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Patients' Relatives and Psychiatric Doctors: Letter Writing in the York Retreat 1875-1910

In an 1894 article entitled, 'The Trials and Troubles and Grievances of a Private Asylum Superintendent', Dr Lionel Weatherly noted that one of his 'most difficult and worrying tasks' had been dealing with the relatives of his patients, especially differences of opinion between them.¹ This article will investigate relationships between families and friends of patients, and staff – predominantly doctors – at the York Retreat in the late nineteenth and early twentieth centuries and adjudge whether Dr Weatherly's grievances were justified. Historians of psychiatry have generally ignored such relationships. This is surprising, since relatives often had a crucial role to play not only in admitting and discharging patients but also in relation to their care and treatment in the asylum. This article explores a single means by which these relationships were formed and developed – the practice of letter writing.

Using an extensive collection of incoming correspondence in the Retreat archives I will show how letters were an important means for families to interact with doctors and maintain contact with, and retain responsibility for, patients.² In addition, I will organise my argument around by whom and how often letters were written and why they were written. The article focuses on how relatives regarded the Retreat staff. By examining the style, tone, and contents I will evaluate how families used letter writing to establish a range of relationships with doctors, and ask whether they saw them as employees, professional mediators and friends and confidants. I will also look at how

¹ Weatherly 1894, p. 349.

² Letters from friends, and others, are also considered.

these relationships changed and developed over time and reveal the diversity of relatives' expectations and doctors' roles within the asylum system.

This article will be predominantly concerned with the relationships between families and doctors after patients had been admitted. In contrast, most historical investigations of patients' relatives have focused on families' roles in committing and discharging patients. Debate has centred on challenging and amending Andrew Scull's argument that in the nineteenth century families often resorted to disposing of their relatives in asylums because they were unable to care for them because of the modern capitalistic demands of long working hours and labour far from home.³ For example, John Walton's study of Lancashire concludes that many poor families continued to support their insane relatives at home. Charlotte Mackenzie has shown how the experience of insanity was different for wealthy families who clearly had many more options open to them and often only confined relatives to a private asylum as a last resort.⁴ Akihito Suzuki has recently identified the vital role played by family members in the early nineteenth century in caring for relatives at home and in influencing – and at times directing – medical care and treatment.⁵ He also suggests that little attention has been paid to the family because historians have focused on asylums rather than care at home.⁶ This article will seek to show, however, that families played a very active role within the asylum system.

³ Scull 1982. See also Coleborne 2006a, pp. 45-65; Finnane 1985, pp. 135, 137; Levine-Clark 2000, pp. 341-61; Mackenzie in Bynum, Porter and Shepherd (eds) 1985, pp. 147-74; Scull 1993a, pp. 3-23; Suzuki in Melling and Forsythe (eds) 1999, pp. 115-36; Suzuki 2006; Walton 1979, pp. 1-23; Walton in Bynum, Porter and Shepherd (eds) 1985, pp. 132-46; Wright 1998, p. 191; Wright 1997, pp. 137-55.

⁴ Mackenzie in Bynum, Porter and Shepherd (eds) 1985, pp. 147-74; Walton 1979, pp. 1-23; Walton in Bynum, Porter and Shepherd (eds) 1985, pp. 132-46.

⁵ Suzuki 2006.

⁶ Suzuki 2006.

A small number of scholars have looked at the roles of relatives once patients had been committed. For example, Mackenzie has argued that families of many patients in the private Ticehurst asylums continued to exert a strong influence over how their relatives were treated, Mary Ellen Kelm makes similar claims for some of the relatives of female patients in an early twentieth century British Columbian asylum.⁷ This article will develop these findings and look at how relatives influenced the care and treatment of patients. At the same time, it will focus on the role that letter writing played in forming relationships between families and doctors.

Letter writing has traditionally been an important part of medical practice. There has been considerable research into eighteenth century medical correspondence when doctors and patients were geographically separated and many medical consultations took place by letter.⁸ However, there is less on nineteenth and early twentieth century medical letter writing. Exceptions here include the work of Allan Beveridge and a few studies that have used examples of American, Canadian, New Zealand and Australian institutions by Mary Ellen Kelm, Catharine Coleborne, Steven Noll, Nancy Tomes and Geoffrey Reaume.⁹ These studies have shown that letter writing offers important insights into the human and emotional side of patient and family lives, an aspect that is often missing from official bureaucratic sources.¹⁰ This lack of detailed analysis of the subject, especially English

⁷ Mackenzie 1992, p. 2; See also Kelm 1994, pp. 177-94.

⁸ Lane in Porter (ed.) 1985, pp. 205-49; Samayoa 2006, pp. 1-18; Smith 2003, pp. 327-42; Stolberg 1999, pp. 404-28; Stolberg 2000a, pp. 1-21; Stolberg 2000b, pp. 301-22.

⁹ Barfoot and Beveridge, 1990, pp. 263-84; Barfoot and Beveridge, 1993, pp.159-208; Beveridge 1997, pp. 899-908; Beveridge 1998, pp. 431-69; Beveridge and Williams, 2002, pp. 19-49; Coleborne 2006a, pp. 45-65; Coleborne 2006b, pp. 425-42; Kelm 1994, pp. 177-94; Noll 1994, pp. 411-28; Tomes 1984; Reaume 2000, pp. 181-208.

¹⁰ Noll 1994, p. 427.

institutions is surprising, since the writing of letters was an important part of Victorian culture. David Vincent, has noted that in England 'the volume of correspondence increased nearly 50 fold from an estimated 76 million items in 1839 to 3,500 million in 1914'.¹¹ Moreover, considerable research has been undertaken on the significance of letter writing in general during this period.¹² Perhaps late nineteenth-century England witnessed a decline in medical consultation by letter, or possibly letters of this kind were not preserved and archived.¹³ However, in the Retreat, communication by letters remained an important part of medical practice.

The York Retreat was founded by William Tuke and the Society of Friends in 1792. The institution opened on the outskirts of York in 1796 and still exists today. The Retreat was a non-profit making registered mental hospital that took in private patients. At the end of the eighteenth and beginning of the nineteenth century it pioneered moral treatment which was based on the idea that those afflicted with madness should not be treated like animals, but regarded as children who, given the care and loving support of a family environment, could be brought back to 'reason'. The Retreat became famous for this approach and attracted much publicity and many visitors. As Kathleen Jones observes, when Samuel Tuke, William Tuke's grand-son, published his popular *Description of the Retreat* in 1813, he 'elevated a small, provincial experiment to something like a national monument'.¹⁴

¹¹ Vincent 1989, p. 33.

¹² Barton and Hall (eds) 2000; Buettner in Fletcher and Hussey (eds) 1999, pp. 115-32; Chartier, Boureau and Dauphin (eds) 1997; Earle (ed.) 1999; Gillis 1997, pp. 77, 78, 87.

¹³ An exception to this is historical analysis of letters to Marie Stopes, between 1921 and 1953. See Porter and Hall 1995.

¹⁴ Jones 1993, p. 41.

By the late nineteenth century the Retreat's progressive therapeutic approach had been either superseded by reforms, such as the mid-nineteenth-century campaign for non-restraint, or rejected by public asylums which found these methods too difficult to apply to overcrowded populations.¹⁵ Yet the Retreat attempted to hold on to its original aims, continuing to treat small numbers – the average was 160 patients between 1875 and 1910 – and advocating moral therapy, although along much more regimented lines.¹⁶ During the nineteenth century financial necessity also meant that increasingly non-Quakers came to be admitted. By the turn of the century a majority of patients entering the Retreat did not belong to the Society of Friends. The institution now accommodated a largely middle and upper-class clientele.¹⁷ By the late nineteenth century patients also came from a narrower geographical area than early in the century, and, as Digby argues, the Retreat became 'less a national institution for Friends than a Yorkshire establishment catering for an increasingly affluent clientele'.¹⁸ Yet, this did not stop letter writing from being an important means of communication.¹⁹

¹⁵ Suzuki 1995, pp. 1-17; Tomes in Bynum, Porter and Shepherd (eds) 1988, pp. 190-225. On rejection of moral therapy in large asylums see Clark in Scull (ed.) 1981, pp. 271-312; Scull 1982; Walton in Scull (ed.) 1981, pp. 166-97.

¹⁶ In 1881, for example, the management committee commented upon how they had requested that the Superintendent limit numbers to 150. Borthwick Institute for Archives (Hereafter BIA) RETA/3/1/10, *Annual Report* 1881, p. 6; RETA/3/1/9- 13; Digby 1985, pp. xiv, 61, 8, 104.

¹⁷ Digby 1985, pp. 54, 182-86.

¹⁸ Digby 1985, pp. 178-80.

¹⁹ Many correspondents lived far away, for example, Dublin, Western-Super-Mare and Essex; BIA, RETC/1/83, Box 1, Dublin, 10 January, letter to Dr Baker; Western-Super Mare, 31 January, letter to Retreat; Essex, 6 January, letter to Retreat.

The practice of letter writing

I examined a selection of incoming letters, memorandums and telegrams, and a few items of outgoing correspondence during the late nineteenth to early twentieth centuries. This period was dictated by the availability of resources.²⁰ To gain a clearer idea of who wrote the letters and what they wrote about, I looked at every letter received during a single year, 1890.²¹

During this period 1321 letters were sent to the Retreat. The majority, 738 (55.9 per cent) were written to Dr Robert Baker who was the Retreat Superintendent between 1874 and 1892 (Table 1)

Table 1. Addressee of letters sent to the York Retreat, 1890

Addressee	Number of letters	Percentage
Dr Baker (Retreat Superintendent)	738	55.9
Dr Hind (Senior Assistant Medical Officer)	78	5.9
Dr Pope (Assistant Medical Officer)	58	4.4
Mr Woods (Retreat Secretary)	89	6.7
Other Retreat staff	24	1.8
'Sir'	218	16.5
'Friend'	74	5.6
No addressee	42	3.2
Total	1321	100

²⁰ Outgoing correspondence begins in 1890 and family letters largely disappears around 1905. BIA, RETB/1/1, Superintendent's Out-letter Book September 1890-May 1891; BIA, RETC/1/96, Incoming Correspondence 1905.

²¹ BIA, RETC/1/83 Incoming Correspondence 1890; BIA, RETC/2/19-20 Bound volumes of Incoming Correspondence 1890.

Source: Compiled from incoming correspondence to the York Retreat, 1890

Parallel's can be drawn with Nancy Tome's study of the Pennsylvania Hospital. Tomes argues that many letters were addressed to the Superintendent Thomas Kirkbride because families put 'their expectations and anxieties about asylum treatment on the personality of Kirkbride himself'.²² Dr Baker was a similar kind of figurehead at the Retreat, and was in charge of the day-to-day administration of the institution.²³ The number of letters addressed to him may also be an underestimate since it is difficult to ascertain to whom approximately 25 per cent of all the letters were directed. Some merely began 'Dear Sir', or 'Dear Friend'. Most of the remainder were addressed to other senior officers: the Secretary, 89 (6.7 per cent) – these were often concerned with payment. Assistant medical physicians, who were more likely to be in day-to-day charge of individual patients, received 136 (10.3 per cent).

How often did families write to the Retreat? In total 221 patients were referred to in the letters – the name of the patient was written on the back of each letter. This is significantly more than the average number of residents in the Retreat in 1890 – approximately 159.²⁴ This can be explained because of the number of patients who were admitted, discharged and readmitted. However, also because not all of the letters concerned patients already resident, as some enquired about vacancies and some were reports on boarding-out patients. This aggregate number does show, however, that a

²² Tomes 1984, p. 117.

²³ For a consideration of the role of superintendent see Digby 1985, p. 21; Gittins 1998, p. 61; Renvoize in Berrios and Freeman (eds) 1991, p. 62; Russell in Bynum Porter and Shepherd (eds) 1988, p. 304; Scull 1993b, p. 247.

²⁴ BIA, RETA/3/1/11 *Annual Report* 1890.

large number of patients' relatives used letter writing to keep in regular contact with the Retreat. Several families wrote much more frequently than others. For example, 83 families (37.6 per cent) wrote five letters or more during 1890 and 30 families (13.6 per cent) wrote more than twelve letters during the year. At one extreme, relatives of two patients sent 47. In one of these instances, over 40 letters were sent by the patient's mother and the rest by her husband. They spanned the whole year and concerned visits, the patient's welfare and queries about holidays at the Retreat's summer homes in Scarborough and Filey.²⁵ The second case concerned a patient who was under the care of four nurses. The majority of the letters were from a solicitor and were about the organisation of nursing care and suitable boarding-out accommodation. By July it was considered necessary to certify the patient and admit her to the Retreat; however, she was discharged by October.²⁶ This case reveals that letters were essential for arranging admission and discharge. It is also an example of a reluctance to admit patients to the Retreat and to rely on familial or non-institutional support.²⁷

It is often difficult to determine who wrote the letters. Signatures were frequently illegible and authors asked after 'my son' or 'my wife' without giving their full name. However, it is possible to work out how the sender of the letters was related to the patient in approximately 65 per cent of the cases (Table 2).

²⁵ BIA, RETC/1/83, 'Patient's welfare', Box 1, 22 March 1890, letter to Retreat; 'visit', Box 1, 23 May 1890, letter to Retreat; 'Filey', Box 1, 14 June 1890, letter to Retreat; 'Scarborough', Box 2, 5 August 1890, letter to Retreat.

²⁶ BIA, RETC/1/83, 'Care', Box 1, 9 April 1890, letter to Mr Woods; 'Accommodation', Box 1, 26 April 1890, letter to Dr Baker; 'Admission to Retreat', Box 2, 7 July 1890, letter to Dr Baker; 'Discharge', Box 2, 24 September 1890, letter to Dr Baker.

²⁷ Mackenzie in Bynum, Porter and Shepherd (eds) 1985, pp. 147-74; Suzuki 2006, pp. 106-11; Tomes 1984, p. 90.

Table 2. Relationship of Correspondent to Patient, York Retreat 1890

Correspondent was...	Number of letters	Percentage
Spouse	115	8.7
Child	56	4.2
Parent	231	17.5
Sibling	222	16.8
Cousin, aunt, uncle, nephew, niece	42	3.2
Friend	18	1.4
Acquaintance via Society of Friends	27	2.0
Doctor	35	2.6
Ex-patient	12	0.9
Accountant, solicitor, trustee etc.	90	6.8
Miscellaneous	15	1.1
Unknown	458	34.7
Total	1321	100

Source: Compiled from incoming correspondence to the York Retreat, 1890

Parents and siblings both wrote the most letters, 231 (17.5 per cent) and 222 (16.8 per cent). This supports Leonore Davidoff's observation that during the nineteenth century siblings often played a key role in family networks.²⁸

Hardly surprisingly, more parents wrote concerning their children than vice-versa. In fact, only 56 (4.2 per cent) of letters were written by children about their parents who were patients. To a degree, this reflects the age structure of the majority of patients admitted to the Retreat who were 'in young adulthood or early middle age'.²⁹

²⁸ Davidoff 1995, p. 206.

²⁹ Digby 1985, p. 176.

Families sometimes engaged the services of solicitors and medical practitioners to write on their behalf (125 letters, 9.5 per cent), about issues such as admission and payment. This implied a more distant and formal relationship with the institution and in relation to patient care. Forty-two letters (3.2 per cent) were written by in-laws, cousins, nieces, nephews, friends and neighbours, indicating that, at times, kin and the local community took responsibility for, or were concerned about, a residents' well-being, and reflecting extensive networks of uncles, aunts and cousins.³⁰ Some letters were written on behalf of others, thus we read that:

My father wishes me to forward you the enclosed cheque – he has been hoping for several days past to get an answer to the enquiry as to my sister.³¹

The father in this instance may have been illiterate. Women and children wrote the majority of letters, confirming John Gillis's argument that in the nineteenth-century bourgeois family, women were considered responsible for maintaining family relations and friendships through the writing of letters.³²

Sometimes letters were written in the first person plural:

You may think we have been rather lazy sending the remittance ... We would prefer that my sister should not know we are here as she had so much to say against us going to see our brother.³³

With this example, the implication of combined authorship gives the letter a strong sense of authority. This authority may have helped to legitimate the unusual request that the doctor deceive the patient regarding the family's whereabouts.

³⁰ Davidoff 1995, pp. 214-16.

³¹ BIA, RETC/1/84, Box 1, 16 April 1891, letter to Dr Baker.

³² Gillis 1997, pp. 77-78, 87.

³³ BIA, RETC/1/84, Box 1, 24 April 1891, letter to Dr Baker.

Individuals wrote to the Retreat for a variety of reasons. The most frequently encountered subject was finance. At least 497 letters (37.6 per cent) mentioned quarterly payments of patients' fees, disputes over additional expenses and enquiries about costs of treatment. Arranging visits, enquiries regarding patients' conditions and asking for details about and making arrangements for the admission of patients were also popular topics. Thus 143 (10.8 per cent) of all letters concerned admissions. Most correspondence was about practical issues, regarding bill payment, travel arrangements and so on. One relative lamented:

Surely I ought to have the one alleviation left to me, viz a short letter respecting him at least once a fortnight, as he says he cannot write himself. Every little particular is so very interesting and it seems to very cold to have nothing but money matters communicated.³⁴

However, such routine letters served an important function.³⁵ Letters to the Retreat, while not addressed to the patients, still constructed, demonstrated and maintained a variety of family bonds and concerns. Relatives often wrote additional comments asking after the patient's health and checking that they had been given clothes and provided with entertainment. Correspondence also often included additional notes to be passed on to patients. Such letters were a means of constructing and developing relationships with doctors, connecting and incorporating medical men and the institution into family life, and emphasising the correspondents' involvement in the life of the patient and in the community of the Retreat. The following letter asked for nothing in particular but reminded doctors of the family 's existence, and their responsibilities for a patient's care:

³⁴ BIA, RETC/1/83, Box 1, 14 May 1890, letter to Dr Baker.

³⁵ Chartier argues that 'regular and obligatory letters' serve to maintain community relationships. Chartier in Chartier, Boureau and Dauphin (eds) 1997, p. 19.

I am very glad indeed to hear that my sister is improving and that her appetite is good. I trust she will soon feel stronger and therefore better. I was impressed to receive a very nice letter from Miss W [sister] this morning she must be much better mentally from her letter. She says she feels weak in her body, that will be from the operation it is only about three months since – so that I hope she will get strong in time. I heard of a lady the other day who had a similar operation and she was a year in getting strong. I have written to my sister to day - I hope she will try and make herself interested I have sent her some books.³⁶

Perceptions of Doctors

The style, tone and content of letters reflected the different ways in which patients' families and friends perceived the Retreat staff. They adopted three different positions, seeing doctors as employees, authoritative professionals, and as friends and confidants. Roy Porter has argued that in the nineteenth century doctors were often treated as employees, noting that some wealthier clients continued to admit doctors 'only by the tradesman's entrance and [to] pay their bills appallingly late'.³⁷ At the Retreat, fee-paying families attempted to establish relationships of this type. Anne Digby has observed that by the late nineteenth century letters had become business-like:

Rather than the informal and friendly letters between equals, with shared assumptions and values, that were so marked a feature of the correspondence between Friends, this correspondence suggested an economic relationship based on the provision of satisfactory services.³⁸

The father of one patient challenged the authority of the Dr Bedford Pierce, who was Superintendent between 1892 and 1922. He accused Dr Pierce of allowing his son access to what he believed was inappropriate reading matter – a theatrical periodical – by threatening 'I am confident that if I brought the matter before the committee they would agree with me. I must express my

³⁶ BIA, RETC/1/83, Box 1, 14 January 1890, letter to Dr Baker.

³⁷ Porter 1999, p. 349; Suzuki 2006, p. 65.

³⁸ Digby 1985, p. 103.

great dissatisfaction'.³⁹ This undermined the Superintendent's authority by emphasising the power of the Retreat committee of management over him. Some families also made heavy demands on the Superintendent, as in the following example:

I am sending you today another lot of clothing, more will be sent soon. Will you see she wears her clothes a proper length of time, a reasonable amount of wear got out of them all. Keep her from cutting them up or altering them or giving them away. She has had tons of clothing within the last year, and where it is we don't know. Put in the boot where you think necessary. By no means give her spirits or wine of any description as she has been going into excess, a habit she ought to be broken out of. I await your report at your convenience.⁴⁰

One can see from this example, the patient's relative wanted to acquire as much information as possible, and to intervene and be involved in decisions affecting patients' life-styles and treatment.⁴¹ Another case is Mrs B. who was in regular contact with the superintendent concerning her husband's welfare. She had specific worries, asking that he be regularly taken out for drives and enquiring whether he was being allowed to play billiards.⁴²

Some relatives went as far as to criticise medical treatment. In a letter to Dr Baker from 1891, there is disquiet about the well-being of a resident, and an assertion that the relative knew more about the patient than the doctors:

I was painfully struck on my last visit to York with my sister looking so physically ill and maybe she had lost flesh markedly and her appearance altogether was very different from when I last saw her before. I found her mentally better though I can hardly tell you how –

³⁹ BIA, RETK/18/1/1, Correspondence Files of Patients' Surnames Beginning with A, 9 November 1906, letter to Dr Pierce.

⁴⁰ BIA, RETC/1/74, Box 1, 13 April 1881, letter to Retreat.

⁴¹ Kelm 1994, p. 180; Smith 2003, p. 333; Suzuki 2006, pp. 47, 105; Tomes 1984, pp. 91, 116

⁴² BIA, RETC/1/94, Box 1, 11 April 1901, letter from Mrs B. to Dr Pierce, see also two letters on 3 April and letters on 1,3, 6, 8,9,11 20, 22 April 1901.

but there was more ... reasonableness than before ... Though I believe that you and Dr Hind said you could report no improvement knowing her intimately as I do, little unconscious things would strike me that a stranger could not appreciate her speech as incoherent as it appears is quite intelligible to me – as I understand the allusions she makes which would puzzle others.⁴³

Hence the relative challenged both doctors' attention to physical care and their ability to judge mental improvement.

A more complex example of conflict is the correspondence between Dr Baker and the family of Elizabeth C. In October 1876 Elizabeth C's brother began by politely expressing concern:

From the tone of her letters [Elizabeth C's] she complains mostly of great weakness of limbs – want of strength but you can judge so much better from experience and knowledge as a medical man that I am anxious to hear your report.⁴⁴

The author raised doubts, but showed respect for and deferred to the experience of the Dr Baker. A month later Elizabeth C's sister complained about the treatment she was receiving. Then having apparently caused offence, in the next letter she wrote:

I did not in the least mean to imply any want of confidence in your kindness, skill, or judgement and in all the touching representations which have been made to us, we have endeavoured to quicken in our own hearts, and in our sisters the most perfect reliance in your treatment.⁴⁵

A final letter to Dr Baker, written after Elizabeth C's relatives had taken her away from the Retreat, recorded further tensions:

In reply to yours received yesterday morning I wish emphatically to say that no one has been asked or authorized by us to make a statement as that to which you refer, and I have not the least idea who is the writer of the said letter ... We cannot speak too highly of the kind attention, which you showed [sic] to us from first to last, and we

⁴³ BIA, RETC/1/84, Box 1, 9 April 1891, letter to Dr Baker.

⁴⁴ BIA, RET C/1/70, Box 2, 26 October 1876, letter from Elizabeth C's brother Jasper to Dr Baker.

⁴⁵ BIA, RETC/1/70, Box 2, 7, 13 November 1876, letter from Elizabeth C's sister Sarah to Dr Baker.

sincerely believe that you wish to extend the same, to all those under your care, but our experience in regard to large institutions is, that it is impossible for each individual to obtain consideration and attention, more than in a very cursory manner.⁴⁶

Clearly, letter writing could also lead to confusion and misunderstanding.

Although Elizabeth C's relatives indicated that they were unhappy with the care she had received, they were polite and careful not to criticise the doctors, commending 'the kind attention, which you shewed [sic] to us from first to last'.

The final letter in this sequence also reveals a sense of self-blame on the part of the family. In this respect, Charlotte Mackenzie, who has investigated the relationship between friends, family and doctors at the private Ticehurst asylum, notes that for middle and upper-class families the asylum was often used as a last resort, and that decisions of this kind generated a feeling of stigma and guilt.⁴⁷

Doctors as mediators, friends and confidants

Some families, however, once they had decided to admit patients to the Retreat, deferred to medical opinion. The second theme that I wish to explore is how families allowed doctors to construct a powerful professional mediating position. This can be seen in the case of Dr Pierce's letters to Mrs B. about her husband:

It will be quite suitable for him to receive letters from relations but it will be well to avoid discussing his ailments or endeavour to explain away his peculiar ideas since most patients with morbid views of this kind become more convinced if argued with.

⁴⁶ BIA, RETC/1/70, Box 2, 14 December 1876, letter from Elizabeth C's brother William to Dr Baker. See also Reaume 2000, pp. 204-07.

⁴⁷ Mackenzie in Bynum, Porter and Shepherd (eds) 1985, pp. 147-74; Prestwich 1994, pp. 804-18.

I feel quite sure that it is much better that Mr B. should not have any visitors ... As a personal rule it is found that persons recover quickest away from their relatives and there is good reason to think this will be so in Mr B's case.⁴⁸

Anne Digby has commented how 'communications between families and patients at the Retreat was encouraged but only within a framework regulated by the therapist'.⁴⁹ Believing that he knew what was best for the patient, Dr Pierce appeared to be dismissive of the family's concerns and needs.⁵⁰ However, in another example, Dr Pierce suggested that relatives should give a patient more attention, and stated that, 'He is now asking to see you again: perhaps one day you will manage to come over again'.⁵¹ This is a pointed remark, reminding the family that they also had obligations to the patient.

What is surprising is that many relatives appear to have taken note of such requests.⁵² For instance, families often left decisions regarding visiting and writing to the discretion of the doctors:

I am much obliged to your advice as to writing her, I have done so and hope she may derive some benefit from it, if you find it does her any good I shall be pleased to often write to her, I will not write again until I hear the result from you⁵³

Such decisions could cause great distress. The wife of one patient wrote:

It is an added trial for me to bear that you think I should not come to see him – it is so hard this real death in life and to feel that I am powerless to comfort or help him in any way.⁵⁴

⁴⁸ BIA, RETB/1/13, 6, 10 April 1901, letters from Dr Pierce to Mrs B.

⁴⁹ Digby 1985, p. 193.

⁵⁰ Kelm argues that alienists often say their roles as that of 'replacing the psychotic family' who were often treated as the cause of mental illness. Kelm 1994, pp. 180, 186. See also Digby 1985, p. 193.

⁵¹ BIA, RETB/1/13, 4, 12 April 1901, letters from Dr Pierce.

⁵² Coleborne 2006b, p. 432; Kelm 1994, p. 182.

⁵³ BIA, RETC/1/84, Box 1, 7 April 1891, letter to Dr Hind.

⁵⁴ BIA, RETC/1/78, Box 3, 9 December 1884, letter from Charles W's wife to Retreat.

By revealing such anxieties, however, it is possible that she wanted the doctor to relent and allow her to visit. Similarly, in the following example, a relative may have been seeking the doctor's assistance:

The board of guardians have this day decided to remove from the Retreat to Clifton my dear husband James W because I am not able to pay for him remaining any longer for which I am feeling very sorry and more so because he is not so well but let me say I feel very grateful for your care since he has been with you and should have been glad if I could have let him remain but I have done all I am able to do as I have to go out looking for my living and am staying with my mother as I have no home of my one and no husband to help me that my life is at present a very sorrowful one.⁵⁵

Coleborne describes such letters as an 'emotional performance' drawing parallels with research on nineteenth century female begging-letters which were often written in a genre designed to elicit aid.⁵⁶ Some relatives lacked the means to make their payments and would at times have hoped to depend upon the generosity of the Retreat

This last letter reveals that relatives were prepared to disclose good deal about their personal lives. Through letter writing doctors also became confidants. Doctors were likely to have been known by patients' families; they may have become acquainted with them through the Society of Friends and built up relationships through meetings and regular correspondence. One letter asking for advice was written by a friend of Dr Baker's cousin.⁵⁷

Families of patients expected doctors to be able to deal with their own problems and concerns. Letters reveal families' distress at having to be separated from their relatives and to cope with insanity. Many were confused

⁵⁵ BIA, RETC/1/83, Box 1, 16 January 1890, letter to Dr Baker.

⁵⁶ Christie in Christie and Gauvreau (eds) 2004, p. 17 cited in Coleborne 2006b, pp. 428, 437

⁵⁷ BIA, RETC/1/83, Box 1, February 1890, letter to Retreat. See Porter 1999, p. 358; Lawrence 1985, p. 505; Porter and Porter 1989, p. 123; Suzuki 2006, p. 95.

and knew little about how mental institutions operated. One correspondent wrote that:

I should if you would be so kind be very glad to hear again at your earliest convenience do you think if I were to write to her that she could answer it –
I am yours respectfully J G.
I do not know the rules of the place is she allowed to write?⁵⁸

Kelm has shown that husbands often relied on medical superintendents for advice on how they should care for their children in a wife's absence.⁵⁹ In one letter, Mrs B. revealed her concern about her family's welfare after her husband's committal:

There was one other matter I would to ask you about – whether there be any reason why our children should not marry? My second girl is very pretty and winsome, and actually received a proposal? last Xmas – but she refused – The next one I partly foresee might be more acceptable – Please tell me candidly oh' it –be-discouraged [sic]. Dr Clouston told me at Xmas that ones children might marry into healthy families, but I don't know if recent circumstances alter the case. I wish I could have seen you to ask this.⁶⁰

Mrs B. was in a vulnerable position. She depended on the doctors for assurance over the smallest details and frequently wrote to the superintendent. She wrote to the Dr Pierce eight times during April 1901. Finally, she evidently became aware that this may have been excessive, and ended one letter, 'Ps I have just recollected I wrote you a letter this morning'.⁶¹ Dr Pierce was not the only authority figure to whom she turned. She also sought guidance from the Bishop of Derry and, as mentioned in the last quotation, had previously discussed hereditary illness with the famous alienist,

⁵⁸ BIA, RETC/1/74, Box 1, n.d. April 1881, letter to Dr Baker.

⁵⁹ Kelm 1994, pp. 186-87.

⁶⁰ BIA, RETC/1/94, Box 1, 8 April 1901, letter from Mrs B. to Dr Pierce.

⁶¹ BIA, RETC/1/94, Box 1, 3 April 1901, letter from Mrs B. to Dr Pierce.

Dr Thomas Clouston.⁶² Her ideas regarding the suitability of her daughter for marriage further reflect both medical and lay turn-of-the-century understandings of the hereditary nature of mental illness and eugenic theories of marriage and childbirth.⁶³ Dr Clouston, the author of the 1913 book *Before I Wed* was a strong advocate of such views.⁶⁴

To a degree Mrs B. was able to turn helplessness to her advantage. She received regular reports on her husband's condition, and was able to influence the way in which he would be treated. However, her final comment – 'I wish I could have seen you to ask this' – indicates the limitations of letter writing, revealing her discomfort in putting such personal thoughts and concerns down on paper.⁶⁵

Not only were doctors required to listen to and advise relatives, they were also asked to be involved in family problems and disputes.⁶⁶ Doctors were asked to keep confidences and mediate between one member of a family and another. One letter stated, 'I must ask you to treat this letter as strictly confidential don't let either Mrs D. Dr R. or Wm know you have got it'.⁶⁷ Mrs B. warned Dr Pierce about her sister-in-law, whom she described as a narrow minded anti-vivisectionist. Under the separate paragraph marked 'private', she wrote:

Mrs C. [sister-in-law] resents his being in an asylum greatly, and believes most of his delusions to be true and thinks nothing too bad of asylums etc., consequently when she sees him, she questions and encourages him into conversations about himself – as to the effusive

⁶² BIA, Bishop of Derry, RETC/1/94, 11 April 1901, letter from Mrs B. to Dr Pierce. For information on Dr Clouston see Beveridge, 2004, <http://www.oxforddnb.com/view/article/38634>, accessed on 19 January 2007.

⁶³ Mackenzie 1992, pp. 115, 172-4; Paul 1995, pp. 22-39; Reaume 2000, p. 195; Showalter 1987, pp. 101-20.

⁶⁴ Beveridge in Berrios and Freeman (eds) 1991, pp. 359-88.

⁶⁵ See also Coleborne 2006b, p. 439.

⁶⁶ See also Smith 2003, p. 336; Reaume 2000, pp. 204-07; Suzuki 2006, p. 104.

⁶⁷ BIA, RETC/1/74, Box 1, n.d., April 1881, letter to Dr Baker.

notion, for instance, she believes that attendants administer drugs in food and are all very cruel and rough.⁶⁸

Mrs B was clearly asking Dr Pierce to take her side by emphasising how her sister-in-law was undermining his care and treatment.

Conclusions

Relationships between families and doctors often changed and developed markedly over time. Take for example the relatives of Elizabeth C. In one of the first family letters her sister stated that:

We think she is scarcely yet prepared to enter the Retreat, and venture to hope that if provided with a judicious and kind attendant she may soon be better—we should consequently be obliged if you could take some very quiet lodgings for her⁶⁹

However, three months later her brother wrote:

Although I have not had occasion to write myself since my dear sister Elizabeth N C. has been under your roof I have watched with great interest what has transpired and I fully believe that she could not be more favourably placed than at the Retreat. Allowing as it does her meeting not infrequently with friends and such a degree of freedom and opportunity of exercise as she is able to avail herself of suitably.⁷⁰

This change may have been the result of differing opinions about Elizabeth's care or a change in her condition. However, as discussed earlier, the relatives rapidly changed their minds again and withdrew Elizabeth from the Retreat. Another example may be detected in the correspondence between Dr Baker and Harry W-S., the stepson of Charles W., who was in the Retreat between 1884 and 1890. Initially, Harry probably in the novel position of head of the household was deferential and also expected a great deal of assistance

⁶⁸ BIA, RETC/1/94, Box 1, 20 April 1901, letter from Mrs B. to Dr Pierce.

⁶⁹ BIA, RETC/1/70, Box 2, 3 August 1876, letter from Elizabeth C's sister Sarah to Dr Baker.

⁷⁰ BIA, RETC/1/70, Box 2, 22 October 1876, letter from Elizabeth C's brother Sam to Dr Baker.

from the Superintendent. He often wrote more often than not, apologetically.

In one example, he noted:

Dear Sir

Am sorry was not able to acknowledge receipt of your kind note upon its receipt yesterday but was out of town until very late last night.

He freely confided personal details about his family's financial difficulties and relied on the Dr Baker for advice:

Should you think it would interest him to hear from any of us, shall be only too pleased to correspond with him, but will be entirely guided by what you may say.

Awaiting the favor of your further favors.⁷¹

He also asked (using a plural 'we') for the doctor to conspire with him to keep information from Charles W.:

I write to inform you that after May 13th our address will be... instead of the address on this letter. We shall not let my father know of this change as we are very anxious that he should not know of our leaving our present house.⁷²

As Suzuki remarks, families 'might be very much alarmed at the first manifestation of the disease'. But if the illness became chronic they learned to develop coping strategies.⁷³ Over time Harry seemed to become more secure and knowledgeable about his stepfather's care. By 1887 he was much more confident, though still appreciative of the Superintendent's support, he wrote:

I have to acknowledge with thanks your letter of the 2nd in reference to my father's state of health.

Painful as it is to all our family to hear of the gradual break up of one who is so near and dear to us, yet any news about him is full of interest to us at anytime. I note with satisfaction that he keeps cheerful and contented.

Thanking you again for your letter.⁷⁴

⁷¹ BIA, RETC/1/77, Box 2, 24 September, 31 October 1884, letter from Charles W's stepson Harry to Dr Baker.

⁷² BIA, RETC/1/78, Box 1, May 1885, letter from Charles W's stepson Harry to Dr Baker.

⁷³ Suzuki 2006, p. 105.

⁷⁴ BIA, RETC/1/80, Box 3, 5 June 1887, letter from Charles W's stepson Harry to Dr Baker.

The role of families and friends in psychiatric care has until recently, and particularly within an English context, largely been neglected by historians. The literature has mainly focused on patient care at home and families' involvement in decisions regarding the admission and discharge of patients. This article shows how families and friends were significantly involved in asylum life in the late nineteenth and early twentieth centuries. It shows that letters were a medium through which families could maintain contact with asylum staff and patients. The Retreat collection also indicates that it was not only frequent and demanding letters that served this purpose but also the routine and functional correspondence reminding the Retreat staff of the families' continual awareness of, and concern for the patients. Doctor/family relationships were complex and varied, even in relation to a small middle-class institution. It is, however, possible to break them down into three categories. Firstly, families often treated doctors as employees who provided a service and who were expected to be responsive to their wishes. Secondly, families deferred to medical opinion and were deferential in their dealings with the doctors. Finally some relatives sought out doctors' advice and confided details about their own family and personal lives, as if they themselves were in need of care and treatment. Moreover, individuals, as in the case of Mrs B, might develop all three relationships and these themselves could change over time. In addition, the letters provide evidence that doctors at the Retreat performed a variety of roles, not only treating patients but informing, reassuring and managing families through the medium of letter writing. While, as Dr Weatherly suggested, this may have been 'a difficult and

worrying task' it was clearly an essential one and an important part of everyday medical practice.⁷⁵

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⁷⁵ Tomes 1984, p. 210.

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