

John Conolly and debates about the treatment of madness in Victorian Britain

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John Conolly (1794-1866) was and remains a controversial figure in the history of the treatment of insanity. Saluted by many as an enlightened reformer, he was a friend of Charles Dickens and was greatly praised in articles appearing in Dickens' journal, *Household Words*. This, for instance, is how he was extolled in an anonymous piece, 'Things within Dr. Conolly's remembrance':

The doctor's strong heart (God bless and reward his!) was in his work, and the hearts of his readers follow him in his account of it. To carry on a great labour of civilisation in a wise and tender spirit, to be in every high sense a good physician to the broken-minded, watchful on their behalf, made happy by the happiness created for them, is to live above the need of praise.¹

Yet Conolly was at the same time heavily criticized by fellow physicians; moreover, it has been suggested, he was mercilessly parodied by Dickens' friend and fellow-novelist, Charles Reade, in his novel, *Hard Cash* (1864). After Conolly's death in 1866, his son-in-law, Henry Maudsley, an equally celebrated figure in the annals of the history of psychiatry, wrote a 'Memoir' that was, to say the least, muted in its praise, whereas the *Memoir* by Sir James Clark was whole-heartedly laudatory, and the review-article by Edward Janssen that appeared in the *American Journal of Insanity* in 1870 rose to eulogistic heights:

His pure and elevated character, his generous devotion to humanity, his varied learning, and his firmness of purpose ... these connected with his extremely modest and polished manner, made him a favourite in cultivated society, and commanded the confidence of men of science at home and abroad. He was ever sought by, and associated with, the benevolent, the high-toned, the progressive, with those who believed in the onward march of civilisation and in their duty to contribute what they could to aid it.²

In the twentieth century opinions have again varied.

Richard Hunter and Ida Macalpine, who have contributed so greatly to the history of psychiatry, are convinced of the value of Conolly's contribution to the reform movement:

But it was in Conolly that the reform of the treatment of the insane, one of the finest flowerings of Victorian philanthropy, found its spokesman, the non-restraint movement its champion, the asylum medical officer his mentor, and county magistrates planning and directing such institutions their guide. His was the largest experience and most graceful pen and he was able to combine in his writings in a unique way the application of broad liberal principles with details of daily arrangements, of asylum reform with laying the groundwork for the undistracted observation of clinical phenomena.³

Critics from a non-medical background have been more qualified in their assessment of the man's merits. Andrew Scull, for instance, approaching the treatment of insanity in the nineteenth century from the sociological point of view, has written: -

Conolly's medical career was too long and varied to be reduced to a simple tale of his triumph as the author of 'nonrestraint'. Quite apart from any other considerations, the system

which he is popularly assumed to have initiated was, as he periodically acknowledged, not his invention at all.⁴

The aim of this article is to investigate these different reactions to the man and his work. I shall focus on the varying opinions apparently held by Charles Dickens and Charles Reade, but I shall begin by setting Conolly's career in the context of general developments in the treatment of madness.

The earlier treatment of madness

As dark put it in his *Memoir* of 1869:

Dr. Conolly lived during a remarkable period in the medical history of insanity, namely between the end of the last century, when Pinel first struck the shackles from the limbs of the lunatic, and the middle of the present century, when he himself put an end to the use of all forms of mechanical restraint in our asylums.⁵

This may be a partial view of Conolly, but it stakes his main claim to fame as a reformer, as the man who proved that the insane could be liberated from mechanical restraint, even in the largest asylums. Certainly his career covered a period of enormous change in conceptions and treatment of insanity. For this was the period when the haphazard arrangements that had characterized eighteenth century practice were found inadequate to meet the ideals of a century that was becoming increasingly conscious of collective responsibility for social welfare. It was, furthermore, the century when the medical profession was establishing its monopoly in the treatment of the insane.

Bethlem had existed as a hospital specifically for the insane since 1377, but up to the nineteenth century the mad were also kept in workhouses, prisons, general hospitals and a range of private mad houses. In the course of the eighteenth century a number of other specialist hospitals were built in Norwich, London (St.Luke's), Newcastle upon Tyne, Manchester, York, Liverpool, Leicester and Exeter. A second asylum in York, the famous Retreat, was opened under the aegis of a Quaker family, the Tukes, in 1796. Such piecemeal provision for the insane was the pattern until after 1845, when the Lunatics Act made the construction of county asylums a statutory requirement for local authorities. The Victorian period was, in theory at least, obsessed with cleanliness and hygiene, and was also possessed of a passion for classification. As far as the insane were concerned, the tidying up operation took the form of an increasingly systematic rounding up into what have been called 'museums of madness'. The problem then was to combine the economic advantages of scale with progressive ideas of treatment.⁶ Gathering together large numbers of unruly and potentially dangerous lunatics raised obvious problems of security, and administration of these receptacles for the insane became a contentious issue. John Conolly played a key role in the consequent debates.

It was widely believed that reform was necessary and the publication of government reports in 1816 and 1827 provided horrifying evidence to support that belief. William (or James) Norris, an inmate discovered in Bethlem in the private investigations that led directly to the government inquiries of 1815-1816, stands as an icon of the inhumanity of mechanical restraints. He had been kept, night and day for some time between nine and fourteen years in a specially constructed apparatus, an iron cage that encased his body from the neck down, and was attached by a short chain to an iron bar running from the floor to the ceiling of the cell. He could only lie on his back and could only move twelve inches away from the bar to which he was attached. The hospital

authorities were unabashed by the disclosure of this method of handling a mad man, maintaining that such confinement was kind and merciful. For the reformers, however, the significance of his discovery was very different. Such confinement represented everything that they condemned in the eighteenth-century attitude to madness and the image was reproduced in cheap engravings and distributed widely as part of the campaign to bestow 'human rights' on the insane. Pinel and his ideals of moral treatment provided the inspiration behind the movement for reform. At the asylums of Bicêtre and Salpêtrière in Paris he had instituted a new regime in which shackles and strait-waistcoats, neglect and filth were to be replaced by kindness, occupation, fresh air, wholesome food and exercise, and similar practices were adopted at about the same time by the Tukes at the Retreat. There was nothing in these measures to indicate the necessity for treatment by medical practitioners. Nevertheless, the medical profession was not slow in establishing its especial, and indeed sole, right to administer such treatment, as well as the traditional bleedings, opiates and purgatives.

Conolly's Career

In the early nineteenth century the training of doctors took no account of mental illness, and those practitioners who did get involved seem to have tumbled into the field almost by accident. One of these was John Conolly. Born in Lincolnshire in 1794, the second of three sons, Conolly had an unsettled childhood. His mother, Dorothy Tennyson, a kinswoman of the future poet's family, was widowed early, and Conolly was sent to school in York at the age of six and was only restored to family life when his mother remarried seven years later. In 1817, the year after his mother and her second husband died, he married Eliza Collins and spent some time in France with his brother, William, who was in practice there. John in turn began the study of medicine, first for one year at Glasgow, where he encountered the beginnings of the clinical investigation and treatment of mental disorders, then from 1819 at Edinburgh. His Edinburgh dissertation, 'De statu mentis in insania et melancholia', was on the then unusual subject of insanity, and contained rudiments of the ideas he later developed in *The indications of insanity* (1830). Even in this student dissertation he showed interest in the effects of institutionalization:

in a madhouse, social bonds are broken, friendship ceases, self-confidence is destroyed, habits are changed. People act without decency, obey through fear, hurt without hate. Each lives for himself alone. Egoism isolates all.⁷

Conolly's condemnation of 'egoism' indicates the moralizing tendency of so much Victorian psychiatry. It is a theme that runs equally through the writings of his friend, Dickens, as it does through those of many other nineteenth-century novelists.

Conolly began his career as a general practitioner, working at first in Sussex, before moving to Stratford, where he was greatly involved in local politics and the Shakespeare 'industry'. At this time he was appointed visiting physician to the private asylums in Warwickshire, and was thus required to accompany the two J.P.s on their annual tour of inspection. Invited in 1827 to become 'Professor of the Principles and Practice of Medicine' at the newly-formed University College, London, he devoted himself to teaching and included mental diseases in his lecture programme, requesting (unsuccessfully) that his students might visit an asylum. His appointment was not a success, however, and he resigned from the university in 1830. For several years he experienced the difficulties of supporting his family on the insecure income offered by

general practice, to which he had returned, setting himself up in Warwick. After a first unsuccessful application for the post of resident physician at Hanwell Asylum, Conolly succeeded on his second application in 1839.

Hanwell was already a huge institution, containing 800-900 patients, and it had experienced a period of troubled administration; Conolly had taken on an arduous and responsible task. He later described his first impressions of the asylum. He saw -

patients moving with difficulty through the wards, having their ankles fastened with hobbles of leather or iron; and patients enveloped in jackets confining the hands to the sides; and patients chained to walls, or fastened day after day, all day long, to heavy chairs or heavy cribs ...'

The challenge of removing these restraints and preserving order in a more humane environment seems to have provided him with the opportunity he awaited. According to his own account, within seven weeks there was only one individual in restraint. Conolly's work was well publicized, arousing both praise and condemnation. By some he was seen as next in line of succession to such reformists as Pinel and Esquirol, Tuke of the Retreat, and Charlesworth and Gardiner Hill of Lincoln. But by others he was seen as a proponent of new-fangled ideas that endangered life and property and contravened traditional notions of the therapeutic advantages of restraint. Dr Samuel Hadwin, former house surgeon at the Lincoln Lunatic Asylum, wrote in 1841: 'Restraint forms the very basis and principle on which the sound treatment of lunatics is founded', while Alexander Morison, the consulting physician at Hanwell from 1832, called non-restraint 'a gross and palpable absurdity, the wild scheme of a philanthropic visionary, unscientific and impossible'.⁹ That powerful organ of public opinion, *The Times*, however, soon rallied to Conolly's support and by 1850 he was receiving extravagant praise and recognition.

As a sociologist, Scull associates ideas about the lunatic asylum in the Victorian period with ideas about society generally, maintaining that for the Victorians the asylum represented a microcosm of society as a whole, and that the Utopian vision of this society in peace and harmony confirmed the validity of their principles for the preservation of the social order. Conolly's vision of the asylum, like that of W.A.F. Browne, whose *What asylums were, are and ought to be* was published in 1837, is imbued with notions of self-control rather than physical control, and presents an idealistic picture of the various classes of society co-existing harmoniously. As Scull points out, such visions provided comfort and confirmation at a time of social unrest. For Conolly the asylum was 'a place where everything is regulated with one humane view, and where humanity, if anywhere on earth, shall reign supreme'.¹⁰ In this institution the superintendent has wide-ranging responsibilities, and must centre his life on the well-being of his patients. Conolly wrote of the superintendent's role in elevated terms:

Everywhere it must be felt that his mind, at least, is present: he must superintend, and mingle with, and partake of, all that constitutes the daily life of his patients: so that every arrangement may be part of an harmonious system of which he is the soul; and every patient, according to the extent of his faculties, may still know that in all his afflictions and troubles, the physician is his sure and constant friend.¹¹

It is not difficult to see here traces of the idealistic concept of Christ the Physician. But Conolly's later survey of the role of the superintendent affords some explanation of the power struggles that were to follow his own appointment.

His [the superintendent's] duty comprehends a wide and careful survey of everything that can favorably or unfavorably affect the health of the mind or the body. He has to regulate the habits, the character, the very life of his patients. He must be their physician, their director, and their friend. The whole house, every great and every trilling arrangement, the disposition of every officer and servant, should be in perpetual conformity to his views; so that one uniform idea may animate all to whom his orders are intrusted, and the result be one uniform plan. Nothing should be done without his sanction. The manners and language of all who are employed in the asylum should but reflect his; for everything done and everything said in an asylum is remedial or hurtful; and not an order should be given, or a word spoken, except in accordance with the spirit of the director of the whole establishment.¹²

Conolly's regime at Hanwell lasted only up to 1843. Signs that the Middlesex magistrates were developing a plan to restore daily administration to lay hands (a scheme which had already failed once and which had led to Conolly's appointment as overall superintendent) caused Conolly to resign his position. A retired army officer was appointed as the new governor and Conolly took a post as visiting and consulting physician.

The experiment of lay supervision was again quickly shown to be unworkable, and the army officer was dismissed after four months, but Conolly was not restored to power. He retained his consultative position until 1852, but economic considerations and the need to find somewhere to live forced him to turn to the private 'trade in lunacy'. Additional income was generated by his consultative practice and he maintained his position in the public eye by his courtroom pronouncements in criminal cases where the defence of insanity was raised. The opinions he expressed in some of these situations show that alarming tendency to conflate insanity with immorality which I have already noted as running through much Victorian writing on madness. Perhaps the nadir of his career was his conviction for the illegal detention of an alcoholic at Moorcroft House, an asylum where he was visiting physician and received a proportion of the patients' fees as well as a salary. Strangely, Scull's account of Conolly's later years makes no mention of his involvement in the care of idiots, a concern I shall discuss later.

Conolly wrote copiously on the subject of madness and its treatment, his three major publications being: *An inquiry concerning the indications of insanity* (1830), *The construction and government of lunatic asylums and hospitals for the insane* (1847) and *The treatment of the insane without mechanical restraint* (1856). His writings at first, when he was still outside the asylum system, public and private, were critical of existing practices. In *Indications of insanity* he wrote of the ignorant or unjust confinement of 'persons of all ages, suffering under temporary mental derangement', who, 'shut up with the incurable', have been subjected to treatment which has 'destroyed all hope of recovery'.¹³ Later his ideas changed, so that, having railed against the indiscriminate confinement of the insane, he became a supporter of institutional treatment, though recommending that institutions should be run along the lines of moral treatment and non-restraint. His publications eventually expressed his faith in the private institutions he had earlier condemned. Whether this change of attitude was ideological or pragmatic is difficult to say, but critical voices pointing out the change were heard even at the time, Charles Reade's among them.¹⁴ Conolly's final book was a *A study of Hamlet*, written in 1863. In this publication he works his way through the play in order to prove his

contention that Hamlet was mad. From the first soliloquy we can tell, he maintains, that Hamlet –

is constitutionally deficient in that quality of a healthy brain or mind which may be termed its elasticity, in virtue of which the changes and chances of the mutable world should be sustained without damage, and in various trials steadfastness and trust still preserved.¹⁵

Conolly does not give a particularly enlivening or enlightening account of the play, and the book suggests, as much as anything, the enthusiasm of a man riding his hobby-horse.

Charles Reade's *Hard Cash*

The amalgam of literary criticism and retrospective diagnosis in *A study of Hamlet* evidently antagonised Charles Reade, for the issue of Hamlet's madness is an obsession on the part of the major character, Dr Wycherley, in *Hard Cash*. Reade's novel, which he characterized as 'a matter-of-fact Romance', was first published in 1863 in serial form in *All The Year Round*, a journal which after 1859 replaced *Household Words*, both being 'conducted' by Dickens. A sensational novel, it is quoted more frequently by medical historians than by literary critics, partly because one of the characteristics of Reade's work was his meticulous, almost neurotic, determination to base his fiction on fact. Thus the excitements of adventure at sea, thwarted love and financial disaster in the novel are accompanied by well-researched accounts of confinement in asylums and of the intricacies and trickery of English legal proceedings. About half-way through the book madness breaks out in a way to defy credibility. Captain Dodd, father of the heroine, tricked out of his savings by a fraudulent banker, falls into a fit and loses his senses; a labourer, also losing his savings in the bank's fall, becomes subject to hallucinations and fits of violence; and the hero, Alfred Hardie, the banker's son, while obstinately remaining sane, is accused of lunacy and tricked into confinement in one asylum after another in order that his money should become available to alleviate his father's financial embarrassment.

The second asylum in which Alfred is confined, a private one, is run by a Dr Wycherley. Wycherley is represented as a verbose, canting 'monomaniac'; blinded to truth by his obsession with his pet theories, he is accused by Alfred of founding 'facts on theories instead of theories on facts'.¹⁶ Since it is 'monomania' that Alfred is accused of, much of the novel concerns his struggle to assert his sanity and the primacy of his version of reality. Wycherley first visits Alfred at home, since the opinion of two physicians was necessary before a certificate of confinement could be issued. Reade has great fun with the doctor's jargon-laden verbosity: 'A voluminous writer on certain medical subjects, he had so saturated himself with circumlocutions, that it distilled from his very tongue: he talked like an Article, a *Quarterly* one'.¹⁷ And this verdict is followed by an example of Wycherley's speech as he addresses the banker, Hardie:

My good friend here informs me, sir, you are so fortunate as to possess a son of distinguished abilities and who is at present labouring under some of those precursory indications of incipient disease of the cerebro-psychical organs, of which I have been, I may say, somewhat successful in diagnosing the symptoms. Unless I have been misinformed, he has, for a considerable time, experienced persistent headache of a cephalalgic or true cerebral type, and has now advanced to the succeeding stage of taciturnity and depression, not unaccompanied with isolation, and probably constipation: but as yet without hallucination, though possibly, and, as my experience of the great majority of these cases would induce me to say, probably

he is not undisturbed by one or more of those latent, and at first, trifling aberrations, either of the intelligence or the senses, which in their preliminary stages escape the observation of all but the expert nosologist.¹⁸

After horrible experiences at the first asylum, which is run, though clandestinely, under the old system of mechanical restraint, Alfred finds that Dr Wycherley's asylum, to which he is removed, has undeniable advantages: he is allowed to bath himself, given a clean bedroom and clean bed-linen, the food is good and the other inmates have 'by firmness, kindness, and routine ... been led into excellent habits'.¹⁹ The way the house is run on lines of non-restraint is certainly, he acknowledges, good for the mad. It is not, however, the place for the sane, and the burden of Alfred's complaint is that he is sane and should not be confined. As proof of his moral superiority, it is Alfred, victim though he is, who delivers the only sustained praise of Wycherley, when, eventually, the case comes before a court of law:

Dr Wycherley is the very soul of humanity. Here are no tortures, no handcuffs nor leg-locks, no brutality ... And, gentlemen, I must tell you a noble trait in my enemy there: nothing can make him angry with madmen; their lies, their groundless and narrow suspicions of him, their deplorable ingratitude to him ... all these things seem to glide off him, baffled by the infinite kindness of his heart, and the incomparable sweetness of his temper; and he returns the duffers good for evil with scarcely an effort.²⁰

Very damaging, though, is the suggestion that Wycherley is himself insane. Alfred becomes Wycherley's pet lunatic and the two enjoy intellectual discussions. However, the doctor's obsession with Hamlet and his conviction that Hamlet was really mad and not just pretending to be mad leads to the sinister insinuation of monomania. This mounts to a crisis when, raging at Alfred's contention that Hamlet was not really mad, Wycherley falls down 'in a fit of an epileptic character, grinding his teeth and foaming at the mouth'. Alfred's reaction again shows his superiority: 'Alfred had studied true insanity all this time, and knew how inhumane it is to oppose a monomaniac's foible; it only infuriates and worries him'.²¹ Wycherley, on the other hand, convinced that 'consciousness of insanity is the one diagnostic of sanity' and, conversely, that 'an obstinate persistence in the hypothesis of perfect rationality demonstrates the fact that insanity yet lingers in the convolutions and recesses of the brain',²² becomes the lord of misrule of what, if left to him, would be a topsy-turvy world, where the sane are confined for asserting their sanity, and the insane are left at large, though protesting their madness.

Three charges, then, are made by Reade against Wycherley: his criterion for diagnosing insanity is insane; he misuses language; and, it is implied, he has a commercial interest in confining as many people as possible. But can these charges legitimately be made against Conolly? It was Hunter and MacAlpine, in an article in *The Times Literary Supplement*, who shed new light on *Hard Cash* through their discovery of correspondence that not only pointed to a friendship between Dickens and Conolly, but revealed that Reade was lampooning Conolly in the character of Dr Wycherley. They built up a convincing case for what they saw as a cruel attack on Conolly, starting from the 'Note' that Dickens had printed at the end of the last instalment of the serial disclaiming all responsibility for the opinions expressed in a work of fiction written by one of his 'literary brothers'.²³ As I have pointed out, the references to Conolly's *Study of*

Hamlet, published in the same year as *Hard Cash*, play a key role in the identification of Wycherley as a parody of Conolly. However, a large discrepancy exists between the way Conolly is represented in the character of Wycherley and the portrait that is presented in the articles in *Household Words*.

Dickens, *Household Words*, and Conolly

In 'Idiots', an article in *Household Words* in 1853, Dickens and a collaborator, W.H. Wills, describe their visit to Park House, Highgate, one of two establishments that Conolly and Dr Andrew Reed had opened for the care and education of idiots.²⁴ The institution is described in glowing terms, and commended for the quiet and orderliness that govern the activities there. A few years later, *Household Words* paid Conolly the tribute of recording his career and achievements in the care of the insane in the piece quoted earlier, 'Things within Dr. Conolly's remembrance'. This article opens as follows:

Most of our readers know that one of the best achievements of the present century is a complete reversal, in the treatment of madness, of opinions and practice which had previously been in force for five-and-twenty centuries at least ... The blessing of [the change] has been secured to England - and, by the example of England, more widely and certainly diffused among civilised nations - mainly by help of the wise energy of DR. JOHN CONOLLY.²⁵

As stated above, Conolly is placed in the reforming tradition of Pinel and Tuke, and his first volume, *An inquiry into the indications of insanity* (1830), is approved for its recommendation that asylums be removed from the hands of private speculators, and also for its suggestion that many harmless lunatics are better cared for within the love and relative freedom of their families. While acknowledging the pioneering work of Dr Charlesworth and Mr Gardiner Hill at Lincoln and Dr T.O. Prichard at Northampton, the writer sees Conolly as the man who brought non-restraint to public attention because of the size of the asylum that he ran and because of its proximity to London, then, as now, the seat of power and influence. Conolly is further commended for his modesty, his prioritizing of actions over words, and the 'abundant store of anecdote and illustration, chiefly drawn from experience, partly from reading, with which he defines every point of his argument'.²⁶

As he is represented in the *Household Words* articles, Conolly is not an obvious target for Reade's satire. Opposed to private speculation in the trade of lunacy, opposed to the unwarranted confinement of the insane, an elegant writer using experience and reading to support his arguments, he would seem a more likely model for Reade's Alfred than for his Dr Wycherley. But it needs to be remembered that Conolly and the editor of *Household Words* were friends and shared certain interests and preoccupations. The caution regarding confinement in asylums which was expressed in the early writing of Conolly would have found a sympathetic ear in Dickens, whose own writing was impregnated with the imperative of liberty and an hostility to confinement; the lunatics and eccentrics that people his novel are never (apart from the early exception of a madman in *Pickwick Papers*) shown in asylums. Dickens was, furthermore, vitally interested in the plight of idiots, whose mysterious vacancy seems to have captured his imagination and was given particular focus through the eponymous protagonist of *Barnaby Rudge*. I would suggest, then, that Dickens saw in Conolly the reflection of his own concerns, and concentrated the attention of his readers on Conolly, the author of

Indications of insanity, the reformist, sympathetic to the plight of the insane and pioneer in the care of idiots. At the same time he appears to have been - wittingly or unwittingly - blind to those aspects of Conolly's career and attitudes less congenial to his way of thinking.

Reade on Conolly

In contrast to Dickens and the *Household Words* articles, Reade would seem to depict in Dr Wycherley the later, more fixated Conolly. As a writer interested in social reform, the litigiously-minded Reade was in fact himself involved in a case of wrongful confinement, the one documented in the prefatory material to the novel. Nevertheless I suggest that the way in which Conolly provided the novelist with ammunition in his campaign is not as straightforward as Hunter and Macalpine have maintained. Earlier I noted three charges brought by Reade against Wycherley. One of these at least is surely inappropriate with respect to Conolly, whom it would be difficult to indict on grounds of linguistic pretentiousness. The verbose canting Reade so condemns in Wycherley cannot have been derived from Conolly's literary style, which is lucid and jargon-free, as the quotations from his writings given above will have shown. Certainly other clinical writers in the nineteenth century wrote far worse prose, and indeed other doctors suspected that they were being attacked, collectively or individually, in *Hard Cash*." But, as a self-avowed campaigner, Reade's aim was to attack the private asylum system and by the time that he came to write *Hard Cash*, Conolly did represent a doctor who not only relied on insanity for his income, but whose pronouncements were invested with considerable authority and influence. So it would seem that this public figure attracted Reade's vitriol, not, however, for the work that had made him famous and by which *Household Words* was so impressed, but for the things he did and said thereafter.

Reade's particular target in *Hard Cash* was the wrongful confinement that seemed an all-too-common result of the commercially-minded lunacy trade, wrongful confinement being a potent fear of many intellectuals and others during the nineteenth century. But the crux of the novel is the near-impossibility of proving sanity, or, to put it another way, proving non-insanity.²⁸ This, as Scull shows, is the area wherein the older Conolly certainly found himself in difficulties. It is easy to sympathize with his desire to liberate the insane from their chains and strait-waiscoats and there even seems some sense in his later opinion that the mad are not necessarily best treated in the bosom of their families. Even so, the opinions he expresses in *A Remonstrance with the Lord Chief Baron touching the case of Nottidge versus Ripley* (1849) are enough to raise doubts about the moral neutrality of his judgement. In this publication Conolly calls for treatment in the case of 'young men, whose grossness of habits, immoderate love of drink, disregard of honesty, or general irregularity of conduct, bring disgrace and wretchedness on their relatives'. Treatment was also appropriate for 'young women of ungovernable temper, subject, in fact, to paroxysms of real insanity; and at other times sullen, wayward, malicious, defying all domestic control; or who want that restraint over the passions without which the female character is lost'.²⁹ Reade's enmity was aroused by the frighteningly wide range of behaviours that Conolly, as an official diagnostician, now defined as insane, these including, for instance, 'excessive eccentricity', 'utter disregard of cleanliness and decency', 'perversions of the moral feelings and passions', and a disposition 'to give away sums of money which they cannot afford to lose'.³⁰

Reade poured scorn on this last presumption in the court-room scene. Alfred's morally upright and generous gesture of signing his money away in favour of the Dodds as reparation for his father's theft, a gesture that would for Conolly have been a symptom of madness, but which is clearly approved by the narrator of *Hard Cash*, causes consternation amongst the lawyers: 'All the lawyers present thought this looked really mad'.³¹ Furthermore, under cross-examination, Wycherley is forced to admit that his diagnosis of Alfred's 'insanity' had been based on 'guess-work and hearsay', and that he had intruded on a family disagreement and hence had himself provoked the 'very irritation that he had set down to madness'. Most damaging of all, and another missile that seems to have been aimed in the specific direction of Conolly, is the admission drawn from Wycherley that 'he received fifteen per cent from the asylum keepers for every patient he wrote insane'.³² As noted above, Conolly had been recently involved, to his discredit, in just such a case and sued for false imprisonment. There seem to be, then, good grounds for saying that the other two charges that are levelled against Wycherley do implicate Conolly: he did, towards the end of his career attempt to diagnose insanity on very questionable grounds, and his reliance on the private trade in madness for a large part of his income did involve him, on at least one occasion, in suspect practices. But if Reade draws on the circumstances of Conolly's later life and later writing to attack contemporary methods of handling the insane, I would argue that many of the novelist's criticisms of the system had in fact been already aired in the book that Dickens had been so impressed by. Indications of insanity of 1830. If, then, Reade did indeed parody the older Conolly in the character of Dr Wycherley, it is also possible that he silently plundered the earlier work to provide a basis for the approach he would recommend.

The criticism in context

This article has concentrated on the relationship between Conolly and the fictional Dr Wycherley. In conclusion I should like to return to the summary of critical opinions with which I started. Conolly comes down to us as something of a chameleon figure, his career and expressed attitudes swayed by his own economic circumstances and reflecting the fluctuations of opinion in nineteenth-century thinking about madness. Judging by the *Household Words* articles, in the eyes of Dickens he was a representative of the reformist zeal that seemed to herald the longed-for humanitarianism. Reade's position is rather more complex, since, in the first place, he does not write about Conolly directly. As indicated above, it would seem that he found material in the doctor's life and work to represent both what he saw as the aberrations of the contemporary medical profession, particularly in respect of attitudes to madness, and the standpoint from which that criticism was generated. As for the assessment of Maudsley, who damned Conolly by faint praise, his 'Memoir' treats Conolly as the holder of a rather old-fashioned position. The older man was content to treat symptoms, but neglected the scientific hunt for explanations, while Maudsley, pessimistic in his belief in degeneracy, and unable to share Conolly's early-Victorian belief in the possibility of cure, was himself driven by the need to find causes, clinical or otherwise.

Twentieth-century assessments of Conolly are similarly indicative of the assessor's own preoccupations and of cultural developments in general. Accordingly, Hunter and Macalpine who place Conolly within the tradition outlined above seem almost Victorian in their advocacy of Conolly as a reformist. As members of the medical

profession, writing at a time when there was still some confidence in the advantages of institutional treatment, they pass lightly over the inconsistencies in his attitudes and emphasise his contribution to the greater humanity with which the mad were treated. Scull, a current sociologist interested in the rise of the medical profession in the field of madness, sees the career of Conolly in a more critical light. He is influenced by the work of Michel Foucault, which has undermined the claims of moral treatment to be more humane, suggesting instead that, although the inmates of an asylum may have been liberated physically, strong and sometimes cruel psychological constraints on their behaviour forced it into line with bourgeois norms. This thinking has contributed to the twentieth-century liberalism (the more cynical might say opportunism) that has led to the current lack of support for mental asylums. Hence Scull is less willing to endorse the representation of Conolly as a reformist, drawing attention, rather, to the way that the opinions he expressed in print seem to have altered according to the fluctuations in his career, thus highlighting the degree to which theories about the causes and treatment of madness are socially determined. To sum up. For all that is written about him, Conolly remains a rather enigmatic figure, his reputation rising and falling according to changes in psychiatric thinking and cultural norms, so that evaluations of his career seem to reveal as much about the position of the person writing as about the man himself.

NOTES

1. 'Things within Dr. Conolly's remembrance ', *Household Words* 16 (1857), 518-523, on 522. This article is not by Dickens, but given his close editorial control, it can be reasonably assumed that the view expressed was one acceptable to Dickens at the time. As shown below, when a later contributor expressed a more contentious view Dickens inserted an editorial disclaimer of responsibility.
2. "'A Memoir of John Conolly" by Sir James Clark', *American Journal of Insanity* (April, 1870), 15.
3. Richard Hunter and Ida Macalpine, 'Introduction' to the 1968 reprint of John Conolly, *The construction and government of lunatic asylums and hospitals for the insane* (London, 1847), 7.
4. Andrew Scull, 'A Victorian alienist: John Conolly, F.R.C.P., D.C.L. (1794-1866)', in W.F.Bynum, Roy Porter and Michael Shepherd, eds. *The anatomy of madness*, 2 vols (London, 1985), 1: 103-4.
5. Sir James Clark, *A memoir of John Conolly*, M.D., D.C.L. (London, 1869), vii.
6. For instance, Hanwell, the Middlesex asylum made famous through the work of Conolly, was built in 1831 to house 500 inmates. By 1838 the superintendent was reporting a population of 615 and new buildings were constructed, so that by 1844 the asylum could hold 1,000.
7. Quoted in Richard Hunter and Ida Macalpine, 'Introduction' to the 1964 reprint of John Conolly, *An inquiry concerning the indications of insanity* (London, 1830), 8.
8. Quoted in Hunter and Macalpine, 'Introduction' to Conolly, *Construction of asylums*, 23.

9. Hadwin is quoted in Scull, 'A Victorian alienist', 122; Morison is quoted in Richard Hunter and Ida Macalpine, 'Introduction' to the 1973 reprint of John Conolly, *The treatment of the insane without mechanical restraints* (London, 1856), xv.
10. Conolly, *Construction of asylums*, 143.
11. Conolly, *Treatment of the insane*, 172-3.
12. Conolly, *Construction of asylums*, 140-1.
13. Conolly, *Treatment of the insane*, 2-3.
14. Scull mentions, for instance, the opinion of John Bucknill: Scull, 'A Victorian alienist', 135.
15. John Conolly, *A study of Hamlet* (London, 1863), 24.
16. Charles Reade, *Hard Cash* (London, 1880?), 335.
17. *Ibid.*, 203.
18. *Ibid.*, 204.
19. *Ibid.*, 294.
20. *Ibid.*, 335.
21. *Ibid.*, 340.
22. *Ibid.*, 332. The modern reader might dismiss these propositions as Catch 22 logic.
23. Richard Hunter and Ida Macalpine, 'Dickens and Conolly: an embarrassed editor's apology'. *The Times Literary Supplement*, 11 August 1969, 534.
24. Charles Dickens with W.H.Wills, 'Idiots', *Household Words*, 7 (1853), 313-7. The other institution visited was Essex Hall near Colchester.
25. 'Things within Dr.Conolly's remembrance', 518.
26. *Ibid.*, 522.
27. See Hunter and Macalpine, 'An embarrassed editor', 535.
28. Victorian fears of illegal confinement are discussed in Peter McCandless, 'Liberty and lunacy: the Victorians and wrongful confinement', in Andrew Scull, ed *Madhouses, mad-doctors, and madmen* (London, 1981), 338-362.
29. Quoted in Scull, 'A Victorian alienist', 129-30.
30. Quoted in *ibid.*, 129.
31. Reade, *Hard Cash*, 453.
32. *Ibid.*, 452