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Samuel Hitch (founder of the Association of Medical Officers of Asylums and Hospitals for the Insane) (1800–1881)

Dr Samuel Hitch was the founder of the first Psychiatric Association in 1841. This online archive gives some information about him, mostly before that date including an account of his wife's treatment of a child. I have extracted this appendix from Alex Walk's Presidential Lecture in 1960.

Dr Samuel Hitch was born on 1 April 1800 and died 29 September 1881. He was the fifth child of John and Betty Hitch. He qualified as M.R.C.S. in 1822 having studied medicine at St Bartholomew's Hospital and in Paris. He matriculated at Magdalen College, Oxford, on 11 February 1830 and was recorded as a gentleman commoner of Magdalen Hall in the *Calendars* for 1831–1833 but did not take any degree. He was admitted as an Extra-Licentiate of the Royal College of Physicians of London on 18 December 1840. He became a member of the College on 29 April 1859. (This was apparently because of a clause in the Medical Act of 1858 by which Licentiate became Members without having to take the examination.)

The Gloucester Asylum had been built and was opened in 1823. The Hospital Committee had adopted the policy of appointing a medical man as resident superintendent. In addition they followed the usual custom by enlisting the services, as visiting physician, of a member of the staff of the Gloucester Infirmary. This was Dr Hardwicke Shute, one of a distinguished medical family, and the author of a two-volume work on *The Principles of Medical Science*, published in 1830. The first resident superintendent, George Poynder, left in 1828, and Samuel Hitch, the founder of the Association of Medical Officers of Asylums and Hospitals for the Insane, was

elected to succeed him. Hitch was 28 years old at the time of his election – ‘an able, bustling, intelligent man’ as Sir John Bucknill described him many years later, adding that he was short in stature, and had red hair. No biographical notice of him exists, but he himself recorded that he was educated ‘in the University of Oxford and the best medical schools of England, France and Italy’. Before his appointment to the asylum he had for some years been, in his own words, ‘connected with the medical charities of the County’. There are no details of this part of his medical career, but his interest in psychological medicine could be inferred from the recorded case, which he treated in his own home in the year before his appointment. This case throws further light on Dr Hitch’s activities before his appointment to the Gloucester Asylum. It was the case of a child which seems to have become very well known and was quoted by Crichton-Browne in 1860 and by Maudsley in 1868 and the subsequent editions of his *Pathology of Mind*. Neither of these authors disputed the diagnosis of ‘moral insanity’, though we may well do so. The case occurred before his appointment to the asylum. Samuel Hitch’s description follows.

‘The following case is not a common one. In the spring of 1827 I was requested to visit the daughter of a farmer, in some branches of whose family insanity existed. The little girl was only seven years old. She was reported by her parents to have been a quick, lively child, of ready apprehension, mild disposition, affectionately fond of the members of her family, and capable of quite as much application to her school duties as children usually are. She had been sent home from school in consequence of a great change that had taken place in her conduct. She had become rude, abrupt, vulgar, and perfectly unmanageable; neglecting her school duties, running wildly about the fields and gardens, and making use of the most abusive language when chidden for her misdemeanours. I found her in this state with the addition of having become extremely passionate in consequence of corrections to which she had been subject and to escape which she was prone to invent falsehoods. She was also changed in her appetite, preferring raw vegetables to her ordinary food; she would sleep on the cold and wet ground rather than in her ordinary bed. Her parents had no control over her; indeed, she appeared to despise them in proportion as they kindly remonstrated. She was cruel to her younger sisters; taking every opportunity to pinch or otherwise hurt them when she thought she could escape observation. She could not apply herself to anything but had yet a perfect knowledge of persons and things and a complete recollection of all that had occurred and of all she had learned previously to her illness. Her general health was

much disordered; her little eyes glistened most brilliantly; the pupil was contracted, though expanding widely if she was suddenly excited; the conjunctiva was reddened; the heat was hot; the surface of the body of about the natural standard; the extremities of a lower temperature; and the palm of the hand had as completely the peculiar feel of the nervous as a grown person; her person had a disagreeable odour; the bowels were much disordered from the various strange things she had eaten. Dr B saw her in conjunction with me; and we endeavoured to improve her general health, hoping that by so doing we should remove some exciting cause for her disturbed feelings; we were disappointed. As she grew worse and her parents by mismanagement, sometimes humouring her, sometimes harshly correcting her, were likely to render her still more disordered, I took her into my own house and placed her under the care of my wife. At this time she had taken to eat her own faeces and to drink her urine, and she would swear like a fishwoman and destroy anything within her reach; yet she was fully conscious of everything she did and generally appeared to know well that she had done wrong. Having committed some mischief or destroyed something which was fragile she would often run to my wife and exclaim, 'Well! Mrs. Hitch, I have done it! I have done it! I know you will be angry but I can't help it; I felt I must break it and I could not let it alone until I had!' Amongst her pleasures was that of dirtying herself as frequently as she had clean clothes; indeed she would rarely pass her excretions at the proper place, but reserved them for the carpet of the sitting room or for her own clothes. When she had accomplished this end she would jump about and exult; but the little creature would often induce my wife to smile at her when with an expression of countenance which was always intelligent, made up of cunning, feigned regret, and a subdued smile, she would say, 'Well, Mrs. Hitch, 'tis too bad of me; 'tis really very foolish and I will try to be better; but you must forgive me because I am mad.' At other times she would be so far conscious of her situation as to cry bitterly and express her fears that she should become like her aunt who was a maniac. In addition to all these indications, she lied, stole anything which she thought would be cared for and either hid or destroyed it, and swore in language which it is difficult to imagine that the child could ever have heard. I could never detect in her any fixed idea, either of fear or belief, which influenced her conduct. She acted from the impulse of her feelings and these were unnatural and unhealthy. She recovered in about two months.'

A psychiatrist today might suspect that the diagnosis in this case could have been some cerebral inflammation possibly viral in origin which ran its course leading to spontaneous recovery. Dr Hitch did not have the aids to diagnosis such as X-rays, scans, electro-encephalography and bacteriology available today.

Dr Hitch became Resident Superintendent of the Gloucester Asylum, his wife who had been successful in managing the disturbed child in their own home was appointed

Matron in 1838 which was not unusual at the time. In 1841 the Committee approved the employment of the wife of the charge attendant as a nurse in the refractory ward. Dr Hitch's ideas and practices during his twenty years at Gloucester are better known, and his conduct during a fire which occurred in the hospital in 1832 led to the Committee voting him their best thanks for the prompt and judicious measures he took and for his active exertions in restoring the premises to order and offered to indemnify him for losses of property of his own which had been sacrificed while 'his mind was abstracted by his attention to the property of the asylum'. Later some further compensation was also made to him for 'great privations and discomforts' to which he and his family were subjected in consequence of the fire.

On 15 October 1836 there was a balloon ascent in Gloucester which was reported in the '*Gloucester Journal* a week later. The balloonist was a Mr Graham and he was accompanied by Samuel Hitch and also a Mr William Pugh. The balloon took 18 000 cubic feet of gas and was inflated between 8 a.m. and midday. They took off at 12.30, ascended to about 11,000 feet. They were in the air for 25 minutes covering 17 miles covering Tewkesbury and descended on Bredon Hill. At this stage they were thrown out doing somersaults into a turnip field but without any harm. It was evidently a gala day in Gloucester for the crowd not only assembled in 'the area leading to the spot' but 'on the church tower, the roofs of houses, the masts of vessels and other conspicuous stations'. They were said to 'have ascended in as magnificent a style as was ever witnessed'. 'The hearty and thrilling cheer which accompanied the voyagers into the heavens [was] spiritedly responded to by them waving flags and hands until distance rendered them imperceptible'.

In 1835 James Cowles Prichard, the well-known Bristol physician, published his famous *Treatise on Insanity* and in the course of preparing this expanded version of his earlier articles in the *Cyclopaedia of Practical Medicine* he wrote to Hitch for information on three subjects with which he was particularly concerned, namely, moral insanity, general paralysis of the insane, and the recovery rate in asylums, and Hitch's contributions were gratefully acknowledged and incorporated in Prichard's book. Dr Hitch also sent Prichard a table showing some statistics of the asylum since its opening. Dr Walk extracted the figures for the five years of Dr Hitch's own régime. There were 252 admissions in this period and during the same time 143 patients, or 56%, were discharged as 'recovered' and 19 more as 'relieved', some of whom were discharged on trial and recovered in a short time. Prichard found even the rather lower figure for the ten years of the asylum's existence impressive, especially as 'lunatics of all descriptions were reckoned fit objects to receive the benefits resulting from this excellent establishment'. It was in fact the highest recovery rate in the country. The grant of trial leave to patients was an innovation on Samuel Hitch's part, for the practice was noticed and heavily frowned on by the Commissioners in their report of 1844. 'At Gloucester', they say, 'the superintending physician permits patients, before they are discharged, to go home to their own families and receives them again [presumably in the event of relapse] without requiring fresh Orders and Certificates; and ten of twelve Pauper Lunatics appear to have ingress and egress from the asylum at all times at their own discretion. This practice is contrary to law and appears to us to be open to serious objection'. Subsequent legislation did, however, allow trial leave, though at the same time it effectively suppressed for a century any informal ingress or egress of patients.

Samuel Hitch had other original and unconventional ideas. His own wife, who had been so successful in managing the disturbed child in her own home, was appointed Matron in 1838 which was not at all unusual at the time and in 1841 the Committee approved the employment as a nurse in the refractory ward of the wife of the charge attendant. Professor George Robertson, who was an enthusiastic advocate of female nursing of male patients, recorded this as the first instance known to him, and from a private source he confirmed that Hitch's motive was to encourage a more gentle ward life. The Committee minutes suggest that the experiment was later extended to other wards.

The French psychiatrist, Parchappe, who visited England in 1847, reported on another remarkable innovation, namely the creation of a small self-governing unit:

'This is quite an exceptional arrangement. The patients who work in the gardens occupy special quarters consisting of a kitchen-refectory with an open fire and a dormitory with 14 beds. The patients live here by themselves; the door is open directly to the gardens and is outside the asylum wall. They are supervised only by the head gardener who lives in a cottage at some distance. They go to bed at 8, get up when they like. They come and go freely just as they wish. If they wish to go into the town they have only to ask the gardener's permission. The establishment provides them with meat, bread and beer, and the gardener gives them fruit and vegetables; they do their own cooking and run their household for themselves. The medical superintendent claims that no inconvenience of any kind has resulted from this peculiar arrangement, and this seems to show how very far one can go in introducing into institutions conditions as nearly as possible resembling those of ordinary life.'

Samuel Hitch was not far behind in adopting progressive ideas from other hospitals. Following the example of Sir William Ellis at Wakefield and Hanwell, he started a Benevolent Fund, from which small sums of money, and occasionally tools, were lent to poor patients on their discharge. Early in 1840, within a few months of Conolly's

successful action in abolishing mechanical restraint, he visited Hanwell, and on 6 April the result is thus recorded in the minutes of the Committee;

‘Mr Hitch states that having been to the Hanwell Asylum he found that no personal restraint is there used upon any patient which is stated to conduce greatly to the cure - and that this is effected by having more day-rooms and more keepers in proportion than at this asylum – but one male and one female Keeper additional would be enough here for the purpose to contribute greatly towards the object and ordered that one male and one female Keeper be engaged.’

Dr Crommelinck of Bruges published a report on British asylums in 1843. He had visited Gloucester in 1841 and was also present at the first Annual Meeting of the Association later that year. In his comments on the Gloucester Asylum Crommelinck begins with praise. ‘By its extent, its situation and thanks to the enlightened care of the chief physician, Gloucester can be accounted one of the pleasantest, best administered and most important establishments in England.’ But he criticized very severely the contrast between the first-class patients’ quarters in the crescent and those of the paupers in the wing, a contrast which, he said ‘is so great and so revolting as to produce the most painful impressions on anyone with humane feelings.’ With its back to back rooms, narrow passages, bars and double iron doors which, he says, still remained in spite of Dr Hitch’s protests, this part of the institution closely resembled a prison for criminals. He explained that Dr Hitch was becoming increasingly opposed to the continued association of patients of the two classes in the same building; for the pauper patients were well aware of the difference between their condition and that of their more fortunate fellow patients.

In the course of correspondence Hitch had explained his principle of trusting patients to an extent not generally believed possible at that time. He never refused to take a

patient's word; a fifth part of the patients were under no restriction; they went to church in the town unescorted or in groups whose members looked after each other. But Crommelinck commented that the privileges granted to the paupers were never as extensive as this, and in the evenings they were largely left to their own thoughts while the more wealthy patients danced or played billiards or chess. Crommelinck described, however, with appreciation one of the dances at which he was present. It was on Twelfth Night. 'There were about 20 patients with the doctor and his family, the lady companions and some guests; dancing was from 7 to 11, with supper at 9. During the evening Dr Hitch succeeded in getting a young lady to dance whose state of melancholia had made her incapable of uttering a word for six months; her mutism was also dispelled, so that Dr Hitch felt most hopeful about her prospects.' As to this form of social therapy, the Committee's Reports for 1842 and 1843 mention that the system was being tried of introducing 'a limited number of students of each sex (i.e. young medical men and young ladies of education) to an association with the patients of both sexes' and Dr Hitch had formed the first-class patients, the students and his own family into one domestic party who 'assembled daily for meals and for amusement in one or other of their respective apartments'.

Samuel Hitch's zeal for granting the utmost possible liberty to his patients continued to the end of his connection with Gloucester. In 1846, the year before his retirement, Dr Walk noted the following Committee minute:

'15th September 1846. The Case of Oliver Freeman, who had several times escaped from the institution, being then brought forward, and Dr Hitch examined on the subject, from which it appeared that, though apparently well and quietly disposed, Oliver Freeman was not to be trusted, inasmuch as he had several times taken advantage of the liberty allowed to those who work in the garden to make his escape, and, when at large, had become violent and dangerous to others.'

ORDERED that Oliver Freeman be not allowed in future to go outside the walls without an order made to that effect by the Committee of Visitors as they consider it right to guard the public against the recurrence of such violence – notwithstanding the Medical Superintendent’s wish to avoid the responsibility of retarding his cure by restricting his liberty’.

The separation of the private from the pauper patients was effected many years later. In 1856 the union between the subscribers and the County and City was dissolved, and in 1860 the Committee of Subscribers opened their new Registered Hospital at Barnwood House for private patients.

In 1845 Dr and Mrs Hitch expressed their wish to retire from the offices of Superintendent Physician and Matron in consequence of the impaired state of their health. It is evident, however, that as far as Dr Hitch was concerned he was only asking to be relieved of the single-handed everyday burden he was carrying which included also the duties of Clerk to the hospital. He intended to develop a private practice. The Committee agreed to set up a three-tier system with Dr Hardwicke Shute continuing as visiting physician on a ‘once-a-week or as required’ basis. Dr Hitch became non-resident Physician with the duty of visiting the asylum daily and seeing all the patients; he was to be medically responsible for their treatment and care and ‘the direction and supervision of their management’, and he was given liberty to take private patients on his own account. A new appointment of Resident Medical Officer was created to take the care and management of the patients under the direction of the physician, ‘superintend the general economy of the asylum and undertake the statutory duties of Clerk’.

By this time asylum practice had developed sufficiently for the Visiting Justices to be able to insist on previous experience in candidates for both the Resident Medical Officer's and the matron's posts. The new Medical Officer, Dr J.E. Huxley, did not remain long at Gloucester; in 1846 he was appointed Superintendent at the Kent County Asylum; and there was an interval during which Dr Hitch resumed full control, after which Dr W.W. Williams was appointed. Williams must have rapidly gained Hitch's confidence, for at the Oxford meeting in 1847 the latter proposed him as joint Secretary with himself of the Association, evidently with a view to the succession. Later in the same year Hitch decided to take the step of opening a Licensed House of his own, and he acquired the mansion of Sandywell Park near Cheltenham for the purpose. He now finally resigned his connection with Gloucester Asylum. Again confidence was shown in Dr Williams' ability, and he was entrusted with the entire management of the asylum as resident physician.

In 1849 Hitch organised a collective address of congratulation to Gaskell on his appointment as a Commissioner. This, with a list of signatories, is entered in the minute book; the number of signatories (31) is probably well below the total membership, but the list is interesting as mentioning for the first time some names that later became very prominent in the Association's affairs, such as Bucknill of Devon, Boyd of Somerset and Hitchman of Hanwell and afterwards of Derby. Hitch submitted his resignation as Secretary at the meeting held in London in 1851. He was invited to continue in office as Treasurer and did so until 1854, but it does not appear that he attended any of the meetings held during this period. He finally resigned office in 1854, when he was succeeded by Dr Ley of Littlemore.

There was a curious legend about Hitch's relations with the Association, which was given currency by Dr Greig Soutar when he spoke as President at the Annual Dinner in Gloucester in 1912. It was to the effect that 'the Association was discarded and disowned by its parent', in that Hitch, without any explanation, suddenly ceased to take any interest in its affairs, and that the reason eventually turned out to be a slur cast on the manner in which the Association had been formed. One of the Association's Presidents (whom Dr Walk ascertained to have been Dr Hitchman of Derby) had suggested that it had come into being at a convivial gathering; and Hitch had taken offence. As related by Dr Soutar, peace is said to have been restored by 'the good Dr Hack Tuke' who tactfully elicited the cause of Hitch's displeasure and restored peace by publishing the true facts. Dr Walk could not trace any such publication in the journal – Dr Hack Tuke's brief sketch of the early history of the Association did not appear until 1878. From the minutes it is evident that Dr Hitch had ceased to attend several years before Hitchman's unfortunate *faux pas*. Dr Hitchman, speaking at the Association's Annual Dinner in Derby in 1855 (the first held), had said: 'Our Association is of tender years; it dates its origin from the social intercourse of a few friends under the hospitable roof of Dr Hitch – from an assembly of gentlemen having kindred pursuits, like aims, like anxieties and like hopes. It was in the beginning a social festival at which laborious men forgot for a while their anxious daily task and luxuriated in the sympathy of their brethren ... some of the members felt that the Association should enlarge its aims and become the representative and exponent of psychological science'. There is a suggestion here that the Association had remained a mere 'social festival' after it had been formally

constituted, not merely that it had originated from informal gatherings. The records gave no support to this.

At Sandywell Park Hitch had as partner and assistant first a Dr Bush and later a Mr J.V. Wood. He does not seem to have lived in the house. A description of all provincial licensed Houses appears in the Commissioners' report for 1862 and here the house is described as large and handsome, well maintained and catering for about 30 patients of the upper classes. The Commissioners 'highly approved the practice of allowing about 15 or 16 patients of both sexes to dine together daily'.

In 1864 Hitch gave up the house, and the licence was transferred to Dr W.H.O. Sankey, previously one of the 'medical superintendents' at Hanwell. Hitch retired to Southwick Park near Tewkesbury. His name ceases to appear in the list of members of the Association after 1871. He died at Eastbourne in 1881; his death seems to have attracted no attention and no obituary notice appeared in the *Journal* of the Association or any of the other leading medical journals.

Reference

Walk, A. (1961) Gloucester and the beginning of the R.M.P.A. *Journal of Mental Science*, **107**, 603–632.