
The Circulation of Pauper Lunatics and the Transitory Nature of Mental Health Provision in Late Nineteenth Century Cumberland and Westmorland

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Abstract

Following the implementation of legislation in 1845 which required every county and borough throughout England and Wales to build an institution for the treatment of mentally ill paupers, there was a surge in the number of people classed as insane. This created situations of overcrowding, and pauper lunatics were constantly pushed and pulled between the asylum and the workhouse in an attempt to alleviate pressure on accommodation. This paper explores the experience of pauper lunatic patients at the County Asylum of Cumberland and Westmorland, and recounts the experience of its pauper patients as they entered and departed from the institution, thereby portraying the transitional process of mental health provision in the latter half of the nineteenth century.

Introduction

When looking at the history of psychiatry and its institutions, researchers are presented with a vast array of existing literature.¹ However, this has tended to focus on the larger, more well-known urban asylums; and those who were treated in such institutions have been regarded as mere statistics rather than individual patients. In the thirty years since Roy Porter's call to 'reclaim the voice of the voiceless', little seems to have been done so in relation to the experience of pauper lunatics in the latter half of the nineteenth century.² Instead, research dedicated to patient histories has been confined to the literate and especially the upper and middle classes who possessed the tools and the capability to record their experiences.³ This article will go some way to redress the balance. Using the records of the Cumberland and Westmorland Joint Lunatic Asylum, previously unused by historians, some of the stories of its pauper patients will be recounted in order to gain a more comprehensive view of the transitional nature of the treatment of the mentally ill in

1 For instance see: A. Scull, *Museums of Madness: the Social Organization of Insanity in Nineteenth-Century England* (London, 1979); K. Jones, *Mental Health and Social Policy 1845–1959* (London, 1960); R. Porter, *Mind Forged Manacles: a History of Madness in England from the Restoration to the Regency* (London, 1987).

2 R. Porter, 'The patient's view: doing medical history from below', *Theory and Society*, 14 (1985), pp. 175–98.

3 For example S. Chaney, '“No ‘sane’ person would have any idea”: patients' involvement in late nineteenth century British psychiatry', *Medical History*, 60 (2016), pp. 37–53.

an institution of the county asylum network built after 1845.⁴ No English asylum north of Lancashire or Yorkshire has been researched in such detail, so this article also addresses a geographical ‘gap’.⁵

The Cumberland and Westmorland Joint Lunatic Asylum, or ‘Garlands’ as it was more commonly called (and will be referred to henceforth in this article) after the estate it was built on, was constructed comparatively late relative to other such county establishments.⁶ Opened on 2 January 1862, Garlands was the 39th county asylum to be built out of the 47 constructed in England and Wales by 1876. It was originally intended to house 200 patients, which was below the average (the mean patient population for county asylums at this time was 527).⁷ Garlands was constructed jointly to serve the pauper lunatics of Cumberland and Westmorland, which we now are familiar with as Cumbria. The asylum was located in Carlisle, in north Cumberland, being the only city in either county. The asylum was not centrally located within the region it served; patients from Westmorland or from the south-western tip of Cumberland in Bootle Poor Law Union for example, had a distance of at least 40 miles to travel to Garlands to receive treatment. Most of the patients drawn from these counties belonged to the agricultural and labouring classes, as the majority of land was made up of small, rural farm dwellings. The few towns in the counties did have a number of industries, namely textiles, metals and domestic service, which attracted migrant workers, principally those from Scotland and Ireland.⁸ Thus, the two counties had a population made up in large part of rural workers from the hamlets and villages of the countryside, and casual labourers from the industrial towns: principally those on the coast Workington, Whitehaven and Maryport and of course Carlisle itself.

In addition, Garlands also treated a significant number of ‘alien’ patients, which was the term used to refer to migrants who had settled in a county and were not liable to be paid for by the Poor Law unions in which they now resided.⁹ The cost of maintenance of a pauper in either a workhouse or the asylum whilst receiving treatment for their mental affliction, was paid by the poor law union in which they had secured permanent settlement. But in the case of a patient who was born in Ireland, for example, the costs for their care

4 The 1845 County Asylums Act made it a legal requirement for each county and borough in England and Wales to provide its own institution to provide specialist care for mentally ill paupers. See P. Bartlett and R. Sandland, *Mental Health Law: Policy and Practice* (Oxford, 2014), p. 57.

5 For examinations of Lancashire see J.K. Walton, ‘Lunacy in the Industrial Revolution: a study of asylum admissions in Lancashire, 1848–50’ *Journal of Social History*, 13 (1979), pp. 1–22; for Yorkshire see R. Ellis, ‘The asylum, the Poor Law and the growth of county asylums in nineteenth-century Yorkshire’, *Northern History*, 45 (2008), pp. 279–93.

6 G. R. Wyld, *A History of the Garlands Estate and Garlands Hospital, Carlisle, Cumberland, 1757-1914* [typescript], 2, (kept in local history section of Carlisle Library), quoted in C. Dobbing, ‘An undiscovered Victorian institution of care: a short introduction to the Cumberland and Westmorland Joint Lunatic Asylum’, *Family and Community History*, 19 (2016), pp. 3–16 (here at p. 3).

7 C. Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Time to the 1860s in England and Wales* (Lampeter, 2004), pp. 540–3.

8 S. Towill, *Georgian and Victorian Carlisle: Life Society and Industry* (Preston, 1996), p. 177.

9 ‘Aliens’ in this period referred to immigrants who came to Britain of all nationalities, but in the context of this examination it will be principally those of Irish descent who will be alluded to as ‘aliens’, together with a few from Scotland: see B. Gainer, *The Alien Invasion: The Origins of the Aliens Act of 1905* (London, 1972).

and maintenance could not be recovered from their home union, as they had a different system of relief.¹⁰ ‘Alien’ patients were therefore viewed with contempt as they became a burden on the Poor Law rates.¹¹ The close proximity of Garlands to Scotland and Ireland, and the attraction of casual labourers to the coastal towns of Cumberland, meant that the issue of ‘alien’ patients was a persistent one during this period. Many had migrated from Ireland to England to escape the famine of the late 1840s and since then had been employed in seasonal, low-skilled jobs, finding it hard to support themselves and their families. In the latter half of the nineteenth century, these migrants were second generation, and had made firm roots in Cumberland and Westmorland.¹² In the 1889 Garlands Annual Report, Dr Campbell, the medical superintendent, explained the problem of these patients in monetary terms:

...up to the end of 1889...£15,761 has been expended here on Irish and Scotch patients who had no settlement in England...the Irish lunatic is more noisy, dirty, troublesome, and quarrelsome than the English or Scotch, he is more treacherous, and owing to this, more dangerous, and the more miserable his previous outside surroundings were the more critical and complaining is he about the food, clothing and bedding in the asylum...¹³

The racial stereotypes alluded to in this passage were widespread in Britain during this period and, throughout the asylum case books, Irish patients were referred to in a derogatory manner.¹⁴ This combination created a somewhat different patient population from which the inmates of the Garlands were drawn than has been previously documented in other county asylums by historians of this period.

The principal aim of this article, through documenting the pauper experience of mental health treatment at Garlands, is to demonstrate that this care was not a stationary experience. A small number of the stories of the pauper patients will be recounted from the initial 40 years of operation of Garlands, in order to portray the circulation of individuals through the Poor Law system when receiving mental health treatment, and to demonstrate the effect that this had. To begin with, the treatment offered at Garlands will be briefly set out to provide some context to the environment in which the pauper patients resided. Next, four examples will be presented of patients who represent the experience of transitory care in this period. The focus will be the effect of the movement between the family home and the asylum, and between the workhouse and the asylum. In the final

10 M.E. Rose, ‘Settlement, removal and the New Poor Law’, in D. Fraser (ed.), *The New Poor Law in the Nineteenth Century* (London, 1976), pp. 25–44 (here at p. 35).

11 The number of ‘aliens’ in Garlands began to be recorded in 1883, when it was 70 out of a total of 511 resident patients. This proportion remained fairly constant in the decades studied: see Cumbria Archive Centre, Carlisle (hereafter CACC), Annual Report 1883, THOS 8/1/3/21, p. 18.

12 See D.M. MacRaild, *Culture, Conflict and Migration: the Irish in Victorian Cumbria* (Liverpool, 1998), p. 27.

13 CACC, Annual Report 1889, THOS 8/1/3/27, p. 17.

14 See C. Cox, H. Marland and S. York, ‘Itineraries and experiences of insanity: Irish migration and the management of mental illness in nineteenth-century Lancashire’, in C. Cox and H. Marland (eds), *Migration, Health and Ethnicity in the Modern World* (London, 2013), pp. 36–60 (here at p. 51).

section, a summary will be offered in order to explain why looking at the transfer of care is important when considering the lunatic asylum in the latter half of the nineteenth century.

The pauper experience

To clearly present the pauper experience, it is necessary to look first at the regime employed at the Garlands Asylum. Moral treatment, which has been widely researched and written about by historians of this area, was the popular method of care employed in public and private asylums throughout this era. A good diet, exercise, useful employment and religion were all tools used to bring about morally an individual's recovery.¹⁵ The moral treatment employed at Garlands is best explained in this passage by Dr Clouston in the 1863 Annual Report:

to treat the patients kindly, to maintain good order and discipline in the house, to provide healthy and suitable employments for all who can employ themselves, to endeavour to get those to work who do not do so, to provide suitable entertainments for their leisure hours, to endeavour to get them all roused into taking an interest in something, thus exercising and strengthening the mental faculties they have left, and to keep up the bodily health and strength in all of them.¹⁶

Around three quarters of the asylum population were regularly employed. Tasks in the workshops, on the farm, and in the house itself were largely carried out by the patients. 'Suitable employments' ranged from a rich supply of books and newspapers, knitting and sewing materials, to invited visitors appearing to read funny stories or to perform a ventriloquist or dance act. The result was noted in the 1869 Annual Report as 'pleasing and amusing' the patients to a great extent.¹⁷ Also encouraged in the moral regime was religion, and patient participation in weekly ceremonies was an important statistic included in asylum annual reports.¹⁸ The facets of moral treatment were assessed by the national body of Commissioners who annually inspected each institution that offered care for the mentally ill. The Commissioners in Lunacy commented in their yearly reports on the efficacy of each county establishment, including Garlands, in terms of their ability to deliver a moral regime of care, and gave recommendations for areas of improvement.¹⁹

One focus for the Commissioners in Lunacy was the recovery rates of each asylum, of which the Garlands produced average to above average, results when compared to that of other asylums (Table 1). During its first ten years of operation, Garlands treated 912

15 See A. Digby, *Madness, Morality and Medicine: a Study of the York Retreat, 1796–1914* (Cambridge, 1985).

16 CACC, Annual Report 1863, THOS 8/1/3/1, p. 12.

17 CACC, Annual Report 1869, THOS 8/1/3/7, p. 15.

18 J. Hamlett, *At Home in the Institution: Material Life in Asylums, Lodging Houses and Schools in Victorian and Edwardian England* (Basingstoke, 2015), p. 23.

19 P. Bartlett, *The Poor Law of Lunacy: the Administration of Pauper Lunatics in Mid-Nineteenth-Century England* (London, 1999), p. 210.

Table 1 Recoveries as a percentage of admissions: Garlands Asylum and the national average, 1871–1902

Year	Garlands	National average
1872	39.0%	38.4%
1882	47.3%	40.3%
1892	45.5%	39.0%
1902	44.4%	36.1%

Source: Cumbria Archive Centre, Carlisle, Annual Reports 1872, 1882, 1893, 1902, THOS 8/1/3/10, 20, 31 and 40.

patients, with 39 per cent of those leaving recovered and 26 per cent dying whilst in the institution. The fate of each patient which came through the doors of the asylum is summarised perfectly in this quotation from the 1872 Annual Report: ‘[o]f every ten patients who have come in, four have gone away recovered, one has gone away relieved, two have died, and three remain inmates of the establishment’.²⁰ However, absent from the consideration of the Commissioners in Lunacy was the effect that the increased circulation of pauper lunatics had on their health. With this in mind, the article will now move on to examine the effect that the movement of patients between different places of care had on these recovery rates, and the types of patients it affected most.

The movement of pauper patients

The first instance of care was provided by the family of those afflicted with mental illness. When relatives became unmanageable and it became clear that specialist treatment would be required, asylum committal would be sought to bring about an effective recovery. Due to the recurring nature of some mental conditions, families came to rely on the asylum for many years intermittently, as it provided a place of temporary respite in times when their relative’s condition became particularly unmanageable and disruptive.²¹ Thus, families could create situations of increased circulation of relatives when their conditions recurred. The first example is one such case. Jacob C., aged 42, from Carlisle, was first admitted to Garlands on 12 March 1872 suffering from mania caused by his intemperate habits. He was described on admission as having ‘drank heavily for some time’. Prior to admission he had been cared for at home by his wife Ann for five weeks. Jacob was a publican of the Guardsman’s Inn in the centre of Carlisle; thus it may be assumed he was unable to resist the continual temptation.²² In total, Jacob was admitted to Garlands seven times between 1872 and 1894, his last visit being a three-month stay shortly before his death at the end of 1894. Jacob’s alcoholism caused him to suffer delusions of vision, as he believed he saw faces in the wall and that the devil troubled him at night. The indication of insanity, as

20 CACC, Annual Report 1872, THOS 8/1/3/10, p. 20.

21 D. Wright, ‘Getting out of the asylum: understanding the confinement of the insane in the nineteenth century’, *Social History of Medicine*, 10 (1997), pp. 137–55 (here at p. 144).

22 CACC, Casebook 1870–1872, THOS 8/4/38/3, admission no. 1080.

detailed on the reception order, was relayed to the relieving officer by Ann, and she was also stated as his next-of-kin. She described in Jacob's 1887 reception order the behaviour which led her to commit him to the asylum for the fourth time;

he wanders about all day, and comes home generally very dirty and without his shoes and stockings...this morning a man fetched him home having found him in a midden [dunghill] heap...he has torn up his clothes...and has set fire to articles of value.²³

It is clear that her husband's destructive and unmanageable behaviour had become too much for Ann to bear. The added worry that he had wandered off into the community and had to be returned by a stranger would also have been a great concern, as his insanity was visible to the surrounding neighbourhood, and this had a deep stigma attached. Jacob was circulated several times from the family home to the asylum from 1872 until his death in 1894. His seven visits to the asylum varied in length, the shortest being three months, and the longest being eleven months. On all of these occasions with one exception when he was removed by his family and friends he was discharged recovered. It is therefore reasonable to assume that Jacob and his family, utilised the Garlands Asylum as a temporary place of care to allow him to restore his sobriety. This would have provided his wife and his seven children with respite from his destructive and unmanageable behaviour so that they could effectively run their business, reassured by the knowledge that Jacob was in a safe environment. In this case, the increased transfer of care between the family home and the asylum was unavoidable due to the short-term nature of Jacob's condition. Keeping him in Garlands for a sustained period to prevent a relapse into his alcoholic state was simply unrealistic due to the strain on asylum resources, and the constant requirement for available beds. The next case, Thomas S., was also admitted to Garlands by his family when his condition became erratic and unmanageable; he was also admitted on seven separate occasions between 1878 and 1905. However, his intermittent bouts of insanity were caused by religious mania and the fact that he was always deemed to be 'weak-minded'. His mother Ann was his main carer, as his father had died shortly after Thomas was born in 1861, and his siblings do not seem to have been involved (when Ann died in 1903, Thomas ended up in the workhouse shortly before his final admission to Garlands). On his first admission on 8 June 1878, Thomas was aged just 17 years, described as an errand boy from Penrith who was smart and active. The trigger for his admission was his noisy and out-of-character behaviour. He suddenly became very religious, and refused to sleep or eat. He also began having fleeting delusions of a religious nature.²⁴ It was these delusions which were a common feature of his bouts of insanity on each occasion he was admitted to the Asylum. For instance, on his second visit in August 1889 he was described as thinking he was Christ; he had begun preaching to the neighbours; and he thought he was the saviour and was

23 CACC, Reception orders 1887, THOS 8/4/1/29.

24 CACC, Casebook 1877-1880, THOS 8/4/38/6, admission no. 1781.

going to pull down the walls.²⁵ This behaviour clearly upset his mother enough to seek the assistance of the asylum doctors, and on the occasion of his third admission in 1895 she was noted as stating that he was unmanageable and that she would not stay in the house alone with him.²⁶ On each of the seven occasions Thomas came to Garlands, he was discharged recovered back to the home he shared with his mother after three to four months. His final admission however, in September 1905, lasted until his death in the asylum on 28 November 1928.²⁷ Jacob and Thomas are prime examples of how the care of the insane during the latter half of the nineteenth century was not static, and was an important tool utilised by families in times when relatives became mentally unwell. The asylum was commonly sought by relatives in instances such as these, as, although there remained a certain stigma attached to asylum committal, the county lunatic institution was increasingly encouraged as the correct receptacle of care, particularly for recent attacks of insanity that were seen as curable.

As well as the Asylum, workhouses remained an important establishment for the care of the mentally unsound, and provided those without any family support of their own with a place of care.²⁸ Throughout the period of study, a substantive number of pauper lunatics remained in workhouses receiving treatment for their condition, mainly being those that were in such poverty that their relatives could not afford to care for them at home, or those with no family network of support. In Cumberland and Westmorland, the percentage of pauper lunatics in workhouses during this period receiving treatment was around one fifth to one quarter (Table 2).

Table 2 Percentage of Cumberland and Westmorland lunatics housed in the Asylum, workhouses and the family home, 1873–1902

Year	Asylum		Workhouses		Family home		Total
	N	%	N	%	N	%	
1873	359	62	141	24	78	13	578
1882	485	72	134	20	52	8	671
1892	523	73	145	20	48	7	716
1902	602	74	174	22	33	4	809

Sources: House of Commons, *Annual Reports of Commissioners in Lunacy 1873, 1882, 1892, 1902*, British Parliamentary Papers, 1873 XXX [C. 256], pp. 92 and 104; 1882 XXXII [C. 357], pp. 168 and 180; 1892 XL [C. 320], pp. 90 and 102; 1902 XL [C. 246], pp. 157 and 173.

Workhouses were used by the Poor Law authorities to transfer pauper lunatics from the Asylum when it experienced periods of overcrowding. This was made worse by the increase

25 CACC, Male casebook 1888–1891, THOS 8/4/39/1, admission no. 3246.

26 CACC, Reception orders 1895, THOS 8/4/1/37.

27 CACC, Male Casebook 1903–1906, THOS 8/4/39/6, admission no. 5773.

28 L. Smith, ‘Lunatic asylum in the workhouse: St Peter’s Hospital, Bristol, 1698–1861’, *Medical History*, 61 (2017), pp. 225–456 (here at p. 226).

in population in the two counties combined with the lack of a significant increase in the number of beds provided in Garlands.²⁹ To relieve pressure, those deemed ‘harmless’ to themselves and others were transferred to workhouses to carry on their treatment.³⁰ The effect of this shift may have freed up spare beds in the Asylum wards in the short-term, but in the long-term it had a detrimental effect on the health of the transferred patients. Dr Farquharson acknowledged the adverse reaction experienced when circulating certain patients in the 1901 Garlands Annual Report:

[t]he plan that has hitherto been adopted for keeping vacancies for fresh cases, viz., by periodically sending out chronic harmless cases to the Workhouses in the two counties, meets with only partial success; a considerable proportion of these cases sooner or later come back to the Asylum (about 25 per cent during the last ten years). The mere fact that cases that do well and give no trouble as long as they are in the Asylum, apparently become unmanageable when sent to the Workhouse, shows that skilled supervision and appropriate management are necessary to keep such cases quiescent.³¹

As noted in the passage, a patient’s behaviour often worsened once he or she were moved to a workhouse, and resulted in he or she being returned to the Asylum. This would have been due to a display of particularly unruly and disruptive behaviour in the wards of the workhouse.³² This form of circulation was present in the next two examples.

The first, Sarah M., was admitted to Garlands in May 1890, aged 26 years, and was transferred directly from the workhouse at Brampton. She was suffering from mania, and was becoming unmanageable due to her constant delusions that her food had been poisoned. Sarah had been in the workhouse since the death of her mother in 1884, who she had lived with and had been her sole carer. Her father was described as having ‘a violent temper’ in her case notes, and this seems to explain why in the 1871 and 1881 census her father Patrick was not living with her and her mother Mary in the family home. Sarah had two brothers and one sister living at the time of her first admission to Garlands, but they seemed to have distanced themselves from her and her unruly behaviour, as the stigma of an insane relative was a great source of shame.³³ Sarah remained in Garlands for five years, during which time she showed no signs of recovery. On 5 July 1895 she was deemed harmless enough to be transferred back to Brampton Workhouse to receive care in its

29 The population of Cumberland and Westmorland combined increased from 285,263 in 1871 to 331,342 in 1901. The ratio of those classed as insane increased from 1 in every 494 inhabitants in 1871, to 1 in 409 in 1901. See Census of England and Wales, 1871 *Population Tables. England and Wales, vol. 1* (London, 1872), pp. 56 and 407; Census of England and Wales, 1901: *Preliminary Report* (London, 1901), p. 3.

30 M.A. Crowther, *The Workhouse System 1834–1929: the History of an English Social Institution* (London, 1981), p. 65.

31 CACC, Annual Report 1901, THOS 8/1/3/1/39, p. 14.

32 See E.D. Myers, ‘Workhouse or asylum: the nineteenth century battle for the care of the pauper insane’, *Psychiatric Bulletin*, 22 (1998), pp. 575–77.

33 A. Suzuki, *Madness at Home: the Psychiatrist, the Patient, and the Family in England, 1820–1860* (London, 2006), p. 121.

infirmery. Sarah was transferred back to Garlands in July 1897 for her obscene behaviour, running about the wards with her 'clothes tied up to her waist'.³⁴ What is interesting to note in her case record from 1897 is that she is stated to have no known relatives, whereas on her first admission 1890 both her mother and her father were mentioned. This suggests that her family further alienated Sarah from their lives as the Poor Law authorities were not aware of her living siblings; and we can assume that they were not in contact with each other through letters or visits. Her second stay in Garlands did not last as long as her first, as she was again discharged back to the care of Brampton Workhouse on 25 August 1898. This time Sarah remained in the Workhouse for a substantially longer period, but was still suffering from the mania with which she was first troubled in 1889. On 27 January 1913, aged 50 years, she was admitted to Garlands for the final time, once again being transferred from Brampton Workhouse. She was to remain in the Asylum until her death in 1930. Sarah's case is not unique; it is one of many which illustrate the transitory nature of asylum provision in the latter half of the nineteenth century. It can never be known for certain if Sarah's condition would have been curable had she remained in the care of the Asylum for a longer, sustained period, rather than being continually transferred to and from the Workhouse. Sarah even came to prefer the Asylum to her life on the outside, as stated in her case notes in October 1891; '[she] has no interest in her former life, [and is] contented and happy to remain here'.³⁵ Thus, the Asylum provided a familial context to those who otherwise lacked this supportive framework.

The final example is Matthew G., admitted to Garlands for the first time on 20 September 1901, aged 66 years. He was transferred from Fusehill Workhouse in Carlisle to the Asylum, where he had been suffering with mania for six weeks. Like Sarah, Matthew was listed as having no known relatives, and he was recorded as being single. However, Matthew offers a different set of circumstances, as he migrated to Carlisle from Ireland where he was born. As mentioned previously, Irish migrants posed a problem for Poor Law authorities in this period. Matthew was viewed as a typical 'alien' patient, and with no family of his own it can be assumed from the records that he came to rely on the Workhouse and Asylum when his health began to deteriorate towards the end of his life. Matthew was in Garlands on two separate occasions, being discharged unrecovered back to Fusehill Workhouse in the interim. On his second admission in October 1902 it was stated that, in addition to his failing memory, he had become violent, had struck other inmates, and began experiencing delusions that there was a conspiracy against him. Therefore, his transfer from the Asylum back to the Workhouse seems to have affected his health detrimentally. He continued his abusive behaviour in Garlands, seeming to live up to the perceived reputation of the typical Irish lunatic. In his case notes throughout his second bout of treatment he was repeatedly described as 'quarrelsome', and received several bruises through fighting with other inmates. Matthew died in Garlands in November 1904, aged 69 years, of

34 CACC, Reception Orders 1897, THOS 8/4/1/39.

35 CACC, Female Casebook 1888–1892, THOS 8/4/40/2, admission no. 3359.

tuberculosis with no listed next-of-kin. From the cases of Sarah and Matthew, it is evident that those who lacked a family support came to rely on the poor law authorities for help, and remained life-long receivers of its provision, albeit in a number of different institutions, and for a number of different reasons. What is also evident is that, as sufferers of chronic conditions, their treatment was forfeited as they were removed to workhouse when Garlands was overcrowded. In the workhouses they received a lower level of care, the effect of which was detrimental to their health.

Conclusion

From the small number of examples presented here, this article has attempted to show that when considering the treatment of mentally ill paupers in the latter half of the nineteenth century, the experience of the patients was not confined to the county asylums. For a number of reasons, some of which have been discussed, people were repeatedly transferred between different places of care, such as workhouses and the family home. Despite the widespread construction of county institutions to treat pauper lunatics, workhouses remained vital places of care throughout this period and into the twentieth century. It is worth considering the reasons why this occurred and, more importantly, the effect it had on those who experienced it. Primarily, the overcrowding of almost all county lunatic institutions led to the movement of patients as they struggled to accommodate a growing number of admissions. Although other institutional histories of asylums allude to the fact that patients were increasingly moved in times of overcrowding, what remains to be examined is the frequent traffic in and out of these places of care. Through recounting the pauper experience, by mapping paupers' institutional lives, it is possible to get a sense of the effect this transfer of care had on their health. As we have seen for the above examples, it could be detrimental.

Using the previously unresearched records of the Garlands Asylum, the research upon which this is based on will go some way to address the gaps (both geographical and substantive) which exist in this vast area of literature. Previous asylum research has tended to be insular and has failed to fully explore the effects on individuals of being treated in a variety of places. In addition, also largely absent is the experience of immigrants in these institutions. The adverse treatment of those who were of Irish descent offers another avenue of research which requires further exploration in order fully to understand the pauper experience. Recounting the history of the asylum 'from below' is one suggestion that researchers of this area might consider. Although based on a very small sample, this article has highlighted the importance of considering the transitory nature of mental health provision, so that in future a more comprehensive understanding of the pauper experience will be achieved.