of a power greater than itself. It is a long but peaceful path to stillness and the training of 'centering prayer' and other meditative techniques are of use. Many have been healed from past trauma by this path and 'divine therapy' does not have any side effects or failed operations. Rutland Healing Group has regular meetings of 'Centering Prayer' to access the divine healing of a changed mindset.

CARLTON HAYES HOSPITAL.

BATHING RULES.

1. Every patient is to be bathed immediately after admission, and once a week afterwards, unless exempted by medical order. Should there be the slightest doubt as to the advisability of bathing any patient, owing to sickness, feebleness or excitement, immediate reference is to be made to a Medical Officer.
2. The name of every patient not having the customary bath is to be reported to the Medical Officer.
3. In preparing a warm bath THE COLD WATER IS ALWAYS TO BE TURNED ON FIRST, and hot and cold water thoroughly mixed.
4. Before the patient enters the bath the temperature is to be ascertained by a thermometer. If the thermometer does not work all bathing is to be suspended until another has been procured.
The water for an ordinary warm bath must be between 90 and 98 degrees, and no patient is to get into a hotter or colder bath than this, except on medical instructions.
5. Special care is to be taken in bathing paralysed, epileptic or excited patients, and on no account are such to be left alone in the baths.
6. UNDER NO PRETEXT WHATEVER is a patient's head to be put under water.
7. In the bath the body of each patient is to be well cleansed with soap. After the bath especial care must be taken to dry those patients who are feeble and helpless, and to clothe them as rapidly as possible.
8. Not more than one patient is to be bathed in the same water.
9. UNDER NO CIRCUMSTANCES WHATEVER are two patients to occupy a bath at the same time.
10. DURING BATHING THE BATHROOM IS NEVER TO BE LEFT WITHOUT A NURSE. At all other times the door and bath are to remain locked.
11. Any marks, skin eruptions, bruises, wounds, sores, local pain, evidence of disease of any kind, etc., complained of by the patients, or noticed by a Nurse during any of the bathing operations, are to be immediately reported to a Medical Officer.

D. F. MACGREGOR,
Medical Superintendent.

All bathrooms.

1955.

Bathing Rules 1955, the record office for Leicestershire, Leicester and Rutland

Looking to the Future A Medical Solution to Freedom

by Elizabeth Maitland

Post-Modern Voices

Finally in the 21st century patients and ex-patients are beginning to have a voice. This is not just through the Mental Health advocates but also because patients with experience of mental health issues are training the doctors and nurses in psychiatry and participating in trust advisory committees. This project is governed by a steering committee full of users and past-users and we want to have our say in our Life-stories similar to those pamphlets written 400 years ago.



A franciscan brother counselling a visitor at Community of Saint Clare

In mid-twentieth Century Britain William Sargant was opposed to Freud and talking therapies believing it best to ‘cut the cackle’ and ‘listen to Prozac’. ¹ As Roy Porter says this seems to us now to “be symptomatic of some mental aberration on the part of the psychiatrists”. ² Roy Porter also comments on Freud’s ‘talking cure’ and his attempt to ‘tune into the consciousness of disturbed people through carefully listening to and interpreting what

they said.’³ Sometimes modern psychiatry had been against recognizing that madness is worth listening to. Nowadays all GP’s surgeries have funding for a ‘talking therapist’ and most of them have a counsellor or psychotherapist available at no cost to everyone.

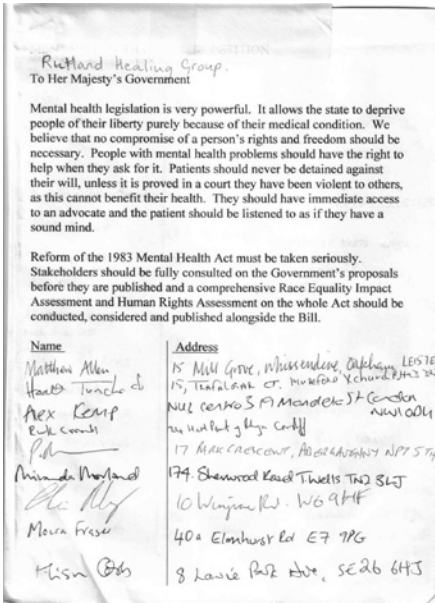
We Live in the 21st Century and have human rights

At the turn of the century citizens of Leicester were reminded of the inability of the Mental Health services to control violent patients. Some people believe that patients who are violent to others should be in prison and not put into normal psychiatric wards as forensic patients. The Leicester Mercury, in November 2001, had the headlines ‘Mental Health Services at Fault over Patient’ and the article read: ‘Health officials today reassured people in Leicestershire that lessons had been learned from a string of tragedies involving mentally ill patients.’⁴

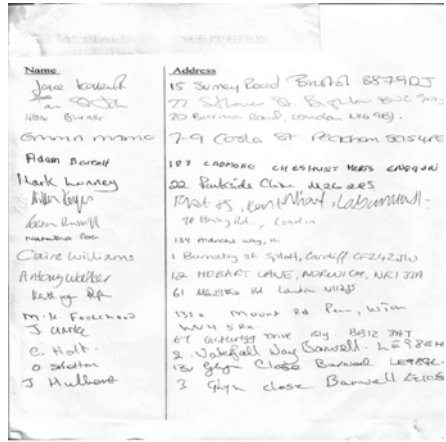
Benjamin Rathbone had been labelled a killer. In 1999 he pushed Will Hick in front of a train while on leave from Herrick Ward at the Leicester General. He then threw himself on the line. Both survived. Rathbone is now ‘detained indefinitely’ in a secure unit. Too often families and friends suffer for long periods because of a violent person who the police refuse to restrain because ‘he has mental health problems’.

MASS LOBBY OF PARLIAMENT NOVEMBER 2006

When Rutland Healing Group went to a mass lobby of parliament 28 November 2006 they had a petition asking for freedom from forcing people into hospital or on drugs. Outside the houses of parliament a mother refused to sign the petition because her child had been killed by someone with mental health problems. Perhaps this danger could be avoided if violence was treated not as a mental health problem.



Petition for freedom from compulsion in mental health act 2007



Petition for freedom from compulsion in mental health act 2007

We were campaigning for freedom from compulsion. Lizzie Maitland wrote 'Evidence for the Public Committee' on 9th April, 2007. In the second reading of the Mental Health Bill in the Lords on Tuesday, 28th November 2006 the minister of state, Department of Health Lord Warner said:

'It is clear that there is now scope for some patients to be treated under compulsory powers but to live in the community, not in hospital. For suitable patients, supervised community treatment meets the need for a framework for their treatment and safe management in the community, instead of detention in hospital.'⁵

The Recovery Resources' Charity (the new name for Rutland Healing Group) welcomes this change, as do many other charities and groups concerned about improving mental health services. Lord Warner continues in his learned way that:

‘Supervised community treatment is a new, modern and effective way to manage the treatment of patients with serious mental health problems. It will allow patients, so far as possible, to live normal lives in the community. This will reduce the risk of social exclusion and stigma associated with detention in hospital for long periods of time or with repeated hospital admissions.’⁶

This has proved to be true. In the 21st Century RRC (Recovery Resources’ Charity) is made up of users, past-users, carers and professionals and believes we have free-will as humans to choose health treatment. Nowadays there are many therapies and remedies equal to anything the NHS can offer that can actually heal mental health problems. No-one needs to be forced onto drugs anymore. The Lord Bishop of Manchester points out that ‘The Bill seeks to strike a balance between the rights and autonomy of patients and the safety of both patients and the public.’⁷ Nobody would wish to be deprived of their freedom especially if they were ill. Doctors should be encouraged to seek the will of the patient rather than be given the opportunity to disregard it. The Recovery Resources’ Charity looks to the government to give mental health patients the same rights as any other patient. How can anyone determine someone does not have the capacity to decide? In fact the patient should be given every help to improve their life with counselling, homeopathy centering prayer and anyother CAM (complementary alternative medicine).

We are relieved that the 2007 Mental Health Act stipulates that no-one can be sectioned because of religious beliefs. The Lord Bishop indicates: ‘Compulsory detention and treatment should be based strictly on mental disorder and should certainly not be used for the purpose of social control.’⁸ This very often is the case and we, as users and past-users, look to the government to protect us from this. We recognize the needs of public safety and agree with Lord Bishop of Manchester that those who are untreatable, but are believed to pose a serious risk to other people, should be dealt with under criminal justice rather than mental health legislation.

We are pleased the Government have decided to include a provision for advocacy services in the Act. One of the services of RRC is to provide, currently on a volunteer basis, independent advocacy. Many patients turn to help from the mental health advocate because they receive non-discriminatory treatment to prevent avoidable distress and suffering. We support patients in ward-rounds in hospitals, reviews in the community, court-cases and give supportive and counselling care. This was encouraged by the bill and the government recognized the extreme benefit of the professional use (as advocates, group co-ordinators, nurses, trainers and teachers of good mental health practice) of users and past-users.

Baroness Meacher supports the RHG view that:

‘The Royal College of Psychiatrists rightly points out that patients’ choice and participation in their own care are central tenets in the new NHS.’⁹

As Baroness Morgan made clear: ‘I am concerned about the ethical position with regard to the use of treatment without specific or potential benefit to the patient for the purposes of control.’¹⁰ Rutland Healing Group with the PPI Forum for the Leicestershire Partnership did some research into the efficacy of homeopathy. Ms. Elizabeth Maitland, past chair of the RHG now Project Leader of RRC, has been cured by homeopathy and recognizes its benefits because of lack of side-effects and its ability to deal with emotional trauma due to shock, fear, grief and stress. She says ‘Homeopathy has no stigma and I can now go through a difficult time in my life and have no fear of the dreadful torture of psychiatric drugs or hospitalisation because homeopathy always sorts out the problems.’¹¹ Ms Maitland has done extensive research into homeopathy and discovered it is a cure for mental illness. Allopathy (NHS Medicine) gets rid of the symptoms and drives the mental illness in; while homeopathy, in a controlled and gentle manner, accelerates the symptoms and gets them and root of the illness out of the system. The body learns to cure itself.

Common Causes of Death

As Baroness Morgan says: 'But let no one be under any illusion: the most common cause of death for people between the ages of 15 and 34 is suicide.' ¹² The Recovery Resources' Charity is concerned about the lack of autonomy that community orders may bring. People commit suicide because of lack of control over their life. Already, if the statistics are known, most suicides are committed by overdosing on psychiatric drugs and many people agree that some of these drugs actually cause suicidal feelings (look at reports on Seroxat in particular). 'Each year approximately 380 detained patients die in care, and about a quarter of the deaths are termed 'unnatural'; that is, they are suicides, occur in suspicious circumstances and so on.' ¹³ Lord Patel of Bradford has reported. This is because of patients being termed 'without the capacity' to be in charge of their treatment. They are dehumanised, forced unnaturally and against their will to take drugs. This is what causes them to be tempted to end their lives. The RRC hopes the world and our government will soon recognize this and take steps to prevent these suicides by forbidding compulsion. In his oral evidence to the Joint Committee that scrutinised the 2004 draft Bill, Dr Tony Zigmond, the vice-president of the Royal College of Psychiatrists, said, 'so any law that drives people away from the service, I have to say, increases risks for everybody and damages health ... we need to get people to come and see us.' ¹⁴

'GET HELP': DAUGHTER, 20, NEVER GOT OVER SEX ATTACK

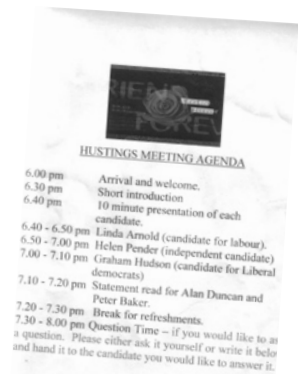
Mum's plea as raped girl commits suicide

RRC hopes that the government will take courage into its hands and dispose of compulsion within the next Mental Health Act. People will still be forced onto drugs by the NHS depend on it. But it will be with words, comforting, loving and encouraging words by people who seem to care.

Surely we respect each other enough to give humanity 'free-will of mental health'. Believe it ...IT IS POSSIBLE.

Campaigning for 2007 New Mental Health Act

In April 2005 Rutland Healing Group did some campaigning for this act by holding a Hustings meeting to discover the views of local mps and candidates for election in Rutland.



VISION FOR THE FUTURE

Leicestershire Partnership, who is responsible for the provision of Mental Health services in Rutland, Leicester and Leicestershire, has written a PID (Project Initiation Document). This 'sets out to transform the model of inpatient and community service and quality of care'¹⁵ In particular they hope to have:

* 'a shift in emphasis towards health promotion, illness prevention and early intervention

* where service users have become ill, the promotion of successful recovery'¹⁶

The NHS have a 'Complementary Therapies Initiative' and LPT 'can invest in projects which are priorities for service users and carers.'¹⁷ So there is much hope and good works for improvement. Acts in this Century for change The Mental Health Act 2007 was a disappointment for most people. The only improvements were to stop people being labelled with 'religious

enthusiasm' as an illness and to encourage Mental Health advocacy. However the Capacity Act of 2005 is a great resource for improvement. Mental capacity is the ability to make a particular decision for the best course of action at the time it needs to be made. Ian Chennery at a Mental Capacity Act training day reassures us that this Act 'brings together common law and best practice into one'.¹⁸ The core principles are that everyone:

- * Is assumed to have capacity.
- * All practicable and reasonable steps taken to allow them to have capacity.
- * Be aware anyone can make an unwise decision.
- * Best interests taken into consideration.
- * Least restrictive option and no blanket decisions.

Particularly interesting for capacity linked with Mental Health is the use of Advance Directives. To make these legally binding they must be witnessed either by GP or a close friend/relative and signed. There is no standard form as yet. These documents will lay down, when a person is well enough to have capacity, the medical treatment they would like. Then if this person is deemed to lack capacity in the future by law this directive needs to be obeyed by the doctor. If a patient is allergic to drugs or finds the side-effects unbearable this should be indicated. This indicates a certain amount of protection against the restrictions of the Mental Health Act.

The Data Protection Act protects the patient or data subject from having information processed about them against their will. Patients can write to the data processor or doctor asking them to stop 'processing the data' about them because it is harmful to them. If the doctor does not comply within 21 days then they can be fined by a court of law. Also it is in the Act that anyone has a right to see the data or patients' notes written about them. This may involve a small fee. What this Act does not do, as yet, is protect the patient from relatives or friends who may contact the doctor. Many mental-health patients would benefit from the

security of having the doctor listen to only one story from their point of view. However the GP's surgeries are wisening up to this and have agreed that only the relative/friend with written permission can contact the Dr or psychiatrist.

FINDING YOUR HEALING

What does the word 'health' mean? Art Brownstein, MD, believes "health is your natural normal state" ¹⁹ and this is linked to a feeling of wholeness and well-being. Everyone has the opportunity to be healed in this life-time. Many people have found sitting still doing nothing and centering the mind a transforming experience. You do not need to believe in God or Buddha to do this. As this centering: 'is nothing else than a secret and peaceful and loving in flow... which, if not hampered, fires the soul in the spirit of love' ²⁰

Since with mental health it is the mindset which needs to be renewed then it makes sense to get to know this 'inner being' and peacefully to be still. There is no great skill it is just practice or 'showing up'. Once you love this type of healing, as much as your favourite sport, you know you have learnt the secret of being content in each and every moment. You will have found the way to perfect mental health.



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