

Ward 5. War Hospital, Duston.

# Asylums at war: Duston War Hospital, 1916-1919

DR CAROLINE NIELSEN

In early 1917, Duston War Hospital opened its doors to sick and wounded Allied servicemen. 'This new Hospital was not actually new at all, but one of twenty-four asylums requisitions as part of the British war effort'. Duston War Hospital went on to care for thousands of men until its closure in 1919. But what happened to its civilian inmates during the war?

Duston War Hospital was in fact the Northampton County Lunatic Asylum, known locally as Berrywood, and the largest asylum in Northamptonshire. Opened in 1876, it was the only institution in the county dedicated solely to the care of the pauper insane. Asylums were central to national medical care in early twentieth-century England. They worked in conjunction with local workhouses, infirmaries and charities. County asylums housed those deemed to be incapable of caring for themselves,

either temporarily or permanently. To enter, individuals or families had to prove that they could not cope with their condition but were unable to afford the full cost of their care. Poor Law Unions often sponsored patients paying for part, or all, of their stay.

County asylums were large institutions. Populations of 800 to 1000 patients were not uncommon. The Berrywood asylum complex routinely housed over 800 patients. The largest hospital buildings contained acute and chronic wards, private patient rooms and an infirmary, whilst the grounds contained a separate working farm, an infectious disease hospital, and a residential block for so-called 'Idiot' children (those with learning disabilities). Berrywood also had a commercial laundry, a recreational hall, and several craft workshops. Patients were divided according to their age, gender, health conditions and social class, and housed accordingly in different parts of the asylum. Many patients were frail and elderly, or those suffering from degenerative neurological conditions.

Asylums were both feared and hated. The diagnoses found in Berrywood's casebooks do not always correspond with our views of mental health and disability. Asylum patients were stigmatised by the association of mental illness with poverty, failure, immorality and hereditary disease. In 1914, there was a widespread assumption that patients, or their wider families, were in some way responsible for their conditions. The popular culture of the time maintained that most mental illnesses and intellectual disabilities were a by-product of moral weakness, either one's own or that of a distant ancestor. As contemporary medicine could not fully explain why some individuals had these conditions when others did not, the stigma only worsened. By the early twentieth century, most people believed that mental illnesses were the result of biological inheritance, a view influenced by a growing cultural interest in eugenics.

The physical conditions within asylums only added to the stigma. Daily life was regimented, monotonous and disempowering. Inmates were

rarely granted any privacy and had very little say over their day-to-day lives. The standard of care varied hugely between asylums, as did staff attitudes towards their charges. While some staff were dedicated to their patients, others were not. Historians like Peter Bartlett, Anne Borsay and Michael Flinn have demonstrated that decades of chronic under-investment meant that most asylums were overcrowded and in serious need of repair.

The outbreak of the First World War led to massive changes in asylum provision in England and Wales. Mounting Allied casualties swiftly caused a national hospital bed shortage. Authorities were forced to look for alternative hospital sites. Despite the enduring image of the stately home hospital with aristocratic lady-nurses, the military authorities preferred the decidedly less glamorous locations of schools, asylums and workhouses. Such institutions were ideal: most were semi-urban with large grounds and ready access to railway lines and main roads. Berrywood was therefore not a natural choice for a war hospital. Berrywood's rural location made it difficult for both staff and visitors to get there. This may explain why it was not requisitioned until August 1915, about five months after most other asylums. Transport issues continued throughout the war. Many of the new Hospital's wartime staff had to catch a specially scheduled bus from Northampton to get to work.

Once Berrywood was selected for war service in August 1915, change came rapidly. It appears to have been the practice of the Board of Control and the War authorities to empty selected asylums within a three month deadline. The problem was that Berrywood had approximately 1113 patients in August 1915. Asylum officials undertook the herculean task of finding them beds in other asylums at a time of national bed shortages. One patient was transferred to South Yorkshire as the asylum officials struggled to find suitable

accommodation. By November 1915, all of the patients were dispersed across eight asylums in the East Midlands area.

Once the asylum buildings were empty, the War Office embarked on a significant remodelling programme. The new 'war hospitals' were almost unilaterally condemned as inadequate for the care of military patients.

The fact that the same buildings had been previously been regarded as suitable establishments for sick children, the elderly and the mentally ill was quietly ignored.

**Daily life was regimented, monotonous and disempowering. Inmates were rarely granted any privacy and had very little say over their day-to-day lives.**

## Relocation of Berrywood Patients, September-November 1915

Receiving Asylum	Men & Boys	Women & Girls
Barnsley Hall Asylum, Bromsgrove Worcester	70	80
Bracebridge District Asylum, Lincolnshire	107	16
Buckingham Lunatic Asylum, Stone	30	40
Burntwood Asylum, Staffordshire	30	30
Cheedleton Asylum, Staffordshire	32	63
Derby Borough Lunatic Asylum, Derby	25	45
Derby County Lunatic Asylum, Mickleover	0	55
Kesteven County Lunatic Asylum, Lincolnshire	10	30
Leicester and Rutland Lunatic Asylum	20	20
Leicester Borough Asylum, Humberstone	40	60
Nottingham City Asylum	50	30
Nottingham County Asylum	26	34
Stafford County Asylum	25	25
Warwick Lunatic Asylum, Gatton	30	40
Worcester County and City Lunatic Asylum, Powick	25	25

Source: Northamptonshire County Record Office, NCLA/2/114/5

The remodelling was as much driven by the extreme surgical needs of the new patients as by the state of the buildings. The First World War created trauma on an horrific scale. Shrapnel and machine gun bullets tore apart muscle and shattered bone. Gas burnt away eyes and corroded lungs. Food shortages and disastrous sieges caused malnutrition and epidemic disease. Very few asylums had dedicated operating theatres in 1915. In some asylums, corridors were internally remodelled to ensure that they were wide enough for surgical trolleys. Not all renovations were based on medical need. Berrywood repairs were often simply for cosmetic reasons: new plasterwork and light colour schemes offered military patients and staff a bright clean environment, and discouraged them from dwelling on their injuries or the fates of the previous inhabitants. Military and civilian authorities, medical staff and patients were at pains to disassociate the residents of War Hospitals from the residents of asylums. All participating asylums were temporarily renamed to facilitate this.

It must be stressed that the War Hospital's scheme initially did try to accommodate the needs of the former inmates' families and friends. Orders were circulated in early 1915 that asylums should be grouped together: patients would only be moved to asylums within a designated region. This would mean visiting relatives would be "spared any avoidable expense and inconvenience". The official 1920 Government report on the scheme went to great lengths to stress that transferred asylum patients were due "similar consideration and sympathy to that which everyone desires to see accorded to soldiers who have served their Country so splendidly".

The practicalities of war and the stigma of mental illness swiftly undermined these good intentions. The need for beds never diminished. The War Office was forced to take over more and more buildings as the war progressed. ▶

This necessitated the repeated movement of civilian patients. Berrywood had accepted 193 patients from Rubery Hill Asylum in Birmingham in March 1915, only for these patients to be moved again in September and October. It is little wonder that the 1920 report highlighted that some relatives “felt deeply a disparaging comparison” when they considered their loved ones’ care.

We can only guess at the impact of these transfers on patients and their families. It is undeniable that the transfers caused hardship and suffering to all those involved. Visiting patients became an area of contention. The central Board of Control argued that “it could not be expected, nor indeed would it be right” for families and friends to visit as they previously had done. Visiting was either curtailed completely or limited to one relative at a time. The distances involved further curbed contact. The majority of Berrywood’s patients were from working-class backgrounds. Many were unable to visit due to the

cost of travelling long distances. The War Office was willing to reimburse individual relatives, but only if the patient was “dangerously ill” or if “the mental state of the patient is likely to be adversely influenced”. Sadly, this meant that the payments were usually only approved in the midst of tragedy when families travelled to comfort the dying or mourn at gravesides.

Bereavement was a frequent occurrence. Wartime asylums had high mortality rates. The historians John Lewis Crammer and Claire Chatterton have argued that overcrowding, malnutrition and a series of cold winters facilitated the spread of deadly infectious diseases like influenza and tuberculosis.

The end of the war did not signal the end of the asylum War Hospitals. Berrywood was one of the first to be transferred back to civilian hands in early 1919 and its patients slowly returned to their former home. This was not the case with other asylums. Many were kept by the military

until the early 1920s. Asylum patients did not usually benefit from the military’s temporary stewardship of their homes. Faced with mounting costs and terrible casualty rates, the military authorities rarely attempted expensive building repairs. Some hospital authorities spent years requesting compensation from the War Office.

The First World War centenary offers us the opportunity to reflect on previously hidden wartime experiences. The lives of those who spent the war in the East Midlands’ asylums are one of the most hidden of all. Their experiences come to us third-hand, mediated by doctors, asylum officials and social welfare bodies. For around 17,000 mentally ill men, women and children nationally, the war meant both separation from family and friends, and the loss of familiar surroundings. Their hidden history reminds us that the horror of wartime separation was not just felt on the battlefields. 📖

#### Notes

Detailed descriptions of individual asylums can be found in the Board of Control’s History of the Asylum War Hospitals in England and Wales (Stationers Office: 1920); Caroline Nielsen, ‘The Other War Dead: Asylum Patients during the First World War’, AHRC Beyond the Trenches blog, 24th September 2014. <http://beyondthetrenches.co.uk/the-other-war-dead-asylum-patients-during-the-first-world-war/>

There is no central list of those transferred under the War Hospital scheme. Some asylums recorded transfers in their patient case books: please check with local archives about the availability of these materials. Berrywood’s (later St Crispin’s Hospital) are kept at Northamptonshire Record Office. Please refer to their website: <http://www.northamptonshire.gov.uk/en/councilservices/Community/archives/Pages/northamptonshire-record-office-archives.aspx>

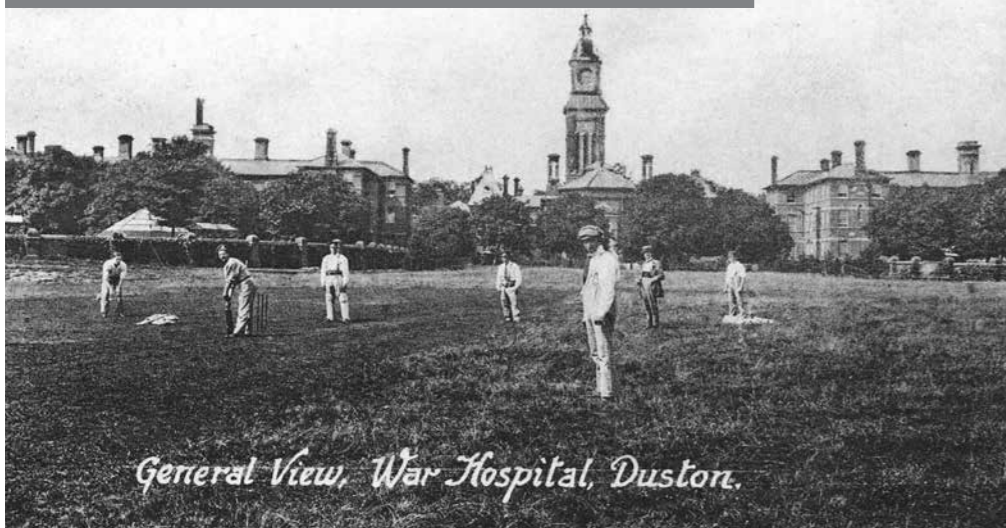
#### Caroline Nielsen University of Northampton

The author expresses her thanks to Northamptonshire Record Office for its assistance.

#### Further Reading:

[Anne Borsay](#), *Disability and Social Policy in Britain Since 1750: A History of Exclusion* (Basingstoke, 2004); [Peter Bartlett](#), *The Poor Law of Lunacy* (Leicester, 1999); [J. L. Crammer](#), ‘Extraordinary Deaths of Asylum Inpatients During the 1914-1918 War’, *Medical History* 36 (1992), pp. 430-441; [Claire Chatterton](#), ‘Inpatient Mental Health Care in the First World War’, *Mental Health Practice* 19 (2015), pp. 35-37; [Michael Flinn](#), ‘Medical Services under the New Poor Law’, in [Derek Fraser](#) (ed.) *The New Poor Law in the Nineteenth Century* (London, 1976), pp. 45-66.

DUSTON WAR HOSPITAL CRICKET FIELD (COPYRIGHT NORTHAMPTONSHIRE RECORD OFFICE ARCHIVES)



BERRYWOOD ASYLUM (COPYRIGHT NORTHAMPTONSHIRE RECORD OFFICE ARCHIVES)



# The Pentrich Revolution Bicentenary 1817 – 2017

## – and the strange case of ‘Oliver the Spy’

BY SYLVIA MASON AND ROGER TANNER

On 9th June 1817 over 300 men set out from villages on the Derbyshire-Nottinghamshire border to march to Nottingham. Miners, framework knitters, stone masons, labourers from South Wingfield, Pentrich, Ripley, Swanwick, Alfreton and Heanor were led by Jeremiah Brandreth, a framework knitter from Nottingham. They thought that they were part of a general rising across the North and Midlands to bring down an unjust and oppressive government. They were motivated by poverty and the hunger of their families, and, with all efforts to gain a hearing suppressed, they saw armed revolt as the only alternative.

Unknown to them, however, the Government was already fully aware of their plans. Indeed its agents had actively encouraged the rising. Informers and spies were commonly used by national and local government at this time to gain information on possible movements for reform. At times their role became that of *agents provocateur*. William Richards, alias William Oliver – and better known as Oliver the Spy – was one of the most notorious of these. He was employed by Lord Sidmouth, the Home Secretary, on his release from debtors prison. He then insinuated himself into the circles of those calling for reform, joining Joseph Mitchell, a long-term radical, on a tour of the Midlands and North. Following Mitchell’s convenient arrest, he continued this tour in the guise of the “London delegate”, proclaiming that any insurrection would be supported by 70,000 in London and 150,000 in Birmingham. At meetings across the Midlands and North he encouraged rebellion and proposed the date be postponed from 26th May to 9th June. Regular reports to Sidmouth ensured that the government was fully informed.

Unfortunately for Oliver, he was seen in the coach of General Byng at Thornhill Lees, near Dewsbury. While he was able to continue his pretence in Nottingham and Derbyshire in the coming days, his role as a spy was shortly to be made public in the *Leeds Mercury* on 14th June. This revelation astounded public opinion, and had a disastrous impact on the government’s reputation. As E.P. Thompson notes, “there were thousands of shop-keepers, country squires, Dissenting Ministers, and professional men who, in 1817 had no idea that such that such things could take place in England.” A “very wide section of public opinion” regarded such practices as being “wholly alien to the spirit of English law.”

The revolutionists from Derbyshire obviously knew nothing of Oliver’s betrayal as they marched towards Nottingham. A few had guns. Most, however, were armed simply with sticks with a piece of iron or spikes attached to them, or hayforks. This is contrary to the claims in the local paper that the “insurgents from Pentrich possessed themselves of all the guns, and fire arms (in the district) of which they had accurate account, which were found on them.” The most serious incident of the rebellion took place when one group visited the ▶

