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Patients' views

Sociologists have pointed out that most histories of mental illness and their treatments when written by psychiatrists tend to concentrate almost entirely on the views of doctors and this book is no exception. This online archive endeavours to remedy this by giving some accounts written by patients giving some account of their views of their own illnesses and predicaments. The earliest journal account I found was in Dr Forbes Winslow's short-lived *Journal of Psychological Medicine* by a patient who had been for some time an inmate under the care of Dr Hood the physician there. Dr Forbes Winslow explained that 'Dr Hood requested the writer, after his recovery, to describe his state of mind and sensations during his attack of insanity. The details he has given will be read with deep interest by all engaged in psychological investigations, and in the treatment of the insane'.

The patient was a Frenchman who had been teaching in Derry in Northern Ireland, whose first bout of illness led to his admission to the mental hospital there and a later relapse led to admission to the Bethlem Hospital. He gave an account of his sensations while ill. Apparently, following an unhappy and difficult marriage he had been drinking excessively and appeared to have developed an acute delirious illness from which he recovered twice. He gave a graphic description of his thoughts and ideas at the time, ending when he was admitted from the poorhouse to the hospital where he recovered.

'Fortunately, I was soon enabled to see things in their proper light. But to what causes I shall ascribe my quick recovery, if not to God's mercy first, and then to you, Monsieur le Docteur, to the Rev. Mr. Murray, and to the attendants of your choice. Had

I been so roughly treated here as I was in the poorhouse, my firm believe is that I should never have recovered.'

Dr Forbes Winslow included another account written by a patient. This was headed:

'LEAVES FROM THE DIARY OF A PATIENT, CONFINED IN HANWELL ASYLUM'

[The following diary has been placed in our hands by the writer, who was confined in the Middlesex County Lunatic Asylum for six months. During a portion of that period he kept a daily record of the treatment to which he was subjected. The writer speaks well of the Asylum and of those officially connected with it, although he feels that he was unjustly sent and detained there. As giving some idea of the internal economy of this national establishment, the following extracts may prove of interest to our readers. Editor]"

The earliest account I found in the *Journal of Mental Science* was in 1896 in a note in 'Clinical Notes and Cases' where a physician recorded a case of a man who had had twenty attacks of mania leading to admission to hospital till his symptoms subsided. There had been a gap of 11 years before his second attack and then they had become more frequent (roughly two in each year). After this he had been free of attacks for four years which the patient attributed to bicycling. Shortly after the last attack, having been advised that a more active life out of doors would, perhaps, tend to diminish the frequency of his attacks, he purchased a bicycle, and since that time he has been a most enthusiastic cyclist. He sent the following description of his condition at that time.

'I am as keen on cycling as ever, and am fully convinced that to it, and it alone, I owe the great improvement that has taken place in my health. I do not remember ever having felt better, or been in better spirits than I am at present, and I give cycling the credit for it. The course and circumstances of my life and conduct have, with the one exception of my indulgence in cycling, in no way altered from what they were before and during the time I had my repeated attacks of illness. You had ample opportunity of judging my condition years before I took to cycling, and the fact that I have enjoyed such excellent mental and bodily health since I took to the pastime goes far, I think, to show you that cycling is entitled to much, if not all, the credit.

I may add, by the way, that I am not conscious of having experienced any ill effects, even though the bulk of the 6800 miles I have ridden has been on a solid-tired

machine. With this machine I often do forty miles on an afternoon, and feel quite fresh and active next morning. In fact, the whole of my experience of cycling has been of the most pleasant and enjoyable kind, and I do not anticipate it will soon be otherwise.'

The paper that I considered gave the best account of the views of patients was by Allan Beveridge called *Life in the Asylums: patients' letters from Morningside (1873–1908)*. In this online archive I have quoted literally and at length from his paper where he has carefully reviewed over 1000 letters which had not been sent but had been left in the patients' notes.

The Medical Superintendent was Dr (later Sir) Thomas Clouston. Dr Beveridge's review gives insight into the experiences of the men and women who made up the Asylum population. Accounts given by those who are ill are nearly always understandable and provide an insight for analysis of their predicament. The bulk of the patients' correspondence and the frequent similarity in their responses to the institution should, in Dr Beveridge's opinion, ensure that their claims are taken seriously.

In 1873 when Clouston was appointed Superintendent of the Asylum 206 patients were admitted with an average of 706 patients resident. In 1900 there were 470 admissions and an average of 940 residents, with increasing problems of overcrowding. The Asylum had a West House for private, and an East House for pauper, patients.

The letters studied had been attached to the case notes by Dr Clouston and his medical staff. They were permitted by the 1866 Scottish Lunacy Act to open all patients' correspondence and prevent any letters being sent out which they deemed unsuitable. An exemption was made in the case of letters to the General Board of Commissioners for Lunacy in Scotland which had to be forwarded. Letters were held back if they were

thought to display mental disturbance on the part of the writer. Many such letters were attached to the case notes with written comments like 'a mad letter' or 'showing general delusions'. Letters which were openly critical of the Asylum were also retained. Letters stopped included those sent to the eminent or famous (the Royal Family, the Prime Minister, the Archbishop of Canterbury). In these circumstances it is likely that there will have been an over representation of critical and condemnatory letters. Other letters were those patients made directly to staff and finally those written by patients following their discharge.

Dr Beveridge has described Dr Clouston in his paper:

'Thomas Clouston was one of Victorian Britain's leading alienists and was highly regarded by his contemporaries, both as a medical writer and as an asylum superintendent. He summed up his approach to the running of Morningside as 'discipline, order, a life under medical rule'. Based on the view that insanity represented a loss of self-control, Clouston's Asylum regime sought to bring order to the disordered mind by regular routine and the strict enforcement of its rules. The Asylum day followed a set pattern of early rising, walks round the grounds and early to bed. Clouston also believed that stoutness was conducive to mental health and outlined his 'Gospel of Fatness', a doctrine which involved feeding-up the patient. In addition to exercise and eating, the Asylum provided regular dances, outings to local places of interest, lectures and sports – all of which was calculated to distract the mind from morbid preoccupation. Work was seen as an integral part of therapy for pauper patients, with the men being sent to the Asylum workshop and gardens, and women to the laundry and sewing rooms. Clouston rated the therapeutic benefits of physical labour very highly, and he lamented that private patients, by virtue of their class, could not be sent to work as well.

Clouston made a daily tour of the Asylum and endeavoured to speak with every inmate, although the growth in patient numbers must have rendered these exchanges very brief. As Physician-superintendent, Clouston was the supreme commander of an army of Asylum staff who were responsible for maintaining the efficient running of the institution. Junior medical staff and attendants lived in the Asylum and were expected to participate in all the institutional activities and to provide a role model of social decorum and moral probity to the inmates. Any lapse from this ideal attracted the attention of Clouston's stern eye and could result in disciplinary measures or even dismissal.

As the figurehead of the Asylum, Clouston was the focus of much of the patients' writings. He represented and upheld the values of the Asylum system, and was seen as the ultimate arbiter of an inmate's fate. Patients wrote to him, requesting privileges, voicing complaints, demanding their liberty, telling of their distress or simply trying to be understood. Patients were divided in their view of Clouston, some

finding him a kindly and attentive physician, others a remote and authoritarian figure. Many upper class inmates professed to regard him as their social inferior, while the pauper patients were more deferential.

Numerous letters thanked Clouston for his kindness and attention. David H. told him: 'You have certainly shown me a great deal of kindness and consideration and I hope you will accept my heartfelt gratitude.' James P. wrote to Clouston after his discharge and was also profuse in his praise: 'There is no doubt it is to you I owe, not only my life, but the very rapid and satisfactory recovery I have made.' Andrew U. thanked Clouston for 'the deep interest which you manifested in me when I was in the Asylum', and Charles W. hoped to repay him 'in measure for what you have done for me.' Mary K. wrote to Clouston, 'I venture to think of you as a friend.'

Some upper-class residents found it upsetting to be under the rule of someone they regarded as their inferior. One dismissed him as "a low scoundrel of a fraud, son of an old Orkney crofter". Another gave his analysis of Clouston's power:

"I have seen as much of Dr Clouston as he has seen of me. I think I have diagnosed him more successfully than he has diagnosed me. Thirty years of unlimited and unchallenged power have made him the quintessence of pompous vanity. Like nearly every man that has risen from the gutter to great wealth and unlimited power he has become at heart an utter tyrant, and the very slightest opposition to his will or even difference of opinion secures his lasting dislike."

Dr Clouston features very prominently in the letters by patients, and, although he was perceived very differently by different inmates, it is obvious that he made a deep impression on most Morningside residents. He was pictured by patients in many guises: thus he was a jailer, an autocrat, a petty tyrant, a wise philosopher, a kindly physician, a friend, an enemy, a confidant, a spy, a lover, a foreboding patriarch, a money-grabbing madhouse keeper, a Christian, a heathen, a respected member of his profession and a low dog. Patients' attitudes to Clouston could change during their stay in the Asylum, and many moved from open abuse to apologetic attempts at conciliation. Likewise, Clouston's attitude to his charges could also change, and there was obviously a dynamic, evolving relationship between doctor and patient. The extent to which this relationship was a harmonious one depended, in some part, on the inmate accepting the Cloustonian creed of discipline and order. In addition, the patient had to accept the medical opinion that he was a suitable case for treatment. For very many Morningside patients, this was a condition with which they could not readily accord. The patients' main contact with Clouston was during his daily ward rounds when he saw each patient for a few minutes. The content of these brief exchanges could subsequently preoccupy patients for days as they tried to work out their reactions to the words of the Superintendent. Many prepared themselves for the encounter. Mary K. wrote: 'When Dr Clouston comes in tomorrow I will assume the look in the eyes and face which he told me himself the first time he saw me, were some of the symptoms he saw of brain delusion.' Constance F. worried about what was proper to say to the Superintendent. 'The day before I asked you (about the milk) I spent sometime thinking and trying to decide whether I ought to ask then or put it off'.

One patient gave his own view of Dr Clouston's ward rounds:

"...I never had five minutes' continuous and undivided conversation with him since my incarceration. I solemnly state that Dr Clouston never conversed with me five minutes on end, either publicly or privately, at any time in Morningside Asylum. How then can the Doctor know that I am insane. It can't be from personal observation. He never did give the requisite time. The few minutes he ever saw me were not of the

slightest value in forming a correct general inference... Why to an occupied mind thinking of distant and far-away matter it would require a minute or two to adjust yourself to the Doctor's subjective. Remember it was the initiative which lays always with the Doctor himself. You have been thinking of an abstruse problem in logic or metaphysics. He enters the room determined to test that fellow's memory or judgement again upon some passing newspaper event familiar to himself. Although you may have given passing notice to it, you did not dwell on it, or it interest you. The Doctor himself is 'au fait'. Well your remarks are quite perfunctory, or if you have been deep in other thought, even incoherent. The Doctor stalks off a proud man. It is just as he thought, a growing failure of mental power. A case of G.P. He is always proud of any evidence justifying the retention of a useful and paying patient.'

Dr Beveridge than gave examples from the patients' letters under various headings and I have quoted liberally from these in this online archive.

Admission

Many patients expressed shock and surprise when they found they had been committed to the Asylum.

'I have only just realised that I am actually in a lunatic asylum. Who on Earth ordered the cabman to drive me here?'

'They told me this was a very nice place to live at. I was under the impression that I was going to the Hydropathic House at Craiglockhart. You may imagine my horror when I found it was a Lunatic House – filled with perfectly insane men and women. I am not insane.'

'No sooner had I walked up Granton pier than my son meets me, shook hands and got into the train. So on getting to Edinburgh station ... his cousin is awaiting me and instead of me going to Edinburgh to purchase a new publication treating on the laws and the adulteration of food also to purchase a suit of clothes for myself, here does the two crafty devils, son and nephew get me decoyed away until they landed me in Morningside Asylum...'

The asylum regime

The Asylum day followed a predictable and unchanging timetable of early rising, eating, exercise and early to bed. A 26-year-old clerk wrote:

'You would be heart sorry if you could see me, sitting all day on the end of the seat, among a lot of men you would almost be frightened to meet in the street ... am getting no special treatment at all ... The food here is of the very coarsest. Porridge or coffee for breakfast with dry bread, at 11 o'clock dry bread and cheese, beer or milk,

then a walk round the grounds in a gang. Dinner at 2 o'clock broth and mutton, another walk in the afternoon, then tea at 6, one cup and almost dry bread, then bed at 8 o'clock. Between times you have to sit still and can do nothing but think, think and think.'

The hours could be a cause of discontent:

'I cannot ever get a comfortable night's sleep as I am forced to go to bed at nine ... am waked up by the night watchman at 6.20, 2 hours or more before breakfast, although am called again at 7.30 by another man.'

The emphasis on hearty eating was another focus of patient resentment:

'I have been required to take such quantities as I never could comfortably take all my life. I assure you my life here has been one of exceptional horror, forced to eat large quantities of coarse food which I could not digest...'

The Asylum rules were puzzling:

'Miss Elkins [an attendant] says that she cannot tell me what is compulsory and what is not 'because there are so many things I think'. I think this vagueness makes it more difficult for me to act and that I should do more as people wish if I could know where the orders began and end . . . The position that I may be under orders about things which have never been mentioned to me makes me more inclined to give way and do nothing.'

'... you little realise the awful horror of my Doom. I am shut up in a lunatic asylum, my body utterly at the mercy of those in whose power I am. It is far worse than solitary confinement in a prison would be. Here the first principle is to isolate one from one's friends on the plea that it is for one's good and then they wreak their fiendish will on one's unhappy body.'

'I am quite in a mist yet to what is going on around me ... I attend the drawing room regularly and am made to dance but I have not much heart to do it ... I still play a little on the violin and one of the gentlemen in this gallery accompanies me ... I have occasionally a game at bowls in the bowling alley and sometimes a game of draughts.'

'It is all nonsense keeping me here in this interminable way. You really must come over and take me home ... I see how impossible it is to get away unless you or some one from home come over for me ... if I had the least idea I was to be left all this time I would have fought harder against being put in.'

There were many letters from patients to their relatives asking to be released. One such letter from a man to his brother threatened suicide:

'I do not wish to live any longer ... I cannot and will not live here any longer ... If you do not come and take me out of here tomorrow, you will not see me alive again.'

One of the most painful aspects of Asylum life was exclusion from the wider world:

‘I am well kept here but it is the freedom I want. It is the worse kind of punishment, this feeding you well and keeping you back from your friends and all information as to what is going on around or outside.’

‘I have lost my freedom. I am wearing pauper’s clothes, and eating pauper’s food ... I am very sensitive and it causes me to feel averse to the asylum to have to wear the regulation suit.’

The medical assistants

With the increase in the number of patients and of medical staff more letters were sent to them than to Dr Clouston. The letters were similar some thanking the doctors others berating the staff. One patient was aware that the medical assistant’s future depended on Clouston’s good opinion of him:

‘Among the assistant physicians, their whole life’s future depends on his goodwill. They know they could never get an independent appointment without his goodwill and personal influence. I never knew an assistant that had the courage to differ from their chief. I never knew or heard of an assistant physician saying ‘Well Dr Clouston I differ from you and think this person sane’. If he did the Doctor would not forget him. It would be a long time before he got an Asylum.’

Attendants

Many patients viewed the attendants as merely keepers or prison guards. The most common complaint against them was that of using physical force.

‘I suppose the attendants in asylums must be told what is supposed to be wrong with the patients and the attendants in the asylum are not exactly what you would call gentlemen so I feel myself in an extremely painful position.’

‘Attendant Shaw brutally ill treated me on many occasions at the East House. He injured my wrist by twisting so that it will never be right again ... He always hit me hard in the stomach when he took me into the boot-room, as he did almost daily, and was guilty of innumerable cruelties ... I formally complained of him at the time to the Lunacy Board two years ago. Dr Clouston characteristically ignored their remonstrances.’

‘Fancy a fellow of my age (a 22 year old law student) being thrashed with a walking tick and dragged off suddenly of a morning and pitched

headforemost into a bath and held down. A bath does one good but to be kicked like a football and twisted like a wet cloth is too much of a good thing.'

'I was taken out of my own bedroom last night after I was undressed and led by Miss Brown the Matron to others where there was six beds in the room ... I did earnestly beg of them to let me remain in my own little room where I was sleeping so soundly ... but no I was demanded to lie down even Mrs. McLeod the Housemaid took me by the shoulders and pushed me down on the bed. Well I sobbed and cried aloud but I was told by Mrs. Brown that I would get five minutes to be quiet or she bring down Dr Lennox.'

Although attendants were seen as against patients rather than for them, some felt warmly disposed to individual attendants and grateful for their kindness. Letters praising them would be less likely to be withheld unless there was some other reason (for example the letter being addressed to Royalty).

'I am proud that I am an inmate of this Royal Institution, Tipperlin Road Morningside. It has done me a world of good. I never felt so comfortable and well in all my life. I am taken great care of here. We have six keepers to look after over seventy patients. Mr. McDonald the night warden is a jolly fellow.'

Fellow patients

The Asylum was peopled by a bewildering variety of inhabitants. For many patients the most disturbing feature was the other residents. Although they could find their neighbours intrusive, intimidating or repellent, many patients developed friendships with other inmates, but the sheer size of the Asylum and the great number there could prove oppressive.

'I will be glad to be home again as this place is so big and there is such a lot of people. I sleep in a long room with a lot of people and I don't like it at all. I have to go to a Hall [of] immense size for any food, about 100 people in all and I don't enjoy a bite I put into my mouth. I don't like this place at all.'

‘I have had no-one to speak to since I came in as all the patients seem taciturn and morose. They do not talk much among themselves and their talk is the most wretched and irritating one could hear.’

‘How the law of the land can permit such a number of persons to inhabit one building is extraordinary, especially insane persons whose breaths are generally disagreeable to inhale and Mrs. R. being allowed to remain so long in her diseased state amongst others not similarly afflicted and even made to attend the meals in the hall and sit beside others at table is disgustingly incredible.’

One patient found some of the others disturbing and, at times, repellent. He described his fellow inmates as ‘poor unfortunates, vile and filthy only a shade removed from the beasts of the field’. He detailed his distaste:

‘Old codgers in every stage of decay share the table with me and have long beards – a circumstance that don’t contribute to neatness you see the beasts with their beards reeking of soup and broth and as we have no napkins at breakfast or supper the poor devils take their hands and wipe off the bits of vegetable and meat and use the tablecloth, for further final cleansing of their hands.’

Wrongful confinement

Many patients felt they should never have been in the Asylum at all. They were not mad and had no business being in a madhouse. Many letters demanded immediate release. The certification procedure was challenged and the charge of insanity denied.

‘You will not doubt have forgotten that I have been put here when there was no use, or no necessity for my leaving my own home. I am not certified legally, as being of unsound mind. I was not visited by any of the proper authorities and I am under the impression that the certificates are forged. If Dr Banks name is to be any of them, I may mention that he did not see me for five weeks.’

‘I am very much annoyed that I have been kept here so long ‘without a proper legal warrant’. No Document for my incarceration and Isolation and Humiliation as a Lunatic, dangerous, furious, fatuous or otherwise was shown to me, either here or at Aberdeen ... and no examination was ever made into my mental state there or even here.’

‘You have not seen no signs of Insanity with me. I have never attempted to cut my Throat. I have never shat my bed as some has done. I never had to be held down on the sofa as I have seen them.’

Many patients blamed their relatives for their detention. Patients’ attitudes to family and friends could change dramatically when they were detained, and for some it permanently damaged their relationships.

‘My so-called friends, my wife and all her relations have treated me with the most cruel and culpable neglect. My heart, soul and best loving affectionate feelings are utterly deadened and hardened. The bonds and cords that united me to them must now be cut asunder in order that I may be a free noble man in the future.’

There were complaints about the medical method of diagnosing madness and the difficulty of proving sanity.

‘I challenge the whole attitude of mind of Dr Clouston in his estimate of the insanity of those in his charge. I have spoken already of the inadequacy of the time of actual personal knowledge and observation. But no less dangerous is their mental attitude or process of proof. They are always watching for evidence to justify detention. All your rational conduct, all the evidence of sanity makes no impression on their mind, is quickly or immediately forgotten. While the slightest mistake, the slightest momentary forgetfulness, the slightest ebullition of temper is carefully noted, always treasured up and will be remembered against you months or even years afterwards. I say this life in an asylum for those who mean to get out of it . . . is an immense strain upon the mind. You feel yourself among enemies, interested and prepared to forswear your liberty away. You must either become a low panderer to the personal vanity of Dr Clouston himself or live in constant and chronic war with all his staff.’

‘Supposing I heard voices in my ears, real or imaginary that is no reason why I should be sent here. There was not a single act in my own home, or since I came here to show why I should be under control, but quite the opposite.’

Some patients forged letters in attempts to bear the certification process. One wrote a letter he attributed to Dr Clouston in which his certification was retracted.

‘We certified him unsound in mind on the supposition that he was suffering from acute or subacute mania. His conduct at this Sanatorium ... was all that could be desired and he earned the goodwill of patients and attendants alike and was especially good terms with the House Doctors ... I may perhaps have erred in allowing him to be confined here.’

Another patient wrote she had been falsely sent to the Asylum by a “mad sister who was really out of her mind through drink” and concluded,

‘It is very hard to be kept here when there is nothing wrong with me when I am quite able to work for myself if you would kindly give this consideration. I know that it is no interest of yours to keep me here.’

Escapes

Some patients escaped by running away from the Asylum. Escape attempts were often impulsive seizing opportunities on gardening parties, walks and trips into town. Some who escaped wrote back sometimes triumphant sometimes apologetic. Some of the letters led to speedy apprehension again.

‘Will you kindly excuse me for not bidding you and Dr Clouston goodbye yesterday ... and will you also kindly make an apology for me to the ladies for my unavoidable absence at the Drawing Room this evening.’

‘I am suddenly called away to Holywood. Will thank you to send me £5. Many thanks for your kind attention and the many courtesies you have shown me. With kind regards to yourself and family.’

‘No doubt it would displease you my going off in the manner I did, but while out that forenoon I felt I could not resist from taking my own liberty, especially when feeling well and I just walked away without any personal assistance whatever. I am now stronger and still taking Cod liver oil, Malt and feeling well ...’

Leaving abruptly could cause problems for the newly liberated. A seaman who ran away to Blyth in England asked if his possessions could be forwarded to him.

‘Would you be good enough to forward my book and papers. I cannot get employment without them. I will pay for the clothes as soon as I get work. I did not run away intentionally. It was just on the moment it struck me. I am sorry now. It [is] worse for myself now I can’t get a ship without the papers and book.’

A 54-year-old librarian wrote to Clouston after his escape to London. Written in a humorous manner, his letter combined criticism of the Asylum with a reassertion of his own individual standing.

‘Today, if I mistake not is the third anniversary of the day on which I find myself an inmate of your too hospitable asylum. I cannot it seems to me celebrate the Day better than by writing to you as a free man to free man and thanking you unfeignedly and with not a touch of irony both for the kindness which though equally well intended produced only resentment, rebellion and unuttered oaths. You are the right man in the wrong place with a task assigned to you by an anachronism of legislation ...

I should have been glad to shake hands with you before putting into practice the old philosophers unanswerable argument ‘solvent ambulando’ had I not been aware that as a too benevolent host you had not sufficiently learned the art of ‘speeding the parting guest’. I acted on no sudden impulse. I only carried out the plan I had willed three years before.’

Conclusion

Dr Allan Beveridge’s review of letters written over three decades by patients detained in a Scottish Hospital gives a telling and insightful analysis of how the patients saw themselves, the Institution and their personal predicament. The letters possess an immediacy, lacking in documents written retrospectively after release. They were written when the patient was in the Asylum and in a state of mental turmoil. These letters draw attention to some of the negative features of institutional life rather than its therapeutic qualities. The doctor-patient relationship in psychiatry differs significantly from that obtaining in other branches of medicine. The nature of mental illness may rob victims of the insight to realise that they are unwell. Dr Beveridge’s report shows a complex picture of Morningside with room for both coercion and humanity.

I will end this online archive with another short account given by a patient 100 years after the patients’ accounts described by Dr Beveridge.

Concern about the demoralising effects of living in large asylums had led to endeavours to make such hospitals 'therapeutic communities'. Denis Martin attempted this at Claybury where a new approach was tried. Patients were encouraged to work together with staff in a less hierarchical and more democratic way. There was a continuous round of discussion and theorising with many group meetings and changes in the relationships between patients and staff. This did not suit everyone as this patient's view shows.

'I hate Claybury. I'm put down as a schizophrenic. I don't know why, I'm sure I haven't got a split mind. I've been in seven mental hospitals and they were none of them like this one – I hate this place, they keep interfering with you. When I was in X hospital, they let me be; I have to get away you see – Same in the others, never do all this interfering, they let you sit, that's what I want to do. You're just like all of them, why have you got that recorder thing – I suppose it's to listen to my mind. I know you can, so why should I go to groups? I hate groups. They interfere with you – take over your thoughts and make you a sheep and start getting your secrets.

It made me cry yesterday. I have no feelings. I like to sit and meditate and nothing worries me because I haven't got any feelings. It's better that way, isn't it? But at the big group they kept on and on. That woman with her baby, it made me cry, it hurt me, I don't want it. I don't want other people, I want to be left alone.

At this place they interfere with my messages and I can't get them clear – it's always groups and talk and everybody interfering in everybody else's business. Helping! I got this message last year or maybe it was the year before. Well, not exactly a message. Not a voice, more like just sort of knowing something you'd always known and, you know what I mean, you sort of didn't know what it was really.

It's to do with my mission – I don't know what it is exactly but there's something I have to do. Save people perhaps. But I can't be Jesus, no, I'm not Christ – I don't really know what it is, but it's sort of special mission – I could find out what it is if I could listen properly. They keep bothering me and making me talk and then I can't listen, it gets faint, you know what I mean; if they'd leave me alone I could sit quiet and meditate. Everybody in Claybury knows your business. I don't like it. I don't want to be mixed up with people. They're nothing to me, why should they bother me. Do you know that song "I care for nobody, no not I, and nobody cares for me"? That's me, and it's all wrong in Claybury, they got it in the wrong way round, always on about caring. You're all in it aren't you? I might be the one that cares if I wanted to be. I've gotta mission; it might be that, but you keep stopping me. It's the groups that's wrong, always interfering-----.
Could I have a transfer? Claybury's no good.'

This patient chose to leave Claybury and return to another hospital which he found more satisfactory.

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