

Preface

This book has its origins in the discovery of a rare, if not unique, primary document, the 1766 case book kept for his private purposes by John Monro (1715–91), perhaps the most famous mad-doctor of his age.¹ Monro was visiting physician to Bethlem (or Bethlehem) Hospital, the archetypal “Bedlam,” Britain’s first, and for hundreds of years only, public institution for the insane. While Monro is a figure who is well known to historians of psychiatry, his case book has been virtually unknown outside of the immediate family in whose possession it remains. Some years after learning about that manuscript’s existence, we decided to collaborate in producing an annotated edition for publication. Initially, we thought of our work on the case book as a relatively modest project. Once we had commenced our researches, however, it rapidly became apparent that the issues Monro’s manuscript opened up called for a much more ambitious analysis than the one we had originally planned or envisaged writing.

Over our years of prior work on the history of psychiatry, we both had already accumulated a welter of information and knowledge about Monro and his career. Monro’s prominence and the social standing of at least some of his clientele meant that, within months of beginning to focus on this particular project, we had enlarged these resources into a veritable treasure trove of references to him and his work. Both of us soon reached the same conclusions. We were confirmed in our earlier, more tentative suspicion: that other historians had simultaneously underestimated and misconstrued Monro’s importance in the development of eighteenth-century mad-doctoring. Indeed, we became convinced that, when viewed through the various sides of the prism comprised by his career and his day-to-day practice, by his patrons and customers, and by the case book and other materials we had uncovered, the place

of madness in eighteenth-century England was revealed in a startling new light.

As our work proceeded, we found ourselves able to draw on an astonishing array of sources, both verbal and visual: the diaries, family papers, and correspondence of England's wealthiest and best-connected citizens; "high culture," both literary and artistic, from the poetry and satires of writers like Swift and Pope to the paintings of Hogarth and the sculpture of Cibber; popular culture in the form of cartoons, broadsheets, ballads, Grub Street Gothic novellas, and the like; the reportage and the excesses of the daily and periodical press; the usually drier material found in hospital archives, city directories, state papers, wills, legal documents, and trial transcripts; an array of medical treatises and writings on madness, hypochondria, hysteria, and the spleen; and the simultaneously mute and immensely telling testimony of buildings and their architecture. All of these materials helped us to gain a better grasp of the viewpoints, practice, and approaches of this particular mad-doctor and to set them in the widest possible historical context. Thus, too, we were permitted a firm purchase on the personal and family travails and tragedies—as well as the mundane realities of the professional career—revealed in the case book itself. In parallel fashion, the patients' experiences and narratives and the medical interventions recorded in its pages shed new light on the stories these other sources had to tell us.

In the latter stages of our collaboration, it became increasingly apparent that a single volume could not do justice to the complexity of the resources we had unearthed. The case book that had originally prompted us to work together formed a natural focus for many of our analyses of the mad-doctor, his patients, and their families. In our view, a close reading of its contents permitted us to develop a privileged and peculiarly revealing set of insights into the microcosm that constituted and contained the clinical encounter with madness. Those analyses lie at the heart of our separate discussion in the second of our two volumes, entitled *Customers and Patrons of the Mad-Trade*, where we also reprint the text of the case book itself.² Yet Monro's career also played itself out on a larger stage, and attending to his activities in the public sphere permitted us to develop a broader and more wide-ranging perspective on Unreason and those who undertook to combat it in Augustan England. On the whole, it is that more macrocosmic view of the place of madness in eighteenth-century society and culture that we present here. The intimate world we encounter in the pages of Monro's case book yields up many of its secrets only when what the mad-doctor's private notes reveal

and elide is placed in a larger context. So, too, in parallel fashion, our discussion of that larger world must link back to and ground itself in the details of day-to-day activities and practices if it is to realize all its aims.

The pages that follow are thus, on one level, an account of the career of Dr. John Monro. Chapters 1 and 2, especially, chart the progress of Monro's career from his early Oxford education and fledgling apprenticeship in the mad-business under his father's guidance to the four decades he spent at the medical forefront of England's premier lunatic hospital. Taking its lead, however, from a new generation of historical and biographical writings, this book seeks to be much more than a narrative of Monro's life and times. Ranging widely over the terrain of eighteenth-century mad-doctoring, it assesses Monro as one among a number of emerging specialist practitioners of the mad-trade, closely reading his career through the broader lens of contemporary medical practice and culture. Because we recognize that the sociocultural setting of an individual's life is at least as significant as the individual's subjectivity and particular personality traits,³ even this portion of our two-part study of Monro and eighteenth-century madness is as much about the various contexts in which Monro practiced and his interrelations with his patients and their families and friends as it is about Monro and his own family. We are concerned not to tell this tale from above, or merely from the perspective of the mad-doctor and the profession themselves, but also to present Monro and mad-doctoring through the eyes of their clientele. Thus, while focused on Monro, this book is also about those Monro treated and was hired by: his patients and their families.

As part of our study, we have provided an extensive array of visual materials that we located in the course of our researches, much of it previously unseen even by specialists. We should emphasize that these often arresting images are included not just for decorative effect, but comprise an indispensable part of our analysis. The inclusion of a wide range of visual material appeared to us to be a vital way of ensuring the bearing and significance of a pictorial narrative accompanying and complementing the textual account we were keen to offer. Thus, in according a large and vivid space for a range of illustrative media, we have also sought to signify our conviction that a history of madness, of the mad-doctor, and of the mad patient is itself liable to be unbalanced without an active engagement with representations and incarnations in graphic and pictographic, as well as written, form. The rich resource such visual materials provide is, we believe, too often overlooked, or else treated too casually and superficially by historians.⁴

John Monro was without question one of the most famous mad-doctors of his generation. Besides his position at Bethlem Hospital, he was also a major figure in the emerging private “trade in lunacy”⁵ that was so notable a feature of eighteenth-century England’s burgeoning consumer society. Monro attended Bethlem at a time when the hospital’s custom of exposing the insane to the eyes of sightseers reached its apogee. In the last years of his tenure as its physician, the practice was radically curtailed—though not at his initiative—after a wave of public, literary, and media protest. Recognized by contemporaries as a leading authority on insanity, Monro’s close social connections with members of the aristocracy and gentry, as well as with medical professionals, politicians, and divines, ensured for him a significant place in the social, political, cultural, and intellectual world of his time.

As one measure of their prominence, John Monro and his father, James, were referred to with both approval and hostility in a disparate range of contemporary literature and correspondence. There are allusions to James, for example, in the poetry of Pope and the prose of Fielding, and to John in the prose of Smollett and the letters of Elizabeth Montagu. John Monro was not just an acquaintance of, but enjoyed friendly relations with, many aristocratic families, and was the medical confidant of some of the most prominent elements of the British political elite, including the Walpole family. Over the course of his career, embedded in the web of patronage and family ties that were the hallmark of eighteenth-century Britain, Monro provided his services as a mad-doctor to a host of the rich and famous, from Horace Walpole’s nephew, Lord Orford (a detailed exploration of whose treatment comprises chapter 4 of this book), to the earl of Chatham and Sir Francis Chester. Monro’s status as a specialist practitioner and physician to Bethlem saw him summoned to pronounce on the mental condition of an assortment of famous eighteenth-century mad people, including the murderous aristocrat Lord Ferrers and the attempted regicide Margaret Nicholson. While he was practically on his deathbed in 1788–89, his opinion was also solicited as to the mental condition of the allegedly “incurably mad” George III. Chapter 6 entails a comprehensive discussion of Monro’s dealings with these notorious cases.

Monro’s attendance (as well as his father’s) on Alexander “the Corruptor” Cruden, the famous compiler of a Bible concordance that remains in print to this day, brought him notoriety of a different sort: a torrent of published criticisms from the disaffected patient that constituted one of the first examples of a persistent tradition of protest litera-

ture directed against the claims of mad-doctoring (and, later, psychiatry) to be engaged upon a therapeutic enterprise. The case is examined here (in chapter 3) as part of the tangled set of relationships between religion and insanity in this period: in particular, between those who appeared to suffer from this especially problematic admixture, and the doctors, divines, and laymen who, alternately, ministered to and vilified them. The Monros' tendencies to stigmatize religious enthusiasts as crazy, and their medical treatment of Methodist madmen, was to bring down opprobrium on their heads from the movement's leaders, John Wesley and George Whitefield. (Sympathy for popular religious enthusiasm was in rather short supply among the ultra-orthodox "Bethlemetical" physicians, with their family history of high Anglican, Tory, and Jacobite sympathies.) Yet, despite such periodic controversies, and his occasional involvement in contentious cases of alleged false confinement, John Monro succeeded in staving off disrepute and carving out for himself a lucrative and successful career at the summit of the emerging "trade in lunacy."

Notwithstanding their persistent association with Jacobitism and scandal, translating themselves from Scotland to Oxford and then to London enabled the Monros to exploit their public practice and the advantages that a metropolitan residence and orbit provided in the way of sociopolitical connections. Indeed, they succeeded in generating a rewarding, if not positively roaring, trade in the treatment of nervous and mental diseases among well-heeled and well-connected families. Besides their visiting role at Bethlem, the Monros also attended and ran a host of private madhouses in the metropolitan region. These included establishments in Chelsea, Bethnal Green, and Hoxton, as well as two other madhouses, Clerkenwell House and Brooke House, Hackney, which, over the course of a century and more, were to form the lucrative core of the family's involvement in the mad-business. Chapter 5 focuses more particularly on the Monros' growing involvement in this burgeoning business.

In the late 1750s, Monro engaged in a rather exceptional and highly charged debate with the unfortunately named William Battie (1704–76), physician to the recently established rival institution of St. Luke's Hospital for Lunatics. The controversial relations between Monro and Battie were played out most overtly in Battie's *Treatise on Madness* (1758) and Monro's aggressive riposte, *Remarks on Dr Battie's Treatise* (1758)—sources that have been much quoted both by contemporary mad-doctors and by modern historians of psychiatry. The two men's

complex interactions are discussed at length in chapter 2. As we shall see, Monro's case book registers his continuing tensions with Battie in the subsequent decade, the former occasionally permitting the bile of personal antipathy to seep from his quill. The careers of Monro and Battie thus make for a striking source of contrast and comparison, one that says a great deal about the particular directions the mad-trade took after 1750.

In the modern historiography of psychiatry, Battie is usually hailed as the enlightened progressive and Monro castigated as the conservative reactionary, but there is evidence that—in eighteenth-century terms, at least—the accuracy of this assessment is less clear-cut than some have claimed. Despite their crossing of swords, the professional interests of Monro and Battie also coincided at times, and they were commonly called upon to act in tandem, as when Monro testified alongside and in agreement with Battie before the 1766 Commons inquiry into private madhouses. Indeed, as the following pages show, the genuine or lasting differences between these two doctors may have been distorted and exaggerated.

A word, finally, about the book's title. William Belcher, a patient incarcerated for seventeen years in a Hackney madhouse, and freed only after the intervention of John Monro's son Thomas, referred to the institution in which he had been locked away as a "premature coffin of the mind," or "one of the graves of mind, body, and estate," confinement for him being experienced as a form of "legal death."⁶ Belcher was far from the first or only contemporary to perceive (or to be represented as conceiving) confinement in a madhouse as a form of living death. Some lunatics were indeed confined for life, and literary accounts of patients such as Margaret Nicholson (discussed in chapter 6) dwelt morbidly on the departure of their hopes and spirit as they whiled away their days at Bethlem and kindred institutions. Other patients, meanwhile, were artistically represented sketching gravestones on their cell walls to signify their ineluctable entombment in the madhouse or the lunatic hospital (see figure 7 in chapter 1).

Also pertinent, we believe, is a conversation Samuel Johnson had with Fanny Burney during April of 1783 (as reported by James Boswell). Discussing the extravagant funeral of David Garrick, each asserted sharply contrasting views of the moral and emotional effects of living beside either a lunatic hospital or a graveyard. Their exchange further highlights the magnetic contiguity of madness and death: both Janus-faced subjects for sad reflection and, alternately, for avoidance in this

period. It also signals, however, a transition in elite attitudes over the later decades of the eighteenth century, as—mollified by feminized sentiment—spectacles of suffering and loss were found less instructive and salutary than unpalatable, mortifying, and distressing.

Mrs Burney wondered that some very beautiful new buildings should be erected in Moorfields, in so shocking a situation as between Bedlam and St. Luke's Hospital; and said she could not live there. JOHNSON. "Nay, Madam, you see nothing there to hurt you. You no more think of madness by having windows that look to Bedlam, than you think of death by having windows that look to a church-yard." MRS BURNEY. ". . . it is right that we should be kept in mind of death." JOHNSON. "Nay, Madam . . . it is right that we should be kept in mind of madness, which is occasioned by too much indulgence of imagination . . . a very moral use may be made of these new buildings: I would have those who have heated imaginations live there, and take warning." MRS BURNEY. "But, Sir, many of the poor people that are mad, have become so from disease, or from distressing events. It is, therefore, not their fault, but their misfortune; and, therefore, to think of them is a melancholy consideration."⁷

The arresting images and contemplations we have summarized above led us to reflect more generally upon the linkage between madness and death in this period. More specifically, we found ourselves prompted to consider the analogous kinds of service that eighteenth-century mad-houses/mad-doctors and undertakers provided for their clients. Contemporaries, both lay and medical, had long recognized a propensity for madness and death to coincide, whether a mental affliction was blamed for bringing about an individual's demise, or—as Sir Thomas Browne had emphasized as far back as the 1640s—whether physical deterioration through age and disease was observed to have culminated in a loss of one's senses.⁸ Yet the intrusion of specialist caretakers into such domains was relatively rare in the Civil War era. A century or more later, however, the mad-doctor and the undertaker were both intervening with mounting regularity and determination into these sensitive and difficult arenas.

Undertakers, of course, offered (and offer) a particular and peculiar sort of assistance to others, taking on the essential, but rather unpopular, work of arranging for the handling of the corpse, the conduct of a funeral, and the interment of the body. Mad-doctors undertook the similarly burdensome and unpleasant (but increasingly necessary) task of treating, coping with, and confining difficult or impossible people. Madness, moreover, was widely portrayed as entailing a kind of social, mental, or metaphysical death, and from this perspective, mad-doctoring



FIGURE 1. William Hogarth, *The Company of Undertakers* (1737). Hogarth's print representing the doctors of his day as a company of undertakers assumes the form of a mock coat of arms. Pictured as bewigged and cane-carrying quacks, a gallery of fellows of the Royal College of Physicians occupies the lower portion of the picture, their gentlemanly airs and (false) claims to curative prowess savagely burlesqued as they array themselves above a

caption that reads "*Et Plurima Mortis Imago*" (everywhere the image of death). Nine of them nod on their gold-headed canes, while three more cluster round a flask of urine, two inspecting it, while the third dips in his finger to taste its contents. In Hogarth's own words, aping the language of heraldry: "*Beneath Sable, an Urinal proper, between 12 Quack-Heads of the second & 12 Cane-Heads . . .*" Above them, offering a dubious benediction to the

might be thought of as an onerous undertaking, one that was intimately associated with concerns about the corruption and death of the mind. In the dark shadowland of human fears, associations, and motivations, we might say, its practitioners were engaged in activities that closely paralleled the fashion in which undertakers made their living from the corruption and death of the body.

In the process of profiting from the provision of an essential but stigmatized service, both occupations also found themselves fending off accusations of financial corruption and of being engaged in the cruel exploitation of human misery. While contemporary undertakers were frequently condemned as “death hunters” and “cold cooks,” performing a distasteful and disreputable office beneath that of even a trade, mad-doctors were castigated as traders in lunacy, “louses,” and “Smiling Hyenas” whose dubious skills did little credit to their standing and claims as a profession. If mad-doctors found themselves castigated as “mad quacks” and “nostrum mongers,” similar terms of opprobrium

assembled multitude of orthodox quacks/undertakers, is a wondrous gallery of characters whose identities would have immediately been obvious to Hogarth’s audience—two “Demi-Doctors . . . dexter [and] sinister” and a “Compleat Doctor” in the center, who together were three of the most notorious and prominent self-promoting quacks in the capital: respectively (with “eye conchant”), the wandering oculist and author of “wonder cures” John Taylor, presently ministering to the king; Joshua Ward, widely known as Spot Ward, for the prominent birth mark that disfigured his face, and famous as the inventor of “Ward’s Drop,” a mixture of antimony and arsenic guaranteed to promote “vomits, purges and sweats,” if not paralysis and death; and finally, reigning over the lot, the bone-setter Sarah Mabb, a.k.a. “Crazy Sally,” the daughter of a country farrier, whose main talents lay (allegedly) in the strength of her forearms and the hardness of her heart, which injured her to the shrieks of the “beneficiaries” of her manipulations. This notorious “Harlequin Female Bone-Setter” (thus costumed here) had recently been taken up by royalty

and had attended Queen Caroline. In honor of her accomplishments, Queen Mabb herself had not long before been invited to preside over a special evening of display at Lincoln’s Inn Fields—in October 1736—at which she had requested a performance of “The Worm Doctor,” an unconscious reference to the close connections between medical attendance and mortality that Hogarth must surely have appreciated. Certainly, three lines of a ballad sung about her on the occasion could have directly inspired his satire on the foolishness of those who entrusted their illnesses to the tender mercies of profiteers/practitioners who would likely do no more than speed their passage to the grave:

Zounds! Cries the dame, it hurts not me,
Quacks without art may either blind or kill,
But demonstrations shew that mine is skill. . . .

(Coincidentally, but delightfully so, the *New Canting Dictionary* of 1725 defines “mab” as a wench or a harlot.) Reproduced by kind permission of the British Museum/Wellcome Institute Library. Copyright © The British Museum.

were hurled at undertakers, their rivals in the embalming trade demeaning them as “quacks” and “mountebanks.”⁹ Yet, both these occupations were in increasing demand in an ever wealthier consumer society. Indeed, the Augustan age witnessed a marked expansion of the marketplace for both varieties of enterprise, as the growth of commerce and the parallel advance of what Norbert Elias has termed “the civilizing process” produced, in its turn, far greater rewards for those willing and able to offer a superior service to the genteel and middling sort.¹⁰

Both occupations, therefore, as they sought to take charge of perhaps the most irrational aspects of human experience—madness and death—underwent a considerable transformation in the Age of Reason. In common with many other lines of work, both became steadily more commercial and commercialized. In the process, though, mad-doctors and undertakers also discovered that they seemed inextricably linked to the practice and stigma of the lower forms of trade, no matter how hard they struggled to raise the status of their respective occupations by offering superior forms of specialist services and an array of facilities in return for a range of fees. To the dismay of their practitioners, both found themselves striving—and somewhat vainly—to eschew the stigma with which those perceived as securing profits from speculating in human misery were inevitably and inescapably tarred and tainted.

We are fully conscious of the danger that the title we have selected may conjure up a more negative and polemical image of the mad-doctor and mad-doctoring than we would wish to convey, and may evoke or encourage an overly literal reading of the contemporary critics of this emerging specialty. Yet, we hope that the double meaning of the term “to undertake” has also been emphatically communicated to our readers, and trust that the more positive and necessary sides of the services that the mad-doctor was performing, and that were under increasing demand in this period, are given a conspicuous and balanced assessment in the account that follows.