



Edited by Anne Hanley
and Jessica Meyer

Patient voices in Britain, 1840–1948

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Lunatics' rights activism in Britain and the German Empire, 1870–1920: a European perspective*

Burkhard Brückner

Participation and empowerment are core issues in contemporary mental health policy. Involving (ex-)users as 'experts by experience' has become an internationally accepted guiding principle for civil society health promotion, especially in the wake of the 2006 *UN Convention on the Rights of Persons with Disabilities*. However, this 'mainstream user involvement' also meets with scepticism from user self-advocacy initiatives and organisations.¹ This can, for example, be seen in the words of Diana Rose, a 'user/survivor academic' at London's King's College, who, while criticising the austerity policy in the British healthcare system, emphasises the significance of local, 'hidden' and often radical grassroots groups:

This activism is barely visible socially because 'the mad organising' is an oxymoron and there are material conditions for not being persistently open. It is hidden, it is suspicious and it is angry but with a righteous anger.²

This quote addresses key topics of today's 'consumer/survivor/ex-patient' (c/s/x) movement: structural disadvantaging, emotionalised protest, mobilisation capacity and media (in-)visibility; in short, the chances and contradictions of (ex-)users' political 'struggles for recognition'.³

The history of this movement, however, has not yet been fully explored. Historical discussions are usually limited to the second half of the twentieth century; moreover, comparative studies are missing so far. The main objective of this chapter, therefore, is to

investigate the lunatics' rights activism between 1870 and 1920, both in bilateral comparison and in the European context. A historical comparison of this kind allows us not only to reconstruct the scale of this early activism as a precursor of today's c/s/x movements but also to more closely examine the strategies and patterns of self-advocacy, mobilisation and political lobbying. Actually, in Europe around 1900, the criticism of psychiatry and the associated activism were not 'hidden' but rather on everybody's lips.

The first (ex-)patient organisations emerged in the mid-nineteenth century in England in reaction to a number of asylum scandals, such as the arbitrary internment of the writer Rosina Bulwer Lytton (1802–82) in a private madhouse at the instigation of her husband Edward Bulwer Lytton (1803–78). This event caused a considerable stir in 1858, and the scheme against Lady Lytton was condemned by several commentators, among them John Stuart Mill (1806–73), Karl Marx (1818–83) and the lunatics' rights activist John Thomas Perceval (1803–76).⁴ This and other scandals during the years 1858/59 intensified the Victorian public's scepticism towards the lunacy law reform of 1845.⁵ The Alleged Lunatics' Friend Society (ALFS), an early self-advocacy organisation of former patients co-founded by John Perceval in 1845, achieved a parliamentary inquiry in 1859 – but their most important demand, a timely judicial review of committals, was only met in 1890 with the passing of the Lunacy Act of that year.⁶ This 'triumph of legalism', as this liberal law has been labelled, thus was the result of decade-long debates over the 'lunacy question' in England.⁷ Such debates were not restricted to Britain: they occurred in the whole of Western Europe, and the people involved included physicians, jurists and politicians, as well as former patients. This critical discourse by ex-inmates and their allies has repeatedly been investigated for France, Britain, Germany and Switzerland, and traces can be found across the continent.

Against this backdrop, this chapter will point out the prerequisites for the emergence of lunatics' rights activism as well as its chances for political success by discussing two key figures, the British spiritualist Louisa Lowe (1820–1901) and the German merchant Adolf Glöklen (1861–c.1935), former patients who initiated influential self-advocacy organisations. Drawing on their examples, I explore the intersections between expert and lay discourse, medical science and the judiciary, social structure and individual fate. How did

Lowe and Glöklen become such prominent critics of psychiatry? What were their experiences and motives, their preferred alliances and political strategies? And can the campaigns that they initiated be considered social movements in the proper sense?

To answer these questions, I interpret the history of psychiatry around 1900 from the perspective of a social history of (user) experience.⁸ Using the activists' self-narratives as a starting point, I draw on concepts developed in disability history and the political sociology of social movements and use the term 'self-advocacy' as a key concept.⁹ Roy Porter has been discussing self-narratives of (ex-)inmates since the 1980s, referring to them as 'communications in their own right' and as expressions of a specific subculture.¹⁰ In 2010, Aude Fauvel argued along the same lines by questioning Michel Foucault's propositions regarding the 'absence of madness' in modernity:

Parallel to a history of exclusion, there is thus another history: that of the ways through which the insane have tried to re-inhabit the public scene – a history of the 'return of the repressed', as it were, which should seek to explore the impact of the patient's expressions both on a national *and* a transnational perspective.¹¹

This historical trajectory begins in eighteenth-century Britain with early polemics on the 'trade in lunacy'.¹² Like the women's movement, the first wave of Europe-wide criticism of psychiatry emerging in the late nineteenth century can be seen as a predecessor to the second wave that occurred between 1960 and 1990. This, in turn, resulted in user involvement policies and the consumer/survivor/ex-patient movement in the twenty-first century.

Lunacy panic all over Europe

What were the themes and trends, and who were the people shaping lunatics' rights activism in Western Europe between 1870 and 1920? In Britain, even novelists seized the topic.¹³ Small but media-savvy ex-patient organisations formed when new asylum scandals came to light after 1870. In France, calls for a reform of the 1838 *Loi des aliénés* first emerged during the 1860s.¹⁴ An even stronger wave of criticism arose in the 1870s. Several ex-inmates were involved

in these campaigns, like Léon Sandon (1823–72), Hersilie Rouy (1814–81) or Raymond Seillière (1845–1911), but no evidence is available of any self-advocacy association.¹⁵

Although several other European countries had also passed lunacy laws between the 1830s and 1880s, non-specific administrative and civil law provisions or local regulations largely prevailed. In the German Empire of the late 1880s, numerous ex-patients, alongside several politicians, called for the creation of a uniform lunacy law. Ex-patient organisations emerged from 1907 onwards.¹⁶ In Switzerland, the press started covering cases of allegedly wrongful confinement in the late 1870s.¹⁷ In 1897, anti-vivisectionist Ludwig Fliegel (1865–1947) founded the Zurich-based Irrenrechts-Reformverein [Association for Lunacy Law Reform], active until 1904. In the Austro-Hungarian Empire, conflicts intensified around 1890.¹⁸ Heated debates arose over actress Helene Odilon's (1865–1939) quest to have her husband assessed by alienists and the six-year-long confinement of Princess Louise of Saxe-Coburg (1858–1924) between 1898 and 1904. In Belgium, two patients died at Maison de Santé d'Evere in Brussels in 1871. Consequently, the institution was closed and legislation was reviewed in 1873.¹⁹ In the Netherlands, Johanna Stuten-te Gempt (1829–98) exposed the malpractice experienced during her treatment at Slijkeinde in The Hague in 1889/90. Directors and staff were dismissed and the 1884 law was reviewed.²⁰ In northern Europe, public distrust of asylums first emerged in the Grand Duchy of Finland, then part of the Russian Empire, during the 1870s.²¹ In Denmark, scandals around psychiatrist Knud Pontoppidan (1853–1916) lead to his resignation as head of the psychiatric department at Copenhagen Municipal Hospital in 1898.²² And in Sweden, press coverage started in 1890 and significant controversies arose in 1907 and 1913.²³ Similar conflicts emerged in the US and Japan. Only few traces, however, can be found in eastern or southern Europe, for instance in Spain and Portugal.²⁴

Around 1890 at the latest, European psychiatry's reputational problems accumulated. Hundreds of polemics by former inmates, escape stories, stories of clinic directors resigning, investigative reports and collective appeals filled the papers, while at the same time sharp increases in patient numbers – alongside growing doubts in brain psychiatry, diverging classification systems and deficits in legislation – presented psychiatry with fundamental reform challenges. The

years after 1900 saw transformations such as a growing focus on outpatient services and the standardisation of classifications of mental disorder. In Britain, the criticism abated with the 1890 Lunacy Act; in Germany, it intensified well into the 1920s.

Materials from twelve European countries clearly indicate that lunatics' rights activism had its geographical hotspots in Central and Western Europe, in other words, in countries that already had relatively modern systems of psychiatric care. But the international dissemination of political activism organised by (ex-)patients and their allies has received little scholarly attention so far. According to Alexandra Bacopoulous-Viau and Aude Fauvel, a 'history of collective "mad" cultures' is missing for two reasons: first, because 'medical history from below' in the tradition of Porter is preoccupied with the personal accounts of allegedly insane patients; second, because the writings of Foucault suggest a lack of relevant sources.²⁵ But a history-of-experience perspective, as applied in this study, can reveal the historical continuities in ex-inmates' political struggles for recognition as stakeholders in modern psychiatry, which started in the nineteenth century.

Considering the conditions in psychiatric institutions in Britain and Germany around 1900, we can assume that procedural irregularities had become more likely due to overcrowding, low release rates, poor staffing and the prevalence of hereditarianist theories. The bilateral comparison of activists' biographies, motives and social environments brings to light structural similarities in their protest practices, media presence and networking as well as intersections with other categories of social history, like 'class', 'gender' and 'body'. This shall first be shown with regard to Britain.

Louisa Lowe: 'I have a right to my liberty'

The history of experience explores how individuals deal with and interpret social practice. In 1883, the spiritualist Louisa Lowe (1820–1901) published *The Bastilles of England; or, the Lunacy Laws at Work* (Figure 3.1), a book that became iconic of lunatics' rights activism in Britain.²⁶ Very little is, however, known about her life prior to 1870/71 when her husband had her treated in three private asylums. What we do have are three personal accounts from



3.1 Portrait Louisa Lowe (1820–1901)

1872/73, parliamentary proceedings from 1877, Lowe's newly discovered memoirs from 1888, and several essays and press reports.²⁷ The medical files from the asylums and her own notes taken there have survived only in fragments or gone missing altogether. These absent sources – classified reports, intercepted letters and occult messages – have fuelled the disputed discourses of knowledge on Lowe's case ever since. Given the limited sources, going beyond the established paths in telling her story is no easy task, which is yet another argument in favour of a comparative analysis.

Louisa Lowe, nee Crookenden, was the youngest daughter of Thomas Crookenden (1761–1842), a landowner from Suffolk.²⁸ On 1 September 1842, shortly after her father's death, she married the

Anglican vicar George Lowe (1813–85) from Upottery, Devonshire. She raised six children, but her marriage turned out to be unhappy. Around 1850, she began suffering from 'increasing nervousness', was treated by John Conolly (1794–1866) for some days and, in 1855, survived severe opium intoxication, most likely an attempted suicide.²⁹ What is clear, however, is that the marital conflicts intensified in the summer of 1869 due to her new commitment to spiritualism, a Franco-American movement that fascinated Victorian audiences.³⁰ Having attended a séance together with her sister Emily Chamier, Lowe was convinced she possessed medial powers and engaged in the 'passive notation' of supposed messages from deceased persons.³¹

After a marital row in early September of 1870, Lowe fled to nearby Exeter where she complained to her family physician, Dr Thomas Shapter (1809–1902), about her husband's 'infidelity' and 'impotence'. Shapter later testified that she had attributed these allegations to 'mesmeric influences'.³² Shortly after this encounter, she received an unsolicited visit from Dr Kempe, a surgeon. Using the certificates from these two doctors, George Lowe signed the formal order for his wife's committal to an asylum on 23 September. Two days later, she was forcefully taken to Brislington House, an exclusive private sanatorium near Bristol. Accommodated on the ward for 'violent maniacs', she deemed her barred cell 'utterly unfit for a gentlewoman's occupation'.³³ Her urgent request for legal counsel was denied by the institution's director, Superintendent Charles Henry Fox (1837–1915). This was in fact in line with the 1845 Lunacy Act, which revoked an inmate's right to immediate judicial review under *habeas corpus*, as had been stipulated in the Madhouse Act of 1774.³⁴ Committals like that of Lowe required no more than an order signed by a relative and certificates from two 'qualified and independent' doctors. Reviewing committals for procedural correctness was now exclusively the task of the eleven-member Lunacy Commission, then chaired by Lord Shaftesbury (1801–85).³⁵

In mid-October 1870, two Commissioners, surgeon James Wilkes (1811–94) and barrister Robert Wilfred Skeffington Lutwidge (1802–73), visited Lowe. She complained about serious procedural irregularities, the poor quality of her food and the harassment directed at her by other inmates. The Commissioners, however, deemed the

confinement formally legitimate. One of the certificates stated 'various delusions about her husband, &c, &c, &c.', while Fox diagnosed 'sub-acute mania', 'utterance without coherence' and 'perversion of the moral sentiments'.³⁶ Apparently, Lowe learned neither about her husband's order claiming that she had been 'in treatment for 20 years' nor about the fact that 'for hysteria' had been added on 1 October without the Commission's approval.³⁷ What she did know was that her release could only be initiated by her husband or the Commission.³⁸

Over the next months, Lowe wrote upwards of eighty letters asking friends, clerics and politicians for help. Fox confiscated almost all letters and handed them to her husband, which was against the law.³⁹ On 19 and 20 January 1871, Reverend Lowe and the Commissioners recommended that she be discharged, but according to Fox, her sister Emily raised objections.⁴⁰ On 14 February 1871, Lowe was transferred to Lawn House, Henry Maudsley's (1835–1918) small and expensive private asylum in Hanwell. There she continued her spiritualist practices – which may have proved her doom in four more meetings with the Commissioners. 'All spiritualists are mad,' Lutwidge and Wilkes reportedly stated on one occasion.⁴¹ On 25 September, she was transferred to Otto House in Hammersmith where George Fielding Blandford (1829–1911) declared her 'recovered' and 'legally competent' at the end of December 1871. She was released on trial to an apartment on London's Russell Square and into the supervision of a 'legal adviser'. In March, Bethlem Hospital physician William Rhys Williams (1837–93) confirmed that she was mentally healthy, whereupon she regained her full civil rights in April 1872, eighteen months after the initial committal.⁴²

Lowe was free but feared the 'foul madhouse reek' and 'isolation' as a 'recovered lunatic'. To escape the stigma, she politicised the problem, as we can read in her 1888 memoirs: 'To rehabilitate myself, if possible, and at any rate to make my past agonies minister to the public in future became the main object of my life'.⁴³ Her first action was to fight off her husband's attempts to get hold of her assets; then she sued the Commissioners.⁴⁴ In November 1872, at the Court of Queen's Bench, she emphasised the innocuousness of her spiritualism, regretted accusing her husband of unfaithfulness, admitted to having been over-excited in September 1869 and claimed, 'I have a right to my liberty'.⁴⁵ Not finding any 'intentional' mistakes

in the Commissioners' handling of the matter, the Court dismissed the case, whereupon Lowe started interpreting her fate as a 'test' for the medico-legal system, as she called it in 1888.⁴⁶

Lowe's founding of the Lunacy Law Reform Association (LLRA) in June 1873 was followed by several reports and calls for action. The organisation also provided support in a number of individual cases. In 1876, the Lunacy Law Amendment Association (LLAA) seceded from the LLRA. Its secretary, James Billington, claimed that Lowe's business methods and 'spiritualistic views' had proved detrimental to their political cause.⁴⁷ The LLAA was dominated by men and initially had no ex-inmates among its members. Both associations remained fairly small but the activists managed to stage efficient campaigns and Lowe became the most prominent figure within a few years.⁴⁸

In the spring of 1877, increasing public attention led to establishing a House of Commons Select Committee chaired by the Welsh liberal politician Lewis L. Dillwyn (1814–92). Conservative alienists like Lyttelton Stewart Forbes Winslow (1844–1913) declared the inquiry to be based on 'imaginary grievances, morbid fancies, actual delusions, and in the hostility and antipathies of those who had been subjected to asylum restraint'.⁴⁹ A report for the British Medico-Psychological Association was more objective in tone but similarly critical of the ex-patients' claims.⁵⁰ Other doctors, however, supported them. Joseph Mortimer Granville (1833–1900) denounced overcrowded institutions, the 'cruelty of attendants', the misery of pauper lunatics, rashly issued 'emergency certificates' and the use of 'chemical restraint', while the Scottish physician Lockhart Robertson (1825–97) claimed that one third of the inmates in private asylums were able to be released.⁵¹

Testifying before the Committee on 3 and 8 May 1877, Lowe argued that her husband's 'order' and the medical certificates had been 'perfectly false' as she had been 'perfectly sane'.⁵² Maudsley, the leading alienist of his generation, tried to point out the difference between 'genuine spiritualistic ideas' and her allegedly delusional 'direct communications with the Almighty'.⁵³ This disagreement occurred within the historical context of increasing debates over 'psychical research' and the pathologisation of spiritualism, normative medical constructs like 'moral insanity' or 'hysteria' and unreliable cross-sectional diagnoses. Lowe declared:

if a patient protests his sanity [...] he is adjudged an excitable, troublesome subject, and is punished; if he takes things quietly, and makes the best of it, which was my course, he is adjudged morbidly apathetic.⁵⁴

When asked about her demands, she argued that committals should be subject to prior examination by a court, a justice of the peace would only suffice in urgent cases of 'acute mania'. She explained:

the first thing would be to define clearly what is, and what is not coercible lunacy. The second thing, I think, is to render prosecution for breaches of the lunacy laws as easy as for any other misdemeanour, to throw open the power of prosecution to the public.⁵⁵

The Committee eventually found the Commissioners of Lunacy not guilty of any misdemeanour and that the certificates from Drs Shapter and Kempe cleared the asylum doctors of blame. What seemed more problematic though was the lucrative months-long prolongation of Lowe's confinement.

In its 1878 final report, the Committee stated that the system was 'not free from risks' but 'allegations of *mala fides* or of serious abuses were not substantiated'.⁵⁶ It recommended a closer examination of medical certificates, shorter stays, the protection of patient mail and the gradual closure of private asylums. However, these measures were only implemented in 1889; for the time being, Lowe's initiative had failed.⁵⁷ This may explain the harsh rhetoric that marked her main work, *The Bastilles of England* (1883). Comparing the medical certificates to the *lettres de cachet* of French despotism, she presented over a dozen cases to substantiate her criticism of 'cruelties and malpractices in asylums', the 'moral death' suffered by the inmates, and the 'autocratic' Commission in Lunacy.⁵⁸ On 31 January 1887, her complaint against Fox reached the House of Lords but was finally dismissed.

In their respective studies, Nicholas Hervey labels the LLRA as 'highly polemical' and Michael Clark attributes its 'militant and uncompromising tone' to Lowe's 'personality, experiences and prejudices'.⁵⁹ Alex Owen describes Louisa Lowe as 'radical and unorthodox' and Helen Nicholson refers to her as a 'not always easy woman'.⁶⁰ Sarah Wise highlights Lowe's fierce conflicts with other members of the British National Association of Spiritualists around 1880, with former allies as well as with two of her children.⁶¹ But despite these problems, Lowe managed to initiate

effective networks, foster debates among experts and create a media presence.

The decisive case came in 1878. On 14 April, the singer and spiritualist Georgina Weldon (1837–1914) fled to Lowe's house to escape the order issued by her husband and from two doctors who had secretly tried to assess her mental state.⁶² Weldon published her story, *How I Escaped the Mad-Doctors*, in 1879, successfully filed a suit for damages under the 1882 Married Women's Property Act and, with the LLAA's support, initiated legal proceedings in at least seventeen instances, all of which generated tremendous media attention.⁶³ The London-based activists operated within networks of women's rights campaigners, spiritualists, anti-vivisectionists and anti-vaccinationists. One of their vital allies was the National Association for the Defence of Personal Rights, founded in 1871 in the fight against the Contagious Diseases Acts. This association advocated a libertarian, anti-statist and anti-interventionist stance and also promoted women's rights.⁶⁴ As a political player, however, these networks proved too weak. Yet, Clive Unsworth argues that the British establishment of the 1880s sought to defend its position in society against the increasingly influential workers' movement by promoting modern legalistic concepts ('the rule of law').⁶⁵ Lunacy legislation seemed a suitable case. That was why, after the Select Committee's recommendations, the inquiry report published by the *Lancet* and increasing press coverage, powerful liberal and conservative politicians and jurists like Lord Selborne (1812–95) and Lord Chancellor Halsbury (1823–1921) supported a series of draft laws between 1880 and 1889.⁶⁶ The Medico-Psychological Association, which advocated early interventions, found itself put on the defensive, and the controversies over medical monopolies and specialist decision-making ended with the Royal Assent to the Lunacy Act on 29 March 1890.

The consolidating Act met some of the LLRA and LLAA's demands. Committals to private madhouses now required a 'legal certificate' (or 'reception order') issued by a justice of the peace, a county court judge or a magistrate, and patients were given the right to appeal. Committals of pauper lunatics also required both judicial and medical approval ('summary reception order').⁶⁷ This was the first modern legalistic lunacy legislation and shaped the British system up to the Mental Health Act of 1959.⁶⁸ The Act further stipulated that the

licensing of private asylums be stopped. Of the 101 facilities existing in 1876, only 55 were still in operation in 1926, catering for around 3,500 patients.⁶⁹ The closure of asylums also meant that most of their medical records got lost – as in the case of Louisa Lowe. Both the LLRA and LLAA ended their activities around 1900; effective successor organisations, like the National Council for Lunacy Reform (1920–23) and the National Society for Lunacy Reform (1923–32), formed only after the First World War.⁷⁰ The doctors then tapped other sources of income: ‘consultant psychiatry’, ‘voluntary admissions’ or ‘early intervention programmes’.⁷¹

Endowed with upper middle-class privileges and assets, Louisa Lowe became an effective ‘expert by experience’. Her radical criticism contributed to shaping the political opportunity structure for democratising lunacy legislation in Britain. This contribution too is part of the history that led to the founding of the National Health Service in 1948 and the ‘deinstitutionalisation’ of psychiatry in the 1960s. Can we find similar dynamics when looking at lunatics’ rights activism in the German Empire around 1900?

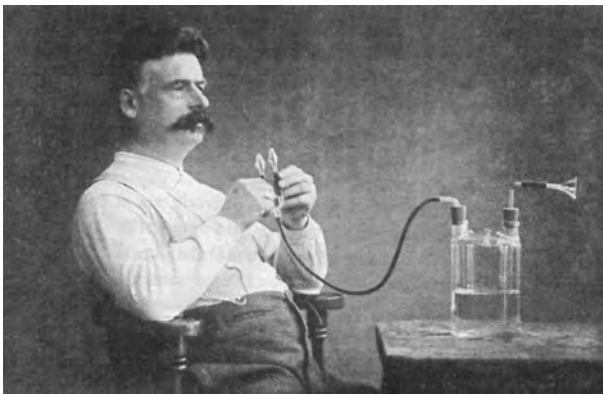
Adolf Glöklen: ‘I was of a sound mind’

Criticism of the asylum system in the German Empire ballooned after 1880. Until around 1925, more than 250 books, pamphlets and brochures appeared, denouncing allegedly false confinements, legal incapacitations and abuses in asylums. Most prominent were the juridical writings of Austrian right-wing socialist Eduard August Schroeder (1852–1928) and a call, initiated by the Protestant theologian and antisemitic politician Adolf Stoecker (1835–1909), for a ‘tighter control of asylums’ signed by 111 members of the high nobility and military that was published in the ultra-conservative *Neue Preußische Zeitung* in 1892.⁷² In 1894/95, reports about practices similar to what would today be called water-boarding at an asylum run by the Alexian Brothers in Mariaberg near Aachen shocked the public.⁷³ Alienists defended their profession against the clerical rivals and endorsed calls for nation-wide regulations and better training of staff but denied almost all incriminated cases, speaking of ‘querulous individuals’. From 1897 onwards, the national parliament repeatedly supported demands for a uniform lunacy law

and a supervisory body.⁷⁴ A bill failed in 1902 but a new wave of criticism began to surface in 1907.

In that year, the ex-patient Georg Wetzer (1878–1914) founded the (albeit short-lived) Zentrale für die Reform des Irrenwesens [Centre for Lunatic Care Reform] in the Bavarian city of Hersbruck.⁷⁵ In 1908, the Deutsche Verein für Psychiatrie [German Psychiatric Association] established a press commission to monitor campaigns. In 1909, the Bund für Irrenrechts-Reform und Irrenfürsorge (BIRIF) [Association for Lunacy Law Reform and Lunatics' Welfare] was initiated by the Heidelberg merchant Adolf Glöklen (Figure 3.2), who soon became a key figure among German reformers. Glöklen described his asylum experience in the brochure *Zustände in der Heidelberger Universitäts-Irren-Klinik oder 5 Tage lebendig begraben* [Conditions at Heidelberg University's Lunatics' Clinic, or Five Days Buried Alive], published in 1908.⁷⁶ Unlike Louisa Lowe, Adolf Glöklen, along with his essays, is almost forgotten today. But in his case, the medical files have been preserved and will serve here to illustrate the mutual relationship between the perspective 'from below' and the clinical gaze 'from above'.⁷⁷

Glöklen's account of his treatment at Heidelberg University Clinic between 13 and 17 June 1907 highlighted the 'other side' of this well-renowned research clinic that had to provide mental healthcare for three counties.⁷⁸ Initially a cigar manufacturer, Glöklen went



3.2 Presumably Adolf Glöklen (1861–c.1935), demonstrating his healing device for breathing therapy

bankrupt in 1904 and became a travelling salesman. On 3 April 1907, his nineteen-year-old daughter committed suicide after her fiancé broke their engagement. The young man took his own life three weeks later. Shattered by these events, Glöklen applied for health resort treatment, especially since he had also lost his employment.⁷⁹ Following his family doctor's advice, Glöklen went to the Heidelberg Clinic on 13 June to get a certificate for his health insurance. At the clinic, Dr Karl Wilmanns (1873–1945) first examined him and then had a one-to-one conversation with Glöklen's wife, Berta. Glöklen himself recalled being taken to a 'locked corridor' shortly thereafter. Berta Glöklen signed the admission form, apparently without being aware of the document's purpose: she later claimed that she thought it had been about cost coverage.⁸⁰

The clinic doctors noted that Berta Glöklen had informed them about her husband having 'repeatedly' expressed 'suicidal thoughts'. They considered his 'current fit' to be 'curable' but were nonetheless convinced that he posed 'a threat to himself and others'.⁸¹ While Glöklen was given a bath, two attendants searched his clothes and then assigned him to a bed on a surveillance ward in the second- and third-class unit with about forty patients.⁸² His questions regarding the expected examination were dismissed. The place seemed frightening:

My ward is where all the sick are first taken for observation. On this ward, one is never for a moment safe, day or night, from being attacked by a patient whose condition is still unknown even to the doctors themselves. This feeling was not beneficial to my ailing nerves and my ailing mind! The rooms were that overcrowded that patients had to be placed in the corridor.⁸³

Glöklen learned that the clinic's surveillance ward also held forensic cases and that the observation period could take up to six weeks:

Defenceless, like a child, I was lying there, had to be guided and commanded by the juvenile attendants like a child. I was treated like a mute, bereaved of reason, since I was declared mad and put among madmen. My words were not believed! When I kept calm and quiet, I was considered lugubrious, when I wanted to move around, I was considered agitated, when I gave explanations, I had *idées fixes*, when I wrote letters, I had a writing mania, but yet, I was of a sound mind just like any other person.⁸⁴

Apart from this argument, which was also brought forward by Louisa Lowe,⁸⁵ Glöklen complained about dirty toiletries, mail delays,

'prison food' and 'harshly' ordered bed rest. He was initially unaware of the fact that the obligatory 'certificate of urgency' from the district medical officer was only issued on 18 June – one day after Glöklen's release.⁸⁶ On the other hand, he soon learned what the alienists thought about him. After a fierce dispute with the head attendant on 15 June, ward doctor Otto Ranke (1880–1917) reportedly confronted him with his file in the presence of the clinic's director, Franz Nissl (1860–1919), pointing out entries alleging 'litigiousness' and a family history of 'melancholic and mental disorder'.⁸⁷ Glöklen angrily rejected any reading of his reactions as symptoms.

After four days at the clinic, his wife and son came to visit and arranged for his transfer to a private institution in nearby Neckargmünd, against medical advice. On 17 June Glöklen left the clinic, which he described as 'pretty' like a 'small castle or villa', so that 'nobody would suspect the kind of torture chambers to which these corridors lead'.⁸⁸ This sarcastic comment may also have referred to the diagnostics applied. Ranke actually based his discharge diagnosis of 'cyclothymia' on hereditarianist assessment, as Glöklen's medical file reveals: it includes the case sheet of a 'feeble-minded' aunt, his mother and grandmother were referred to as 'lugubrious', and two brothers bore the label 'cyclothymic'. Glöklen admitted that he had 'always suffered mood swings' but referred to them as 'non-pathological' nervousness.⁸⁹ While 'nervous disease' seemed still respectable, 'cyclothymia' was the epitome of bourgeois death: hereditary madness, possibly incurable. Similar to Lowe, Glöklen sought to fight against this stigma. He nonetheless experienced the ensuing compulsory four-week stay at a private sanatorium in Neckargmünd as utterly relaxing.⁹⁰ Afterwards, he first went into 'family care', then spent some weeks with a 'curative educator' in Bonn where he started writing his protest 'brochure', published in 1908. The ninety-five-page pamphlet documents his background, treatment, conclusions and correspondence, including some self-composed poems. Glöklen repeatedly asked his Heidelberg doctors for compensation but his claim was dismissed by the state court in 1911.⁹¹

In 1909, Glöklen started giving lectures on his asylum experience, turned to naturopathy, and founded the publishing company Jünger & Co. That same year, he initiated the BIRIF and became the editor of its journal *Die Irrenrechts-Reform* [The Lunacy Law Reform]. He also developed breathing exercises, marketed 'medical healing

devices', opened his own psychology practice, and wrote an article on suggestion therapy.⁹² Like Lowe, Glöklen created for himself a new social identity and became an 'expert by experience'.

His BIRIF merged with its Swiss counterpart during the First World War and presented itself as the mouthpiece of the 'psychiatric group' within the Allgemeiner Deutscher Kulturbund [General German Cultural Association], then run by the radical *völkisch*-nationalist publisher Johannes Lehmann-Hohenberg (1851–1925).⁹³ This right-wing political strategy can most likely be attributed to Glöklen himself. The BIRIF is believed to have had several hundred members, both in and beyond Germany. Among its supporters were freethinkers, naturopaths, monists, life reformers, anti-vivisectionists and anti-vaccinationists, as had been the case in England. Bernhard Beyer (1879–1966), a doctor from Bayreuth, spoke of an 'anti-psychiatry movement' for the first time as early as in 1909.⁹⁴ The BIRIF journal *Die Irrenrechts-Reform* appeared bimonthly, with a reputed circulation of up to 10,000 copies. Constantly ridiculing and mocking the mad-doctors, it featured calls, petitions, 'provable reports of maltreatment', legal essays and readers' contributions. In 1908, Glöklen had only demanded that admissions should require 'advice and assessment by a lay commission' and that asylum staff should be competent and adequately paid.⁹⁵ Ten years later, the BIRIF listed twelve demands, above all the introduction of 'monitoring commissions', with a law stipulating provisions for their proper implementation, as well as the sanctioning of abuses, the monitoring of private asylums, the establishment of separate institutions for alcoholics and the introduction of 'social welfare'.⁹⁶ In 1914, these calls for reform were also supported by social democrats like Karl Liebknecht (1871–1919).⁹⁷

After the 1918 revolution, the BIRIF managed to float its ideas within the Prussian Ministry of People's Welfare. The official in charge, the Social Democrat physician Alfred Beyer (1885–1961), consulted with BIRIF representatives to prepare a draft bill. Well aware of these negotiations, the National Minister of the Interior ordered the drafting of a national bill: *Grundzüge zu einem Schutzgesetz für Geisteskranke (Irrenschutzgesetz)* [Basic Features of a Law for the Protection of the Mentally Diseased (Lunatics' Protection Law)]. It built on legalistic principles and was officially presented in July 1923. Commitments were to be restricted to patients 'who

constitute a danger to the public' and would require a court order and patients were to be given the right to appeal.⁹⁸ The draft was rejected both by psychiatrists' associations and the German states and was eventually withdrawn in the spring of 1924. Efforts to create a revised Prussian state law or a 'custodial' lunatics' welfare law, as advocated by the expert associations, also petered out.⁹⁹ The last issue of *Die Irrenrechts-Reform* appeared in 1922, shortly before the onset of the hyperinflation crisis of 1923. Reports on abuses in mental institutions continued well up to the end of the Weimar Republic.¹⁰⁰

Adolf Glöklen returned to private life. The final document in his medical file, added by the young Walter von Baeyer (1904–87), who visited him at his home in 1931, states that seventy-year-old Glöklen was healthy, leading a bourgeois life and had remarried in 1920. He reportedly complained about his low income but enthusiastically spoke of his work as a 'psychotherapist', as he knew from his time at the clinic 'what the mentally ill need and what they miss'.¹⁰¹

Scholars vary in their assessment of German lunatics' rights activism. While Cornelia Brink associates the heterogeneous scene of activists with the 'Wilhelminian reformist milieu', Ann Goldberg identifies the BIRIF's affiliations with 'anti-liberal' bourgeois populism and Hans-Walter Schmuhl depicts the campaigners as civil-society actors in opposition to medical 'claims to omnipotence' and attempts of 'social engineering' in the modernising Empire.¹⁰² The failure to implement a nationwide lunacy law during the years of the Weimar Republic resonates to this day, as present-day Germany still has no uniform legislation. Laws and regulations governing compulsory hospitalisation differ between the federal states, the Bundesländer, in some they are part of public order laws, in others part of social welfare laws.

Patterns of self-advocacy

The following comparative analysis of the presented cases draws on concepts developed in disability studies and in the political sociology of social movements. The model of 'self-advocacy', as defined by Sian Anderson and Christine Bigby in 2017, provides a suitable *tertium comparationis*: 'The dominant narrative about

self-advocacy has been about speaking out, having a say and developing skills in empowerment.’¹⁰³ These three elements structure the analysis to highlight the similarities between Lowe’s and Glöklen’s careers at both the individual and collective level. This analysis reveals the chances and contradictions of user self-advocacy – some of which matter still today – as well as some typical problems associated with their historical reconstruction.

Speaking out

Louisa Lowe and Adolf Glöklen described similar experiences and structural problems. Both complained about deceitful admission practices, a lack of doctors’ attention, harassment by fellow patients, low hygiene, mail censorship, substandard food, and the harsh and sometimes violent treatment by attendants and alienists alike.¹⁰⁴ They dealt with these experiences by developing an ‘injustice frame’ that focused on humiliation and the deprivation of rights.¹⁰⁵ ‘Speaking out’ was meant to convey this message. Lowe did so in third person: ‘say that which she does know, and testify to that she has seen’.¹⁰⁶ ‘Speaking out’ transcends the status of the patient as objects of medical treatment and creates a self-determined narrative.¹⁰⁷

Both activists communicated their biographical disruption in a radical and scandalising tone. Glöklen saw himself as having been ‘assassinated’ at the clinic, while Lowe bemoaned her ‘lingering death in life, this moral torture of incarceration among maniacs’.¹⁰⁸ The polemical rhetoric was typical of this kind of protest literature. The radical perspective created a collective politics of identity but, at the same time, impeded alliances with liberal doctors or politically moderate patients. Moreover, this perspective largely ignored the working conditions of asylum staff as well as the possibility that some of the activists’ relatives – like Glöklen’s wife and Lowe’s sister – may have actively contributed to their institutionalisation.¹⁰⁹ However, neither of the two ever demanded the wholesale abolition of psychiatry. Lowe asked for a ‘just and safe Lunacy System’ and Glöklen hoped ‘that the reputation of capable doctors and decent institutions is not being undermined and that the sick no longer have to be afraid of going to an asylum’.¹¹⁰

Lowe’s and Glöklen’s personal justifications contested medical indications to rid themselves of stigma. They drew a different line

between being healthy or being in need of treatment, and insisted on the normality of 'nervous' conditions and denied ever having posed a threat to either themselves or others.¹¹¹ This may explain why both distanced themselves from their fellow patients while at the asylum and why Cornelia Brink concludes that the German protesters were 'more concerned with securing their own status as healthy individuals than with those who actually lived at the asylums'.¹¹²

Having a say

When social movements emerge, the public response attests to the political relevance of the chosen interpretive framework. The ensuing years of networking are documented in Lowe's *The Bastilles of England* and in the journal *Die Irrenrechts-Reform*. The key strategy was to uncover new cases of allegedly wrongful confinement. This created a counter-public sphere where the voices of Lowe and Glöcklen mattered. The 'new journalism' around 1900 facilitated political agitation. The press created a critical public, albeit with the danger of opportunistic coverage.¹¹³ Alienists in particular feared that the latter would be the case, among them British psychoanalyst Ernest Jones (1879–1958), who wrote in his 1910 review of Clifford Beers' (1876–1943) *A Mind That Found Itself*:

America has now a great opportunity to repudiate the 'yellow press' methods of asylum reform indulged in by German agitators, and to show the world how a sober but enthusiastic campaign against avoidable evils should be carried on.¹¹⁴

In Britain, the campaigns were affiliated with conservative liberalism and individualism. The legal settlement thus entailed serious political trade-offs. The 1890 Lunacy Act expanded the Commissioners' authority and, in accordance with the Medico-Psychological Association's demands, exempted doctors from liability if they had acted in 'good faith'.¹¹⁵ The German alliances, in contrast, seem more unstable and give an overall impression of political opportunism. Ann Goldberg interprets the fact that the BIRIF's 'radical-democratic' and 'emancipatory' populism managed to integrate right-wing nationalist and antisemitic positions as an expression of radicalising bourgeois politics on Germany's 'Sonderweg' towards Nazism.¹¹⁶ The BIRIF's libertarian rhetoric of freedom could thus easily be exploited for

nationalist ends. The organisation was, however, striving for a non-partisan image and their reform proposals repeatedly gained support from left-liberal and Marxist politicians too. In the years after 1920, this created opportunities entirely different from those in Victorian Britain, a post-revolutionary alliance with social democratic health policy-makers.

Empowerment skills

Lowe's and Glöklen's professionalisation as 'experts by experience' is a vivid example of their empowerment strategies. Their asylum experiences served to substantiate their organisations' demands in 1885 and 1919 for the implementation of independent supervisory bodies and judicial reviews as well as sanctions for violations and abuses committed by staff.¹¹⁷ To gain influence, their associations offered legal advice and assistance. In Britain, the links with the early women's movement are evident, although the stereotype of the 'locked-away Victorian wife' has now become obsolete.¹¹⁸ The German organisations, in contrast, were dominated by men and notions of masculine honour.¹¹⁹

In terms of public relations, self-labelling is an important means of empowerment. We know that in Britain James Billington spoke of a 'movement' in 1877, while Lowe used the term 'lunacy law reformers' in 1883.¹²⁰ In a 1911 issue of *Die Irrenrechts-Reform*, psychiatry-experienced visitors to an expert conference labelled themselves as 'well-experienced' and 'self-trained laypersons'; one year later, there was talk of a 'lunacy law reform movement', and in 1917 the wording was 'modern lunatics' rights reformers'. On top of this, we also find the self-labelling expression 'anti-psychiatry movement' in a 1914 book published by the jurist and editor of *Die Irrenrechts-Reform*, Paul Elmer.¹²¹ Despite being introduced in the expert discourse by the German psychiatrists Bernhard Beyer and Georg Lornmer (1877–1957) in 1909 in order to discredit critics once and for all, the term 'anti-psychiatry' may then have already been in use within the movement, or they may have reappropriated the initially derogatory catchword for their own purposes soon thereafter. Regardless of its two historical predecessors – the designations 'Anti-Insane Asylum Society' (1868) in the US and 'Anti-Aliéniste' in France (1893) – this specific self-label cannot be traced

in the writings examined here, except in Elmer.¹²² The term 'anti-psychiatry' is thus not suitable for historicising the entire criticism of psychiatry at that time, but is likely to have been used only by a particular wing of the reform movement, just as it is today.

Conclusions

The sources examined here support Eric J. Engstrom's argument that the 'history of the criticism of psychiatry' does not begin in the 1960s and that we need a 'broad perspective' spanning from 'the single patient's subjectivity to the larger political and social contexts'.¹²³ It has become clearer now that concepts like 'self-advocacy', 'speaking out', 'empowerment' and 'rights-based legalism' had specific predecessors around 1900. This particularly holds for the positive claims to legal protection, democratisation and de-stigmatisation but also for the problematic aspects, like populist rhetoric, libertarian postulates of freedom and particularistic politics of identity. The careers of Louisa Lowe and Adolf Glöklen reveal similarities in both individual and collective patterns of argumentation, action and organisation. Both described their asylum experience and, at the same time, developed from laypersons to experts by analysing this experience. 'Ex-patients' or 'post-patients' thus deserve group-specific historiographical attention, similar to what Michael Worboys argues with respect to 'non-patients' and 'pre-patients'.¹²⁴ As a result, their early and partly 'catalytic' contribution to the development of psychiatry becomes visible and open to scholarly debate. In this sense, the present study sheds light on the historical background and the politics of today's consumer/survivor/ex-patient movement.

In the imperialist era around 1900, marked by the urbanisation, industrialisation and medialisation of society, lunatics' rights discourses were influenced by gender, class and corporeality. It is clear that both Lowe and Glöklen represented gender-specific voices. Glöklen's attitudes and his association were bound to the male-dominated zeitgeist of Imperial Germany and Lowe's activities were linked to the early British women's movement. Moreover, traditional social historiography of psychiatry has highlighted the connection between the rise of asylums and poor relief in the nineteenth century as well as the dramatic increase in patient numbers in the context

of industrialisation, capitalist economy and the 'social question'.¹²⁵ The divide between public asylums and workhouses for the majority of penniless patients and exclusive private facilities – as a sign of class distinction – also influenced Lowe's and Glöklen's narratives. In this sense, we can speak of a 'bourgeois protest' in both countries. Paul Carter and Steve King have, however, shown that we can systematically reconstruct calls for legal counsel from first-person accounts by inmates of Britain's nineteenth-century poor- and workhouses, too.¹²⁶ According to Peter Bartlett, the 1890 Lunacy Act actually changed neither the social gradient in public asylums nor the revolving-door effect of the workhouse system.¹²⁷ This is why the Act has often been considered a custodial and paternalistic compromise, especially since it failed to prevent further asylum scandals.¹²⁸ The German draft law of 1923 would have restricted coercive measures to the coincidence of 'insanity' and 'constituting a public danger', but with the effect of segregating those patients within the institutions. The structural problems reflected the limits of expert knowledge. Treated by leading doctors of their time, both Lowe and Glöklen rejected hereditarian models of disorder and, by doing so, addressed yet another structure of social inequality, one that directly targeted their bodily disposition.

Can we now speak of social movements in the proper sense? Organisations like the LLRA or the BIRIF do not by themselves constitute a social movement. Social movements can be defined as 'networks' of individuals who share a 'collective identity' and seek to foster 'social change' through 'public protest'.¹²⁹ This, indeed, applies to both countries' lunatics' rights activists. A comparison with their US counterparts might help to gain a clearer picture; the same holds for the French movement. We know that French, Austrian and Swiss campaigns had an impact on the German movement, whereas British activists apparently had no international connections prior to 1900. Except for a German translation of one of Lowe's essays in the context of 'psychical research', there is also no further evidence of British–German exchange.¹³⁰

British historians have recently suggested placing more emphasis on 'the experience of all service users' and the 'interaction between officials and expert and lay networks in shaping policy and legislation' in the twentieth century.¹³¹ Indeed, very little is known about lunatics' rights discourses between 1920 and 1960. In the case of Britain,

this would mean including campaigns by the National Society for Lunacy Reform from 1923 onwards and the National Council for Civil Liberties around 1950. German lunatics' rights campaigns fell silent after 1933 and it was not until the late 1960s that patient organisations started re-emerging in West Germany.¹³²

All things considered, the activists and organisations presented in this chapter can, without any doubt, be regarded as historical predecessors of today's consumer/survivor/ex-patient movement. The analysis brings to light typical structures and contradictions: legal certainty, political participation and the protection against violence and discrimination are still on the agenda of contemporary self-advocacy organisations. In historical retrospect, the bilateral comparison reveals similar motives for and means of activism in Britain and Germany but different chances of political realisation. In this respect, the sources describe the crisis of modernisation in European psychiatry around 1900 from the perspective of individuals with asylum experience. Dirk Blasius identified the significance of this type of sources with regard to the social history of German-speaking psychiatry already in 1980; in the English-speaking world, Dale Peterson's 1982 work *A Mad People's History of Madness* was followed by Roy Porter's studies.¹³³ So we know by now that Louisa Lowe's and Adolf Glöklen's writings document the classic pattern of madhouse literature as it has been known for 350 years, as a personal confession, an account of treatment and recovery, a polemic on health policy and a testimony of resistance.

Notes

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- Nick Crossley, *Contesting Psychiatry: Social Movements in Mental Health* (London, New York: Routledge, 2006).
- 2 Diana Rose, 'A Hidden Activism and its Changing Contemporary Forms: Mental Health Service Users/Survivors Mobilising', *Journal of Social and Political Psychology* 6 (2018), 728–44, 738.
 - 3 Cf. Mohammed Abouelleil Rashed, *Madness and the Demand for Recognition* (Oxford: Oxford University Press, 2019).
 - 4 John Stuart Mill, 'The Law of Lunacy', *Daily News* (31 July 1858), 4; Correspondent of the *New York Tribune* [Karl Marx], 'Imprisonment of Lady Bulwer Lytton', *New York Daily Tribune* (4 August 1858), 6; John Thomas Perceval, 'To the Editor of The Morning Advertiser', *Morning Advertiser* (12 August 1858), 4.
 - 5 Sarah Wise, *Inconvenient People: Lunacy, Liberty and the Mad-Doctors in Victorian England* (London: Bodley Head, 2012), 252–90; Dan Degerman, "'Am I Mad?' The Windham Case and Victorian Resistance to Psychiatry', *History of Psychiatry* 30:4 (2019), 1–12; Rebecca Wynter, "'Horrible Dens of Deception": Thomas Bakewell, Thomas Mulock and Anti-Asylum Sentiments, 1815–58', in Thomas Knowles and Serena Towbridge, (eds), *Insanity and the Lunatic Asylum in the Nineteenth Century* (London: Pickering & Chatto, 2015), 27–44.
 - 6 Wise, *Inconvenient People*, 65–93; Nicholas Hervey, 'Advocacy or Folly: The Alleged Lunatics' Friend Society, 1845–63', *Medical History* 30:3 (1986), 245–75; House of Commons, *An Act to Consolidate Certain of the Enactments Respecting Lunatics* (London: Her Majesty's Stationery Office, 1890). The ALFS emerged from the Society for the Protection of Alleged Lunatics founded by Thomas Mulock in 1840.
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- 11 Aude Fauvel, 'A World-Famous Lunatic: The "Seillière Affair" (1887–1889) and the Circulation of Anti-Alienists' Views in the Nineteenth Century', in Waltraud Ernst and Thomas Müller (eds), *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective, 1800–2000* (Newcastle: Cambridge Scholars Publishing, 2010), 200–28, 228; Michel Foucault, *Folie et déraison: Histoire de la folie à l'âge classique* (Paris: Plon, 1961).
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- 19 Godart Gauthier, *L'Asile en procès: Le scandale d'Evere (1871–1872) et la prise en charge de la folie en Belgique* (Louvain-la-Neuve: Presses Universitaires de Louvain, 2019).

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- 28 TNA, London, Will of Thomas Crookenden of Rushford or Rushford Lodge, PROB 11/1963/326, fol. 3.
 - 29 Louisa Lowe, 'No 1: Report of a Case Heard in Queen's Bench', *Quis Custodiet Ipsos Custodes?* (London: Burns, 1872/73), 7–10, 17; House of Commons, *Report from the Select Committee on Lunacy Law; Together with the Proceedings on the Committee, Minutes of Evidence and Appendix* (London: Her Majesty's Stationery Office, 1877), q. 7308.
 - 30 Lowe, 'No 1: Report', 6, 22.
 - 31 Louisa Lowe, 'No 3: How an Old Woman Obtained Passive Writing and the Outcome Thereof', *Quis Custodiet Ipsos Custodes?* (London: Burns, 1873); Anthony Enns, 'The Undead Author: Spiritualism, Technology and Authorship', in Tatiana Kontou and Sarah Willburn (eds), *The Ashgate Research Companion to Nineteenth-Century Spiritualism and the Occult* (London: Routledge, 2012), 55–78.
 - 32 *Select Committee on Lunacy Law* (1877), qq. 7192–235.
 - 33 Lowe, 'Fifteen Months: I', 2.
 - 34 House of Commons, *An Act for Regulating Mad-Houses* (London, 1774).
 - 35 House of Commons, *Act for the Regulation of the Care and Treatment of Lunatics* (London: Her Majesty's Stationery Office, 1845), 45, 99.
 - 36 *Select Committee on Lunacy Law* (1877), q. 5316. Both certificates had to include the finding 'lunatic' or 'insane person' or 'idiot' or 'person of unsound mind'; *Act for the Regulation of the Care and Treatment of Lunatics*, 46, Appendix: Schedule B; Carol Berkenkotter and Cristina Hanganu-Bresch, 'Occult Genres and the Certification of Madness in a 19th-Century Lunatic Asylum', *Written Communication* 28:2 (2011), 228–32.
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 - 38 *Act for the Regulation of the Care and Treatment of Lunatics*, 72–7.
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 - 40 *Select Committee on Lunacy Law* (1877), qq. 7636, 7644, 7676.
 - 41 *Ibid.*, q. 5423; Louisa Lowe, 'Lunacy Law Reform', *The Spiritualist* (1878), 239.

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- 43 *Ibid.*; *Select Committee on Lunacy Law* (1877), q. 1540.
- 44 *Select Committee on Lunacy Law* (1877), qq. 7366, 7378, 7468. Lowe, 'No 1: Report', 4, 14, 20–3.
- 45 Lowe, 'No 1: Report', 18, 21.
- 46 Lowe, 'Fifteen Months in Lunatic Houses: XII', *Evening News* (7 April 1888), 2.
- 47 *Select Committee on Lunacy Law* (1877), qq. 6902–11.
- 48 On the size of these organisations, see Lunacy Law Reform Association (ed.), *The First Report of the Lunacy Law Reform Association* (London, 1874); *Select Committee on Lunacy Law* (1877), q. 7162; Lowe, *Lunacy Law Reform*, 239; Michael J. Clark, 'Does a Certificate of Lunacy Affect a Patient's Ethical Status? Psychiatric Paternalism and its Critics in Victorian England', in Andrew Wear, Johanna Geyer-Kordesch and Roger French (eds), *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics* (Amsterdam: Rodopi, 1993), 274–93, 283; Clive Unsworth, *The Politics of Mental Health Legislation* (Oxford: Clarendon Press, 1987), 93–6.
- 49 Stewart Lyttleton Forbes Winslow, 'The Dillwyn Committee', *Journal of Psychological Medicine and Mental Pathology* 3:2 (1877), 311–25, 311.
- 50 Thomas S. Clouston, 'The Evidence Given Before the Select Committee of the House of Commons on Lunacy Law, 1877', *Journal of Mental Science* 23:104 (1878), 457–525, 496.
- 51 *Select Committee on Lunacy Law* (1877), qq. 892, 8896, 8902–11, 8967.
- 52 *Ibid.*, qq. 4403–552, 5296–639. The Committee also heard from ex-patients Walter Marshall (b. 1837) and Reverend J.W. Thomas.
- 53 *Select Committee on Lunacy Law* (1877), qq. 7277–9. Maudsley claimed that nobody had succeeded in correcting Lowe, that she had no longer been able to care for her children, declared herself a 'female Christ' and believed that her husband entered the sanatorium via the chimney to haunt her.
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- 55 *Select Committee on Lunacy Law* (1877), q. 5630.
- 56 House of Commons, *Report from the Select Committee on Lunacy Law with the proceedings of the Committee* (London: Her Majesty's Stationery Office, 1878), iii; *Select Committee on Lunacy Law* (1877), qq. 1771, 7443.

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