

Developing Mental Health Provision in West Sussex: Harold A. Kidd, first Medical Superintendent of Graylingwell Hospital, 1896–1926

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I Introduction

Dr Harold Kidd, first Medical Superintendent (MS) of the West Sussex County Asylum (later Graylingwell Hospital) was a physician trained under the ideals of benevolent humanitarianism towards the insane. This was an ethical ideology rooted and grounded in the post-Enlightenment, mid-European psychiatric tradition known as ‘moral treatment’ and it formed the basis of Victorian institutional care.¹ Kidd’s adherence to these ideals was shown in 1898, when in one of his early writings as MS he insisted that his patients were inhabitants of a *hospital* rather than an institution of ‘corrective’ confinement, as in the past. A diligent, dedicated man and the head of the newly built pauper asylum in Chichester, Kidd also wished that all ‘modern buildings erected for the care and treatment of the mentally afflicted combine

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- 1 E. Shorter, *A History of Psychiatry* (Chichester, 1997), [herein *A History of Psychiatry*], ch. 1; M. Stone, *Healing the Mind: A History of Psychiatry from Antiquity to the Present* (London, 1998); T. Knowles and S. Trowbridge (eds), *Insanity and the Lunatic Asylum in the Nineteenth Century* (Brookfield, VT, 2015) [herein *Insanity and the Lunatic Asylum*].

the elements of a *Home* with those of a *Hospital*.² For example, and in a practical demonstration of these words, he took great care when commissioning work on the hospital's 'patient gardens' – the lawns, flower beds, paths and pavilions which, at Graylingwell, replaced the gloomy recreational airing courts of earlier asylums. These domestic associations, Kidd believed – though he may have side-stepped the fact that for many of the poor ornamental gardens would have been a luxury – would help to ameliorate the stigma associated with the word 'asylum': for this was because he believed that the name had acquired cultural associations which 'constitute[d] a pitiless aggravation of a very pitiful affliction' by the 1890s.³ However in expressing this view it appears Kidd was over-optimistic. In fact, as Knowles and Trowbridge assert, the 'cultural myth' that grew up around the stigmatization of insanity was one that equated the word 'asylum' not with healing and compassionate care, but with a very real threat to individual well-being and liberty – and is an opinion that persists today.⁴ Kidd was born into a family of physicians working in the Imperial Raj. He took up his post in West Sussex on 1 October 1896 and the aim of this article is to assess the extent to which his management of Graylingwell and his control of conditions and treatments within the hospital that had made it a site of progress in mental health care by the time of his retirement 30 years later. The evidence which follows will aid a revision, at least in part, of the determined opinion expressed by Kidd's contemporary, Dr Montagu Lomax that the early-20th century offered therapeutic care that was at best ineffective, at worst 'inhumane' and administered by superintendents who were 'vane, lazy, unjust...and tyrannical'.⁵ It will do so by considering the extent to which Kidd's work at Graylingwell was innovative in regard to his management of staff, his running of the asylum and his attitude towards both mental health treatment and his patients' well-being.

2 West Sussex Record Office, Chichester [Hereafter WSRO]. HCGR2/1/1 Medical Superintendent's Report, 2nd Annual Report, p. 18.

3 WSRO. HCGR2/1/1, 2nd Annual Report, p. 18.

4 *Insanity and the Lunatic Asylum*, p. 1.

5 Dr Montague Lomax was a physician at the Prestwich Asylum, Manchester. His book, *Confessions of an Asylum Doctor* caused a sensation on publication in 1922 and 'many [psychiatrists] sought to discredit' his assertions, claiming that he himself must be insane. M. Lomax, *Experiences of an Asylum Doctor* (London, 1921). P. Nolan, *A History of Mental Health Nursing* (Cheltenham, 1993), p. 82. On the 'Lomax Affair' also see: M. de Young, *Encyclopedia of Asylum Therapeutics, 1750s–1950s* (Jefferson, NC, 2015), p. 67.

II The 'Alienist' in History⁶

To achieve a clear and succinct study of the development and execution of mental health provision in West Sussex under Kidd's leadership a biographical methodology has been applied. Medical biographies, according to Scull et al., have often been viewed as 'hagiographies of "great men"' and have been criticised for failing to provide anything but a progressive, Whiggish narrative of their subjects' scientific achievements.⁷ Biography neglects, its critics claim, to apply a methodology which critiques the 'top-down' power relations evident in the asylum system and, too often, minimises the effect legislative, social and economic factors had on the work of historical actors. In short, it is argued, they present an 'idealized fiction' – as opposed to a critical, historical assessment that gives as much credence to contextual factors as it does to the figure in the 'spotlight' of the research.⁸ Significant efforts were therefore made in Scull's group-biography *Masters of Bedlam* to incorporate the chronological backdrop and cultural detail so important in allowing a critique of its biographical subjects – the elite physicians (or 'alienists') of 19th century insanity. The volume opened up important perspectives on the ways in which those known collectively as 'mad-doctors' in the early-1800s worked to develop specific characteristics of psychiatric professionalism by 1900. This was even though factionalism often denied them both the kudos and (especially for those who worked in pauper asylums) the lucrative benefits of physicians in general practice.⁹ Biographies, after a period in the historical doldrums, are now enjoying something of a renaissance as a socio-historical methodology; Barbara Caine offering the argument that they can bring a nuanced assessment which 'explain aspects of the past which are harder to comprehend' in larger-scale studies.¹⁰ The collection *Insanity and the Lunatic Asylum* also privileges the discussion of individual lives – its editors noting

6 The term 'mad doctor' had been replaced by the 1860s, and the term 'alienist' applied instead to professionals who specialised particularly in the field of caring for the mentally ill. The term 'psychiatrist' came into common use after 1910. A. Shepherd, *Institutionalising the Insane in Nineteenth Century England* (London, 2014), p. 41.

7 A. Scull, C. MacKenzie and N. Herve, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton, NJ, 1996) [herein *Masters of Bedlam*], p. 4.

8 *Masters of Bedlam*, p. 4.

9 *Masters of Bedlam*, p. 5.

10 B. Caine, *Biography and History* (Basingstoke, 2010), p. 123. Other texts that support this view are: T.L. Hankins, 'In Defense of Biography: The Use of Biography in the History of Science', *History of Science* 17 (1979), 1–16; S. Shapin, *A Social History of Truth* (Chicago, 1994), pp. 127–30.

particularly that such research is a viable method for incorporating interdisciplinary perspectives into current historiography.¹¹ Trevor Turner, however, has criticised *Masters of Bedlam*, by pointing out that the psychiatrists Scull and his co-authors chose to study were 'untypical of workaday asylum clinicians'.¹² This article makes the point of addressing such omissions by showcasing Harold Kidd as one of those 'rank and file' psychiatric professionals – those whose impact on national and international medicine remains unknown, but who in their region and locality exercised power, status and influence.¹³ That Kidd's guardianship of Graylingwell worked to set the foundations in place for what would (under his successors, Dr Cyrus Ainsworth and Dr Joshua Carse) become the pioneering 'Worthing Experiment' in out-patient care, gives credence to the view that the hospital both gave the optimal standards of care for its time and sought, where possible, to be innovatory in its socio-medical treatment of patients.¹⁴

Before considering the life and work of Harold Kidd directly, recent historiography which has focused on the 'alienists' and the mental health institutions of the Victorian era is summarised.¹⁵ Such is the interest regarding the growth and life of the asylum system to 1914 as expressing the epitome of the Foucauldian concept of a 'great confinement of the insane' that the topic has long attracted historians – although Sarah Wise has recently suggested that the short-20th century is more deserving of this premise.¹⁶ Nonetheless, the laws and regulations that governed public asylums, their staff, patients and inspectorate were passed in the 19th century and set the parameters and the context through which Kidd's work at Graylingwell can, in part, be measured.¹⁷ In addition, from a social perspective, the fears

11 *Insanity and the Lunatic Asylum*, pp. 5–6, 11–28 and 29–41.

12 T. Turner, 'Review of *Masters of Bedlam*', *Psychological Medicine* 28, 3 (1998), 743.

13 J. Andrews, 'Review of *Masters of Bedlam. The Transformation of the Mad-Doctoring Trade*' (review no. 27). <http://www.history.ac.uk/reviews/review/27> (accessed 25 July 2015).

14 M. Wright, K. Slay, G. Edom, S. Rance-Riley and R. Johnson (eds), *Beneath the Water Tower: The Graylingwell Heritage Project* (Chichester, 2015); West Sussex Record Office [hereafter WSR], HCGR2/1/5, Board of Guardians Report, 24th Annual Report, pp. 42–5.

15 *Masters of Bedlam*, p. 275, note 6.

16 S. Wise, *Inconvenient People: Lunacy, Liberty and the Mad-Doctors in Victorian England* (London, 2013), p. 376.

17 L. Smith, "'The Keeper Must Himself be Kept': Visitation and the Lunatic Asylum in England', 1750–1850, in G. Mooney and J. Reinartz (eds), *Permeable Walls: Historical Perspectives on Asylum and Hospital Visiting* (London, 2009), pp. 199–222.

and public clamour caused by the effects of mass industrialisation and urbanisation of the poor meant that ideas of the racial degeneration of the working class were threading their way through rural West Sussex quite as much as they swept England's metropolitan cities – all helping to bring the issue of insanity and the remedies for it into the wider public domain.¹⁸ Kidd's association with Sir Alexander Fleming's research into treatments for General Paralysis of the Insane (GPI) will feature later to illustrate this point – for the notion of the hereditary transmission of afflictions was a hot-topic of discussion among the intelligentsia at the time Graylingwell hospital opened.¹⁹ Discussions of hereditary disease were largely centred upon an exploration of moral and physical degeneration of the working classes, so is particularly relevant to pauper institutions such as Graylingwell. Hence, it is important to consider to what extent the 'mad' were a homogenous entity and feared as the contaminators of society in regional, as well as inter/national studies – which include the recent *Asylums and After* by Kathleen Jones and Edward Shorter's *A History of Psychiatry*.²⁰

In addition to applying the merits and challenges posed by biography already discussed, this article applies data from the newly-accessible and rich Graylingwell Hospital archive held at the West Sussex Record Office, Chichester, to assess Kidd's narrative. While acknowledging the limitations of such data – in that much of it is written to satisfy the demands of local and national government – the archive contains a good deal that is less formal in nature, such as day-by-day comments on the lives of patients and staff in the records of employment. By utilizing such information, this paper is able to extend the work of scholars including Diane Carpenter, James Gardner and Cathy Smith who, by applying locally-specific evidence, have enhanced or challenged

18 E. Beasley, *The Victorian Reinvention of Race: New Racisms and the Problem of Grouping in the Human Sciences* (London, 2010), ch. 7; T.E. Jordan, *The Degeneracy Crisis and Victorian Youth* (New York, 1993), pp. 18–19; A. Maunders and G. Moore, *Victorian Crime, Madness and Sensation* (Michigan, 2004), p. 60.

19 For the impact of General Paralysis of the Insane as discussed by the intelligentsia see, M. Wright, "A Man as Black as the Devil Himself": The Radical Life of Benjamin J. Elmy, Secularist, Anti-Eugenicist and 'First-Wave' Feminist in Britain (1838–1906), *Gender and History*, 26, 2 (2014), 263–86.

20 *A History of Psychiatry*; K. Jones, *Asylums and After, A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s* (London, 1993). See also: R. Porter, *A Social History of Madness: Stories of the Insane* (Phoenix, CO, 1996); Nolan, *Mental Health Nursing*.

general or 'macro' understandings of asylum life.²¹ This micro-history approach, as Carpenter states, is invaluable for highlighting 'the history of [the] everyday' and, through this, to illuminate 'the relationship between structure and agency [via a] concentration on the microcosm of specific individuals...for clues to the macrocosm of institutions and society'.²² Through viewing the everyday life of Graylingwell hospital, then, this article will argue from a perspective that qualifies Shorter's argument that by the mid-1920s County asylums were approaching the nadir of their usefulness, as a provable 'cure' (or even an effective treatment) for insanity proved elusive.²³ It also argues that, and despite the significant interruptions and 'severe jolt[s]' posed to mental health provision by the Great War, there were physicians such as Kidd who were determined to uphold the humanitarian ethics under which they had been trained – even against the challenges posed by over-crowding and little in the way of effective treatments for their patients' ills. Their agency and activism in continually seeking effectual care for their patients resulted in both the respect and esteem of their peers and a critical appraisal of contemporary treatment methods.

III Harold Kidd: his early life and career

The first view Harold Kidd had of the West Sussex County Asylum in October 1896 was of a half-finished construction site, with hundreds of manual labourers working on the wards, offices and ancillary buildings. Built to a design by influential architect Sir Arthur Blomfield, the hospital was constructed 'of red Cranleigh brick with artificial stone dressings' and was erected facing a southerly aspect to make best use of the natural daylight – a common feature of contemporary asylums.²⁴ The wider site comprised over 230 acres of agricultural land to the north of the city of Chichester and was designed to accommodate an initial intake of 450 patients, opening

21 D. Carpenter, 'Above All A Patient Should Never Be Terrified: An Examination of Mental Health Care and Treatment in Hampshire 1845–1914', unpublished Ph.D thesis, University of Portsmouth (2010); C. Smith, 'Family, community and the Victorian asylum: a case study of the Northampton General Lunatic Asylum and its pauper lunatics', *Family and Community History*, 9, 2 (2006), 109–24; J. Gardner, *Sweet Bells Jangled Out of Time: A History of the Sussex Lunatic Asylum (St Francis Hospital) Haywards Heath* (Brighton, 1999) [herein *Sweet Bells*].

22 *Above All A Patient Should Never Be Terrified*, p. 14.

23 *A History of Psychiatry*, p. 11.

24 WSRO, HCGR2/1/1 Medical Superintendent's Report, 1st Annual Report, p. 9.

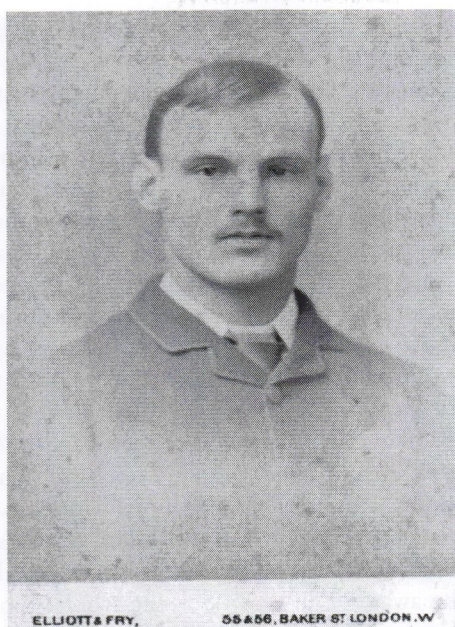


Figure 1: Photograph of Harold Kidd, n.d.

Source: Smith Collection. Reproduced with the permission of the University of Sheffield.

formally on 25 July 1897.²⁵ Built following the partition of the County of Sussex into eastern and western divisions in 1888, the asylum fulfilled the provisions of the 1845 Lunacy Act, which made the maintenance of the pauper insane the responsibility of local, rather than national government. The Chairman of the County Council, the 6th Duke of Richmond and Gordon, was also the Chairman of the Visiting Committee of the Asylum and was directly responsible for Kidd's appointment as MS Kidd (a prize-winning medical graduate from St. Mary's Hospital, London) was then aged 32 and single. He had also expressed a definite vocation to the mental health profession – something that might be considered unusual at a juncture when, as Scull et al. assert, many psychiatrists were still viewed by laymen with 'persistent scepticism' regarding their professional abilities.²⁶ Kidd's path to medicine in the first instance, however, was influenced by his family heritage.

25 300 extra beds were added to the total by 1902.

26 *Masters of Bedlam*, p. 6. See also, *Institutionalizing the Insane*, pp. 42–8.

Harold Kidd's paternal grandfather, William, was a Medical Professor in His Majesty's Colonial Service in the district of Dum Dum, Bengal in the 1820s.²⁷ The area was, according to a contemporary observer in the *Saturday Magazine*, the 'headquarters of the Bengal artillery' and far from being a backwater of Empire was blessed, together with a fine Cathedral church, with 'handsome houses ... pleasure grounds and suites of apartments upon a far more magnificent scale than those belonging to [a] European barrack.'²⁸ William's son Henry, Harold's father (b. 1828) was also born in Bengal, and although he returned to England for his education and later for his wedding, he too practised the medical profession in India. Harold Kidd, who was born on 25 June 1864, followed a path similar to his father, in that he returned to England to attend Epsom Downs Royal Medical Benevolent College, where he was an outstandingly talented pupil during the years 1878–1883.²⁹

The adolescent Harold Kidd certainly appears to have been an exceptional scholar. He was a prolific prize winner, a prefect, and captain of the school's Rugby XV and Cricket XI. An exemplary and popular pupil, there was widespread rejoicing in the school on his receiving the award of an Open Science scholarship to St Mary's Hospital, London in 1883. In summarizing his career since qualifying from St Mary's in 1889, Kidd wrote that he...

at once commenced the study of that branch of Medicine which I had determined to make my special line of practice, and in February, 1889 gained an appointment as Assistant Medical Officer to the Surrey County Asylum, Cane Hill. The Asylum was subsequently transferred to the County of London, and in 1892 was enlarged to contain 2,000 patients. In that year, on the appointment of my colleague, Dr Fitzgerald, to Superintendency, I was promoted to Senior Assistant Medical Officer, with a charge of the Female side, which numbers 1,215 patients.³⁰

As previously stated, in 'determining' to follow the path of professional psychiatrist Kidd expressed a somewhat unusual direction for a newly

27 For a history of early mental institutions in India see, S. Jain, 'Psychiatry and confinement in India', in R. Porter and D. Wright (eds), *The Confinement of the Insane: International Perspectives, 1800–1965* (Cambridge, 2003), pp. 273–98.

28 Anon., 'D.I.E.', 'East India Stations. No IX, Dum Dum', *Saturday Magazine*, 30 April 1837, p. 166.

29 <http://www.archive.epsomcollege.org.uk> (accessed 14 November 2014).

30 WSRO, JCGR10/4/1, H. Kidd, 'Testimonies and letter of application for the post of Medical Superintendent' (1896). Emphasis added.

qualified medic. An earlier example underlines this point. The academically brilliant Henry Maudsley, for instance, only entered the asylum environment in the West Riding of Yorkshire as he needed to fulfil the requirement of a six-month posting to meet the criteria for service in the East India Company – something, in fact, he was never to undertake.³¹ Kidd's convictions, however, are more conversant with the career of Charles Lockhart Robertson, the first MS at Haywards Heath (Sussex) asylum from 1858 and Thomas Brushfield, who occupied the same post at Brookwood in Surrey. James Gardner writes of Robertson, a one-time secretary of the Medico-Psychological Association of mental health professionals, that he held 'progressive ideas about the treatment of mental illness and had a deep interest in the subject'.³² Anna Shepherd comments of Brushfield that he 'was known not to dogmatize ... largely avoided pessimism and engaged in matters of contemporary debate and interest'.³³ These reflections could well serve as a comment on Kidd's ethics and they also clearly show that some asylum MSs were not inward looking or self-serving in their ideals. Rather, encouraged by their vocational purpose, they were keen to seek the new and innovatory and, as we shall see, encouraged their staff to do the same.

Harold Kidd writes rather summarily of his early career as an Assistant Medical Officer in the quotation above. However, his superior at Cane Hill Asylum, Dr James Moody, was more expansive on his colleague's merits³⁴

From the first, [Moody wrote,] Dr Kidd has evinced the greatest interest in his work. He has a thorough knowledge of his profession, and keeps himself well abreast of the times by reading standard works of the day and by original observation and research... In 1892, Wards for 900 patients were added to the [Cane Hill] Asylum, and in the fitting, furnishing, and opening of these I received the most able assistance from Dr Kidd. He also personally superintended the removal of large numbers of patients from Asylums at long distances where they had been boarded, and in this duty acquitted himself most favourably... [H]e has been acting Superintendent each year for periods of six weeks when I have been away on leave, and on

31 *Masters of Bedlam*, p. 230.

32 Gardner, *Sweet Bells*, pp. 38–9.

33 *Institutionalizing the Insane*, pp. 44–5.

34 James Moody served his asylum apprenticeship as Assistant Medical Officer at Brookwood, under Thomas Brushfield between 1876 and 1882.

all other occasions when I have been absent from the Asylum. In this capacity the whole of the administration of the Asylum and management of the Staff has devolved on him.³⁵

While it must be stated that the document is a testimonial on Kidd's work in the light of his application to the Visiting Committee of West Sussex and is perhaps tinged with the gloss of praise, it nonetheless helps the reader imagine an excellently qualified and gifted professional, well fitted for the work he had applied to do. If the statistics of Cane Hill and Graylingwell Hospital are compared, some convincing evidence presents itself to confirm this view. Cane Hill, which opened in 1882, was designed to provide care for 644 women and 480 male patients. It was extended in 1888, but overall the site was much smaller than Graylingwell, being of only 151 acres – this including a 17-acre kitchen garden. A total of 84 day nurses and 13 night nurses were employed, plus a quantity of domestic and ancillary staff.³⁶ Though the agricultural land and resources were much greater at Graylingwell (the farm alone being in excess of 130 acres), Kidd's staff there was correspondingly less – acknowledging the lower patient capacity. He was, nonetheless, attended by two Assistant Medical Officers, the Matron and her Assistant, and nurses and attendants to the ratio of 1 to 10 of 430 patients in 1898.³⁷ This number was to rise as patient numbers grew, until the outbreak of the Great War in 1914 caused acute shortages of trained male staff as the call-up to war service began.

Kidd's starting salary at Graylingwell was £450 per annum, plus various benefits in kind including coal, unfurnished accommodation, washing and vegetables.³⁸ His residence was a grand house, staffed by a cook and housemaid and sited within the south-western boundary of the Asylum – connected to the wards by a 73-yard-long passageway. He lived 'above-stairs' in splendid isolation until his marriage to one of the hospital's Assistant Matrons, Miss Mildred Johnson, took place on 27 July 1903. The MS's working office was sited prominently in the reception block of the hospital, through which everyone (patients, visitors and dignitaries alike) walked under the coat-of-arms of West

35 WSRO, HCGR10/4/1, J. Moody, 'Testimonies and letter of application for the post of Medical Superintendent' (1896).

36 J. Moody, Medical Superintendent's Report (1883), Cane Hill Asylum. <http://www.simoncornwell.com/urbex/projects/ch/doc/moody1.htm> (accessed 10 September 2015).

37 WSRO, HCGR2/1/1, Medical Superintendent's Report, 1st Annual Report, p. 9.

38 WSRO, HCGR10/1/1, Record of Officers and Servants. This sum equates to c. £38,000 today.

Sussex – its mythical Martlet birds gazing down upon them and symbolically proclaiming the building as an institution of the state. The role of the state in the maintenance of the insane had changed significantly following the Lunacy Act 1845 whereby local government became responsible for both the certification and the care of the mentally ill – and particularly those who could not pay for treatment within the private asylum system. The recorded population of asylums in 1890 was 86,067 (though this is thought to be an understatement,) a rate of 29.6 per 10,000 population.³⁹ By 1898 in West Sussex this figure had risen to 33 per 10,000.⁴⁰ Over-crowding, therefore, was an increasingly common feature of public asylums and only months after Kidd had ‘discharged the onerous duties’ of equipping and setting up the institution, he was forced to welcome the builders back to the site in order to increase the number of beds to a total of 700.⁴¹ How the site was designed and the matters Kidd thought it important to comment on specifically, tell much about his attitude to asylum management.

IV Managing the Graylingwell Asylum

Tracing the records of the Asylum Visiting Committee for early 1897 through the clerk’s letters to Kidd is to glimpse the multitude of problems and issues he was faced with on his arrival. In the short period from 6 February to 28 April, for example, his attention was concentrated on topics as varied as the layout of the grounds, the specification for the roads and the provision of gravel for their surfaces, the appointment of a head gardener, the buying of farm stock and the refurbishment of the farmhouse to accommodate the farm manager and his family (together with a small number of ‘harmless’ male patients). The rather lighter diversion of the acquisition of a ‘small table’ for the clerk’s use in the Committee Room at the Asylum was also deemed his responsibility. Such labours were in addition to his having to secure the arrangements for the transfer of West Sussex patients from the various mental institutions to which they had been removed throughout other neighbouring, or more distant, counties such as Hampshire,

39 Nolan, *Mental Health Nursing*, p. 33; A. Scull, *Museums of Madness* (London, 1982), p. 18.

40 WSRO, HCGR2/1/1, H. Kidd, 2nd Medical Superintendent’s Report, p. 9.

41 Plans for expansion were put into place in 1898, although the new wards did not open to patients until 1902: WSRO, HCGR2/1/1, H. Kidd, 2nd Medical Superintendent’s Report, p. 9.

Warwickshire and Wiltshire.⁴² The minutes of the Visiting Committee noted with rather a disgruntled tone that the institution's builders, 'Messrs Longley[,] had not completely finished the main buildings' by late August and, as such, 'complications arose in the management of the Asylum.' The Committee insisted that 'no out-county patients be received into the Asylum until it [was] complete'.⁴³ For patients from West Sussex, however, the foundation opened its doors on 26 July when the first patient, Mrs Grace Chick from the Westbourne Union, was admitted.

The work of administering the construction and the on-going task of equipping the Asylum was immensely costly. By April 1897, for instance, the Visiting Committee had already spent a total of £172,215 11s 10d on the surveying, building and supplying of the institution, with a further £12,005 of expenditure 'estimated'.⁴⁴ Small wonder then, given the somewhat cautious reception local Boards of Guardians had expressed concerning the building project, that they wrote to Kidd asking that he be extremely specific on details such as the additional amount needed to convert the Graylingwell Farm House.⁴⁵ The correct disposal of public funds was at the forefront of everyone's minds in the locality, and details such as the cost per yard of the 'Atkinson's No. 1. Serge' for the Nurses suits (one shilling) merited as much discussion and attention as the rather more serious sum of £637 17s 6d which was to be spent on blankets, or the £5,000 budgeted for the cost of the installation of electric light in the principal areas of the Asylum.⁴⁶ In the chain of command, while the Visiting Committee bore ultimate responsibility for expenditure, Kidd was the 'man on the ground' who oversaw the proceedings on a daily basis. The cost of building Cane Hill asylum had been c. £150,000 in 1875, so Graylingwell can be considered comparable, allowing for inflationary costs.⁴⁷ Kidd's work

42 See the following copy letters for reference WSRO, HCGR3/2/10, 6 February 1897, fo. 199; 17 February 1897, fo. 220; 18 February 1897, fo. 232; 22 February 1897, fo. 236; WSRO, HCGR3/2/11, 1 March 1897, fo. 9; 8 April 1897, fo. 65; 7 April 1897, fo. 69; 28 April 1897, fol. 111.

43 WSRO, HCGR1/1/2, West Sussex County Lunatic Asylum Minute Book, July 1894–March 1898, pp. 184–5.

44 WSRO, HCGR1/1/2, West Sussex County Lunatic Asylum Minute Book, July 1894–March 1898, pp. 159–61.

45 WSRO, HCGR3/2/10, E. Blaker to H. Kidd, 9 February 1897, fol. 205.

46 WSRO, HCGR1/1/2, West Sussex County Lunatic Asylum Minute Book, July 1894–March 1898, pp. 184, 186 and 159.

47 <http://thetimechamber.co.uk/beta/sites/asylums/surrey-county-asylum-cane-hill-hospital> (accessed 2 November 2015).

there, managing the significant budget necessary for the successful running of a large institution, had offered the experience necessary for his management of Graylingwell.

Despite Harold Kidd's expressed vocation to treating the afflictions of the mentally ill, the hospital was run on the type of paternalistic and hierarchical lines which reflect the rising status of the professional in Victorian society.⁴⁸ Kidd held a position of some eminence in Chichester and his connections there included local government officials, professionals and the leaders of the churches, in particular the Cathedral Church of the Holy Trinity. Following his retirement, a patient's relative, in a letter to the local newspaper, noted the hospital as having provided 'a real well of healing' – illustrating how Kidd can be seen as a figure who commanded both respect and admiration among those in the locality.⁴⁹ In his dealings with his staff, however, paternalistic tendencies shine forth clearly. Promotion in the asylum service (and indeed demotion) was dependent for all staff below the rank of officer on excellent performance and behaviour – both on and off the wards – and here it is evident that the 'top-down' management structure historians' note was very firmly in place. The vast majority of nursing staff under Kidd's direction lived in; and for both male attendants and nurses this meant on, or very near to, the wards and only yards from the patients in their care. Comments on staff interactions with the Medical Superintendent run right through Graylingwell's employment records. For instance, on the evening of 19 February 1898, the 'night of the staff ball', Deputy Head Attendant W. Hucks was 'reduced' by Kidd to the rank of Charge Attendant for 'an act of insubordination'.⁵⁰ A few years later, shortly before Christmas 1902 another Deputy Head Attendant, D. Kinnan, was dismissed for 'misconduct with Nurse B. while on holidays' – certainly not fulfilling Kidd's earlier hopes that he 'promised to make a very good Officer'.⁵¹ While these might have been particularly serious charges, other misdemeanours also had grave implications. Young Nurse Ellen C., for example, left the Asylum while 'under notice for carelessness' – in this case leaving open doors and windows which ought to have been locked, and another probationer was given notice after having

48 J. Tosh, *A Man's Place: Masculinity and the Middle Class Home in Victorian England* (London, 2007/1999).

49 *Chichester Observer*, 3 May 1933, p. 2.

50 WSRO, HCGR10/2/1, Attendants Service Record, W. Hucks.

51 WSRO, HCGR10/2/1, Attendants Service Record, D. Kinnan. See also WSRO, HCGR2/1/2, Medical Superintendent's Report, 5th Annual Report, p. 17.

been found 'dancing along the corridor'.⁵² Slips in manners, discipline or carelessness could bring about dismissal, while for offences such as drunkenness and keeping poor company, severe reprimands or fines authorised by the MS followed. Interviews with the MS in such circumstances could be unpleasant experiences for junior staff, and it can be asserted that, as far as the authoritarian nature of asylum management is concerned, Kidd adhered to contemporary conventions. That is not, however, to say that his humanitarian concern, very evident in the case of his patients, was not applied equally to his staff. When army reservists were called to the colours on the outbreak of the Boer War in October 1899 the 'asylum lost nearly one-half' of its male staff, yet Kidd sought the agreement of the Visiting Committee that their employment be covered only by temporary staff in their absence, their jobs being open to them again on their return.⁵³ He was also pleased to receive letters from the men on active service, and to assure them that they were fondly remembered at home – something he was also to do during the Great War of 1914–18.

Ex-army recruits to asylum staff were commonplace and the attendants (who only worked on male wards) were often chosen for their physical strength and adaptability to disciplined life. Conversely, Kidd's staff of medical officers (those who have been termed the 'therapeutic agents' of care) was small and drawn from the educated, professional classes – as was also usual within pauper institutions.⁵⁴ On opening, the Visiting Committee appointed a Senior and Junior Medical Officer (MO) and the Matron, Miss Alice Barnes – a daughter of the Governor of Pentonville prison. Other significant appointments within an institution that aimed to be, as far as was possible, self-supporting, included the Farm Bailiff, Engineer, Chaplain and the Clerk to the Visiting Committee, local solicitor Ernest Blacker.⁵⁵ In the medical staff employed to work closely at his side the MS was successful in engaging those whose attributes and views were sympathetic to his own, and he writes often of their commitment, diligence and dedication. In addition to the first Senior Assistant MO, Dr Robert Hunter Steen (who went on to become a Professor of the University of London and Hon. General Secretary of the Medico-Psychological Association), a whole series of reputable mental health professionals passed through Kidd's training regime at Graylingwell – including the

52 WSRO, HCGR10/3/1, Record of Nurses, Nurse Ellen C.

53 WSRO, HCGR2/1/1, Visiting Committee Report, 3rd Annual Report, pp. 5–6.

54 *Institutionalizing the Insane*, ch. 2.

55 WSRO, HCGR2/1/1, 1st Annual Report.

first woman doctor to work in the institution, Octavia Wilberforce.⁵⁶ In 1912 the Commissioners in Lunacy, the government's official representatives for the control and inspection of mental institutions, considered Kidd to have 'conducted [Graylingwell's] administration with energy and ability' and saw the institution as a reliable training ground for medical staff.⁵⁷ The war, as we shall see, brought dramatic changes to Graylingwell, when it was sequestered by the RAMC as a hospital for the non-commissioned wounded.⁵⁸ However, and possibly as a consequence of war, new ideas regarding treatment practices brought Kidd to consider, in a bold move, a regime of early treatment of mental illness in general hospitals by 1921, and later in the decade out-patient clinics were set up in both Worthing and Chichester hospitals, staffed initially by asylum doctors.⁵⁹ By 1923 the asylum was considered of such repute that it became a training school for the General Nursing Council for both male and female nurses.⁶⁰ Training, however, had always been a priority at the Graylingwell, and Senior Assistant Medical Officer, Dr George Peachell and his Junior Dr F. Stuart, were particularly singled out in this regard during the early years of the asylum. Harold Kidd notes that these two officers were to be commended for the care given to the training of the lesser-ranking staff in both medico-psychological and first aid procedures. The two doctors, he wrote, took both 'time and great trouble' in their labours.⁶¹ Such qualifications were highly regarded by Kidd who, in 1911, informed the Lunacy Commissioners that '[o]ne quarter of the whole Staff hold the Certificate of the Medico-Psychological Association and are fully-trained Mental Nurses'. This comment was certainly tinged with pride, and made in order to inform the servants of the state that his staff were specialists in their field of work.⁶² Kidd firmly adhered to the view

56 Dr Octavia Wilberforce undertook a month's locum work at Graylingwell in December 1920. Her autobiography records that she was persuaded to the work while at a dinner at which Kidd was a fellow guest. P. Jalland (ed), *Octavia Wilberforce: The Autobiography of a Pioneer Woman Doctor* (London, 1989).

57 The Commissioners in Lunacy were established in 1845 in order to carry out the provisions of the Lunacy Act of that year. Kidd worked under the terms of the Lunacy Act, 1890. The Mental Deficiency Act of 1913 replaced the Commission with the Board of Control for Lunacy and Mental Deficiency.

58 K. Slay, *Graylingwell War Hospital 1915-1919* (Chichester, 2013).

59 WSRO, HCGR2/1/5, Medical Superintendent's Report, 24th Annual Report, pp. 42-5.

60 WSRO, HCGR2/1/5, Medical Superintendent's Report, 27th Annual Report, p. 22.

61 WSRO, HCGR2/1/4, Medical Superintendent's Report, 15th Annual Report, p. 15.

62 *Ibid*, p. 14.

put forward by Shepherd that the statesmanlike 'superintendent and his staff were crucial for the stability and success of the asylum'.⁶³ By moulding their training and practical approach to caring for the insane around his own conviction that insanity was a disease of the brain rather than a public manifestation of 'otherness' or 'possession' Kidd ensured that Graylingwell was always at the forefront of developments in pathology and science – the well-used pathology laboratory a key feature of the asylum's design.

With regard to life within the Graylingwell estate there is much to commend the view of Mooney and Reinarz that the walls of such institutions were 'permeable' – at least to those not specifically confined within them by the laws of the day. Those free to come and go included not only patients' relatives and tradesmen, but also a variety of entertainment professionals, sporting clubs and societies, the clergy, the Visiting Committee and the 'salaried inspectors of the State' – the Commissioners in Lunacy (later the Board of Control), whose annual inspections were a legal requirement for pauper institutions throughout the county.⁶⁴ Within the carefully time-tabled regime of living at Graylingwell (with rules established under the terms of the Lunacy Act of 1890) the visits of such groups brightened the lives of patients, as did the annual fete or trips to the seaside and to Goodwood estate that were held in summer for those considered well enough to attend.⁶⁵

The practice of team sports was especially seen as a focus for enjoyment, among both patients and staff and the photograph shown here, of the Cricket First XI in 1906, highlights the fact that Kidd and his medical subordinates played a significant role in the makeup of the team. Football, however, was seen as the game of the attendants and male patients – indicating a class hierarchy that mirrored life 'outside' institutional confines. Chief among the other recreations were the hospital balls, which Dolly MacKinnon has identified as a central point in rehabilitating patients back into the wider community. By providing a 'highly controlled public relations opportunity' for the gathering together of patients, hospital staff, 'official visitors and invited guests' the balls provided clear evidence of the type of 'everyday activity'

63 *Institutionalizing the Insane*, p. 7.

64 Mooney and Reinarz, *Permeable Walls*, p. 8.

65 See the lists and descriptions of Entertainments in, for example, WSRO, HCGR2/1/2, Medical Superintendent's Report, 5th Annual Report, p. 15; WSRO, HCGR2/1/4, Medical Superintendent's Report, 14th Annual Report, p. 15, and Medical Superintendent's Report, 17th Annual Report, pp. 11–12.



Figure 2: Photograph of the patients and staff Cricket First XI, 1906

Source: Graylingwell Cricket Team, 1906. Graylingwell Heritage Collection. Reproduced with permission of the West Sussex Record Office.

that enabled patients to feel less institutionalised.⁶⁶ Such dances, sporting activities and (for those asylums with the means, including Graylingwell) the increasing popularity of silent film screenings certainly helped the boundaries between the institution and the outside world become more porous. Special social gatherings, such as that of Christmas 1925, were reported in the *Chichester Observer*; this festive season, Kidd's last as MS, attracting a particularly glowing report which detailed the scene as guests were treated to songs and carols led by a group with a backdrop of fake falling 'snow'.⁶⁷ Kidd wrote in detail of his beliefs that patient interaction with life outside the asylum gates (as far as was possible) would aid their recovery, and his views were shared by other Medical Superintendents whose attitudes to treating mental illness were undergoing significant revisions in the early years of the century. Thus, in the realm of public interaction and the benefits of

66 D. MacKinnon, 'Amusements are Provided': Asylum Entertainment and Recreation in Australia and New Zealand c.1860–c.1945', in Mooney and Reinartz, *Permeable Walls*, p. 270.

67 *Chichester Observer*, January 1927, p. 5.

social activities, Graylingwell was part of a general *Zeitgeist* for change, rather than by itself innovatory.

V Treatments

When Harold Kidd had optimistically taken up his post in the summer of 1897, the patients in his custody received none of the modern drug treatments for their afflictions that increasingly impacted on their care as the 20th century progressed. For while, in the Victorian era, the principles of lunatic 'management' had moved from (often philanthropically motivated) voluntarism towards state centralism, not until the post-war period did the start of a whole plethora of new ideas for pathological treatments encourage serious changes generally.⁶⁸ For most of Kidd's tenure the 'old' asylum system of confinement and control still existed, even though the healing and recovery of his patients was his principal hope. However, the regime of work, satisfying food and fresh air that was the staple feature of asylum life only provided limited success in returning patients to their families. For despite the excellent intentions of alienists there was little they could do to treat genetic mental disabilities such as epilepsy – or 'idiocy' in children. In 1911–12 Kidd transformed the asylum sanatorium building into a ward specifically for 'Idiot Children' under 13 years-of-age, writing that '[a] wonderful improvement' was observed in the 'state and condition of these little persons' as a result.⁶⁹ While it is evident that compassion is part of Kidd's nature as he describes these sad cases, the most striking form of the remnants of barbarity in mental health care comes in the shape of the treatments given for some patients' afflictions. Allowing for the fact that the evidenced gleaned from researching patient case-books can 'contain inherent class and professional prejudices' Graylingwell's records still serve as candid evidence for the application of these remedies and, despite the fact that medical clinicians had accepted the links between mental illness and 'diseases of the brain,' the treatments given could be described as both painful and primitive.⁷⁰

Regular purging was advocated (for symptoms for anything from constipation to restiveness) and hot and cold shower baths often

68 Smith, 'The Keeper Must Himself be Kept', p. 206. Kidd was, by undertaking these changes, pre-empting the passing of the Mental Deficiency Act, 1913 which required that mentally disabled (or 'feeble-minded' as they were often classified) young people be cared for outside of the main asylum environment.

69 WSRO, HCGR2/1/4, Medical Superintendent's Report, 16th Annual Report, p. 7.

70 *Institutionalising the Insane*, p. 11.

prescribed to those with 'manic' tendencies. The professional press carried detailed articles on possible curatives, and Dr Robert Steen, for example, later published his semi-autobiographical narrative *The Modern Mental Hospital*, which detailed many of the therapies that had followed the ideas of 'moral' mental treatment.⁷¹ These treatments, although crude, were not cruel but, on a more obviously harsh note, the 'blistering' of patients' bodies, including the genitalia, to try to eradicate the practices of 'self-abuse' (masturbation), homosexual activity, destructive tendencies and noisiness was also regularly applied.⁷² Alcohol was also prescribed in a number of situations, brandy being a favoured restorative offered in physical cases as diverse as severe toothache, fever and pleurisy. There was wide use of opiates too, including belladonna, digitalis, chloral hydrate and even strychnine to counter the effects of disturbances on the wards at night. To all these therapies Kidd and his Assistant Medical Officers signed their names, truly believing them to be effective curatives – or, at least, the best available to them.⁷³ However, and as this evidence shows, the limitations of the medication the physicians applied are obvious and even doctors with the best of intentions were largely feeling their way along tortuous paths towards anything like a real 'cure'.

It was this ultimate failure to find effective remedies for mental illness, combined with an ever increasing surge in patient numbers that made the lives of Medical Superintendents in Britain and beyond so difficult to endure. Even before the outbreak of the 'war to end all wars' and as Porter has persuasively pointed out, mental institutions were 'filling up with those blighted with intractable and irreversible organic diseases' for which no amount of 'moral therapy' could effect a cure.⁷⁴ The ideas of hereditary degeneration expressed ultimately, by some, in sympathy with the then fashionable eugenic ideas, took hold more forcefully as recovery rates failed to rise above about one-third of patients admitted. Kidd certainly believed that heredity played a prominent part in the lives of patients residing in Graylingwell – recording that in 68% of the cases admitted in 1910 issues of familial 'degeneration' had a part to play in their committal. 18 cases out of 126 admissions showed evidence of 'mental deficiency since birth'.⁷⁵ It is perhaps too easy to

71 R.H. Steen, *The Modern Mental Hospital* (London, 1927).

72 See, for example, the entry for patient F.B., who was 'blistered for immoral intercourse' with a fellow patient: WSRO, HCGR9/1/4, entry 8.

73 On use of opiates such as chloral hydrate see *Ibid*, entry 10.

74 Porter, *A Social History of Madness*, p. 147.

75 WSRO, HCGR2/1/3, Medical Superintendent's Report, 13th Annual Report, p. 9.

dismiss, with hindsight, the ease with which doctors cited 'heredity' as one of the main causes of their patients' trauma. However, when placed within a social context where the very nature of living for the poor had resulted in the spread of epidemic bacterial infections as if by wildfire, it is perhaps understandable that the medical profession would look for similar 'reasons' by which to explain the ever increasing population of their county and borough asylums. The effects of heredity on the physical and psychological health of asylum patients was a hot-topic of contemporary conversation, and attitudes to one specific condition illustrate this at Graylingwell.⁷⁶ The following example highlights Kidd's progressive intervention in seeking an effective treatment for one of the most common complaints in which hereditary factors were considered elemental.

It was in the field of the insanity caused by neurosyphilis, more commonly known as General Paralysis of the Insane (GPI) that Kidd was determined to move things on beyond discussions of the effects of defective genes or degenerate morals upon the human mind. Benedict-Augustin Morel gave rise to the term 'degeneration' in 1857 as a way of exploring the extent to which 'natural forces' shaped the human future, but the theory's most famous exponent was Richard von Krafft-Ebing, professor of psychiatry at the University of Graz, Austria. It has been argued that Krafft-Ebing's exploration of the concept of the 'degenerate' was a 'misuse of scientific authority to demonize cultural preferences', casting as 'other' any, including the homosexual and those who practiced masturbation, who did not conform to the moral stereotype.⁷⁷ While Krafft-Ebing may indeed have been uncritical, far too narrow and dogmatic in his thinking, elements of his ideology travelled to England, where the proposition that mental illness could indeed be found in explorations of heredity traits within families took hold in contemporary thinking. And, long before Julius Wagner-Jauregg developed his Nobel prize winning malarial treatment for the treatment of this debilitating condition in 1927, Graylingwell Hospital was playing its part in medical research into neurosyphilis – an invariably fatal condition.⁷⁸

Kidd, whose annual reports at first note the rarity of the affliction in Graylingwell, claimed that the increasing numbers of patients admitted with this disease showed a distinct and unwelcome change in

76 M. Wright, 'The Women's Emancipation Union and Radical-Feminist Politics in Britain, 1891–99', *Gender and History* 22, 2 (2010), 382–406, esp. 394–9.

77 *A History of Psychiatry*, p. 96.

78 *Ibid.*, pp. 53–9.

the prevalence of what was often seen as an affliction of the 'outcast' members of society – the poor, the prostitute and the 'degenerate'.⁷⁹ Graylingwell Hospital was opened at the height of the period when syphilis was known as the 'great scourge' of society and only a decade after the repeal of the British Contagious Diseases Acts in 1886, which had unsuccessfully tried to halt its spread among the military.⁸⁰ The transmission of the deadly symptoms, which could lay dormant for some years before becoming obvious, not only brought doom to those infected but were imagined as an unseen blight on future nations – mothers of all classes giving birth to children already infected with the disease. This is not the place for a full discussion of the history of neurosyphilis, but it is certainly clear that Kidd lamented the increase of cases within his asylum, for it was, next to tubercular infections, the biggest 'killer' the staff encountered. The asylum reports are also, it can be argued, a little vague on the matter of precisely the number of patients admitted with GPI. In more than occasional instances, in the columns where GPI should be indicated, the entries are left blank – even when all other details relating to the patient are filled in. This rather curious omission gives cause to wonder if the figures quoted in the statistics paint a picture that is somewhat economical with the truth. Nonetheless, the patient records do attest to the 'neurological and psychological features [of] euphoria and expansiveness' which identified the suffering patients.⁸¹ The case of William Willcocks, once a respected Master of the Workhouse in Chichester, who endured the slow decline to death in Graylingwell between December 1911 and May 1913 offers an individual perspective on the condition. This

79 In the year 1903/4, for example, there were only five patients who died under GPI. By 1909 this had increased to 13. Another 22 cases were positively identified as having the disease: WSRO, HCGR 2/1/2 and HCGR2/1/3, Medical Superintendent's Report, 7th and 13th Annual Reports, both p. 9.

80 The Contagious Diseases Acts of 1864, 1866 and 1869 were a series of legislative measures passed to attempt to limit the spread of sexually transmitted diseases in British Naval and Army personnel in certain designated port and garrison towns. The legislation allowed for the detention and forcible medical examination of women (be they working as prostitutes or be they suspected of engaging in prostitution) and their incarceration in a medical facility or 'Lock Hospital' until their symptoms had passed. The outcry provoked by the legislation and its gender bias (as no soldier or sailor was subject to its provisions) led to a voluble protest by women, and the founding of the Ladies National Association for the Repeal of the Contagious Diseases Acts in 1870. The Acts were suspended in 1883 and repealed in 1886, but similar legislation remained operational with territories of the British Empire. For an exploration of this legislation: Wright (forthcoming).

81 Porter, *A Social History of Madness*, pp. 135–6.

case-book entry states that, on admission, he was prone to 'strange thoughts' and worries about 'trifling things' until they became an obsession. His delusions increased to such an extent that Kidd wrote 'he thought he was worth millions!', but the grip of the disease, despite the application of the new drug Salvarsan, increasingly took on both physical and mental aspects, culminating in the excessive muscle-wasting symptoms which ultimately caused paralysis and death.⁸²

Graylingwell Hospital had a long established tradition of the implementation and interpretation of pathological investigation by its medical staff and a Medical Superintendent who actively encouraged this.⁸³ This goes somewhat against the grain of what Lomax argued in *The Experiences of an Asylum Doctor*; that '[o]ur Asylums detain, but they do not cure. Or if they cure, it is only by accident ... and in spite of the system, not as a result of it.'⁸⁴ One such area of active investigation at Graylingwell was in experiments to develop a treatment for GPI during the 1910s – although it could still be contended that those patients afflicted with the disease were forming a 'majority of cases in the male hospital wards.'⁸⁵ Thus when Kidd wrote that of the 70 male admissions in 1910 19 were suffering syphilitic symptoms, the scale of the problems for doctors becomes more visible.⁸⁶ From 1906 there had been a serum test for syphilis, introduced by German bacteriologist August von Wassermann. The Wassermann Test allowed for earlier discovery of the affliction in patients.⁸⁷ So concerned was Kidd, however, that he invited the founder of penicillin, Alexander Fleming, to visit Graylingwell to conduct a test of his 'moderation of Wassermann's Reaction' in 1909.⁸⁸ Dr Fleming blood-tested 40 patients and his results showed positive for syphilis in 22 cases. The eminent physician's findings, Kidd concluded, 'afford striking evidence of the scientific value of this laboratory test in confirming the diagnosis.'⁸⁹ The arsenic-based drug, Salvarsan 606, with which some patients, including William Willcocks, were treated,

82 WSRO, HCGR9/1/12, Graylingwell Patient Record for William Charles Willcocks, p. 95.

83 Dr Robert Steen, both during and after his time at Graylingwell, published widely. See also, G.E. Peachell, 'A Case of Cancer in the Male Breast', *The Lancet* 168 (1906), 1660–63.

84 M. Lomax, *The Experiences of an Asylum Doctor* (London, 1921), p. 14.

85 *Ibid.*, p. 93.

86 WSRO, HCGR2/1/3, Medical Superintendent's Report, 13th Annual Report, p. 9.

87 'Paul Erlich and the Rockerfeller University', <http://centennial.rucares.org/index.php?page=Chemotherapy> (accessed 12 August 2014).

88 G. Macfarlane, *Alexander Fleming: the Man the Myth* (Harvard, 1984), pp. 70–1.

89 WSRO, HCGR2/1/3, Medical Superintendent's Report, 13th Annual Report, p. 9.

gave positive results in the fading of skin disfigurement caused by the disease, although the injection itself was far from a kindly cure, causing extreme pain for up to a week following its administration. Salvarsan, however, was not truly effective, curing neither GPI nor neurosyphilis. This interesting example does, however, place Graylingwell Hospital right at the forefront of changes in scientific practice and developmental medicine – although the patients may have had little choice but to participate in the experiments. That information is *not* recorded, but the fact that in the mid-20th century the hospital was a recipient of large-scale Medical Research Funding, although beyond the scope of this paper to consider, attests to its status as a forerunner of research practice.

VI Graylingwell Hospital in War-Time

The aid Kidd gave to Fleming's research is not overtly highlighted in the asylum's records, but perhaps the most researched period of his life to date has been the role both he and Graylingwell Hospital played following the outbreak of the Great War on 4 August 1914.⁹⁰ On 1 April 1915 the Asylum was taken over as a war hospital and, in consequence, the entire resident patient cohort (677 individuals) was removed to 10 other Borough or County Asylums. These included the disbursement of 94 patients to Fareham and 95 to Chartham – a lesser number of 23 making the journey to Canterbury.⁹¹ For these and all patients certified during the duration of the conflict, Kidd retained full responsibility even though, because of their relocation, he was obviously not in daily contact with them. Kidd called the War period 'a very exceptional period in the history of [the] hospital' and the accounts for 1916 show the cost to West Sussex of boarding out their mentally ill patients was a total of £22,343 8s 10d, by no means an insubstantial sum.⁹² The work of Graylingwell during the Great War has been admirably considered by Katherine Slay in her recent volume *Graylingwell War Hospital*, but the following section deals in more detail with Kidd's own role as an officer of the RAMC, now in charge of wards converted to the healing of men physically (and, for a small percentage, mentally) butchered by the machines of war.⁹³ It is, however, pertinent to consider briefly the

90 Slay, *Graylingwell War Hospital*. Research on this point is on-going by the author.

91 WSRO HCGR2/1/5 Medical Superintendent's Report, 19th Annual Report, pp. 9–10.

92 *Ibid*, p. 14 and p. 19. This is equivalent to a sum of c. £2,052,147.00 today.

93 Slay, *Graylingwell War Hospital*, pp. 3, 22 and 29.

MS's feelings towards the role in war of his officers and staff, and the impact of conscription following its introduction in 1916.

In his assessment of Peter Barham's important study *Forgotten Lunatics of the Great War*, Jonathan Toms considers that Barham 'presents us with a text that refuses to place human experience, and ultimately worth, in a conceptual hierarchy'.⁹⁴ The true significance of the work, Toms suggests, is that it 'concentrated on subjective experience at the expense of station or rank ... [implying] that understanding subjective emotional experience was critical to appreciating human value and worth', regardless of gender or class.⁹⁵ The world of the Victorian/Edwardian asylum was, as we have seen, conceived on the idea of a natural hierarchy – one in which the MS controlled, and was responsible for all the work of a pauper asylum, his own direction being in turn directed by the laws and commissions of the state. The war disrupted the very basis of the social structure of the asylum, and the view of pre-war, and post-war, patients had now to be mitigated by a set of circumstances that was itself disordered by revisions of precisely what it meant to be 'insane'. Barham argues that what is witnessed during and immediately after the Great War was a 'muting of class antagonisms [and] a movement towards a more egalitarian ... mental health culture'.⁹⁶ And there is little doubt that during and after the conclusion of hostilities differences in the management culture of sites restored to their former use as asylums underwent an often 'fumbling and faltering' shift in understanding what it meant to suffer from mental illness.⁹⁷

Members of Graylingwell's staff who served in the Great War were liberally mentioned throughout the annual reports from 1915–1920. In all, 37 joined the services and eight died on active service.⁹⁸ Their names are listed in an appendix to Kidd's reports and often cited too within his extended written commentaries. For example, he notes the first 'instance of an allowance under the ... Asylum Officers Superannuation Act' when a gratuity was granted to the widow of an asylum carpenter, Thomas Burgess, who had died on active service on 17 July 1917. He had been, Kidd recalled, 'for nearly twenty years a

94 P. Barham, *Forgotten Lunatics of the Great War* (New Haven, 2004); J. Toms, 'Review of *Forgotten Lunatics of the Great War*' (review no. 488) <http://www.history.ac.uk/rs/review/488> (accessed 7 December 2015).

95 'Forgotten Lunatics of the Great War'.

96 Barham, *Forgotten Lunatics*, p. 78.

97 *Ibid.*, p. 78.

98 Slay, *Graylingwell War Hospital*, p. 9.

good servant of the Institution'.⁹⁹ In the same year Graylingwell suffered the loss of Pte. Charles Bleach, a member of the outdoor staff who died of wounds received on 5 February 1917. He was, Kidd observed, a man of 'exemplary character'.¹⁰⁰ Attendants, as well as the hospital's ancillary staff made the ultimate sacrifice for their country; the death of two Private soldiers, J Batchelor and RG Chase being noted in the 1916 report. Kidd wrote too that 'of the 99 men on the Male Staff on 1 April 1915, 55 have enlisted [and] of the balance 28 are over military age'. With the introduction, first of Lord Derby's voluntary service scheme in 1915 and of conscription the following year, Kidd lost yet more of his able-bodied staff. 16 men 'attested under Lord Derby's Scheme', though four were not considered owing to being in reserved occupations or because of illness. Ten of the sixteen were called up.¹⁰¹ The loss of such high volumes of trained staff, and their replacement by 'temporary' workers was a source of much strain and trouble for Kidd, upon whom the 'temporary rank of a Lieutenant Colonel ha[d] been conferred' on Graylingwell's conversion to a War Hospital under the 'direction of the Deputy Director Medical Services, Eastern Command'.¹⁰² And the removal of so many staff also had visible effects on its buildings and grounds. As Farm Bailiff, WA Peacock noted it was not until 1920 that the 'grounds and patient's gardens' could be cleared of the infestations of weeds and ivy that had so altered the appearance of the well-tended estate and the overgrown trees and shrubs pruned and thinned.¹⁰³ The role of the remaining permanent and temporary medical and ancillary staff was one of the dedicated treatment of the injured and the cultivation of foodstuffs, and little in the way of former decorative delights could possibly be hoped to be maintained.

There were 1068 beds at Graylingwell War Hospital and the 'average turnover' of patients was the equivalent to the whole number every seven weeks.¹⁰⁴ In all 142 patients died in Graylingwell War Hospital, most being Private soldiers. The hospital was designated as being for 'other ranks', injured officers being treated elsewhere. The first arrivals had been 160 patients from France on 12 May 1915 and within less than

99 WSRO, HCGR2/1/5, Medical Superintendent's Report, 20th Annual Report, p. 13.

100 *Ibid.*

101 WSRO, HCGR2/1/5, Medical Superintendent's Report, 19th Annual Report, p. 11.

102 WSRO, HCGR2/1/5, Report of the Visiting Committee, 19th Annual Report, p. 5.

103 WSRO, HCGR2/1/5, W.A. Peacock, Farm and Garden Report, 23rd Annual Report, p. 24.

104 WSRO, HCGR2/1/5, 23rd Annual Report, pp. 34-6.

48 hours '490 wounded were admitted'.¹⁰⁵ Neither did the wounded cease to arrive with the announcement of the armistice, for the last group of 125 men were not received until 18 March 1919. The resident officers, the medical and surgical staff totalled nine, together with a 'visiting staff' of 17 – including some from the immediate locality. There were also ten consultants visiting from London. Nursing staff comprised 164 of all ranks, their length of service varying from 'a matter of days' to the duration of the war.¹⁰⁶ The work for all the staff, and for the numerous local volunteers of groups ranging from the St John Ambulance Brigade, the Red Cross and the Boy Scouts, who gave of their time in a spirit of patriotism, was unrelenting.¹⁰⁷ Surgically innovative treatments also occurred while the hospital was under the command of the RAMC. One medic, Major William Pearson, recorded that over 3,100 surgical operations had been completed, including 85 'head cases', '160 skin grafts' and 28 procedures for aneurysms – the procedure for which, 'the intrasaccular operation ... was published by [James Maxwell] in the *British Medical Journal*, December 9th, 1916.'¹⁰⁸

There is little doubt that Kidd's duties as Officer in Charge (Administrator) of the Graylingwell War Hospital, combined with his continuing responsibilities for the mentally ill patients still under his care throughout the long and bitter conflict (and indeed after, for the hospital took on the additional responsibility of two dozen mentally ill 'service patients' following the armistice) took their toll on this able administrator and dedicated physician – to the extent that he was granted three months leave of absence from his duties in 1922.¹⁰⁹ The gentlemen of the Visiting Committee, however, noted with pleasure and satisfaction that 'the services rendered by Lieut.-Col. Kidd ... during the War [had] received recognition by his being gazetted a Commander of the Order of the British Empire' on 12 December 1919. Graylingwell's military patients slowly dispersed, and the wards were once again occupied by many of the patients who had left in 1915, their removal back from the other asylums in which they had been

105 WSRO, HCGR1/9/2, Medical Superintendent's Journal, May 1915, quoted in Slay, *Graylingwell War Hospital*, p. 8.

106 *Ibid.*, p. 9.

107 M. Wright, 'Care and Charity', *Chichester and the Great War: Mobilisation, Care and Charity and Memorialisation*, Exhibition compiled for a Gateways to the First World War Research Project, 2016.

108 WSRO, HCGR2/1/5, Medical Superintendent's Report, Graylingwell Hospital, 23rd Annual Report.

109 WSRO, HCGR2/1/5, Visiting Committee Report, 25th Annual Report, p. 6.

billeted supervised by Kidd and his Deputy Medical Superintendent, Dr Sydney Nix.¹¹⁰ The process of the re-establishment of Graylingwell for its original purpose commenced on 1 May 1919 but it was late-September before wards were ready for re-occupation, much work being required in re-fitting and redecoration. Not until 29 March 1920 were all the patients re-installed, even though the War Office had handed back the 'charge of the Hospital to the [Visiting] Committee' on 1 January.¹¹¹ Despite all the consequent horrors of mechanical warfare he had witnessed Kidd recalled proudly the soldiers whose wounds had been tended at Graylingwell. Reflecting on the past after the guns had fallen silent, he wrote that,

'No Report of the work of a War Hospital could be complete without a special note of commendation upon the admirable conduct of the men in Hospital. The men coming into Hospital from convoys, often at a very late hour of the night and after a long and painful journey by sea and land, were carried in on stretchers, smiling and uncomplaining, despite the grievous wound or shattered limb, endured long and trying confinement to bed, courageously facing operation after operation... [T]hose, 80% in number, who had to return to duty, back to all the horrors of modern warfare, went off with never a sign of unwillingness of expression of aversion to the renewed participation in the terrible struggle ... All those who shared in the work of the Hospital will bear unforgettable memories of these brave men, whose conduct at home was like that at the Front – Splendid.'¹¹²

It can therefore be seen that the armistice brought to a close a significant period in Harold Kidd's career, and the nation's Honours presented to both him (CBE) and to Miss Cole (OBE) then Matron of

¹¹⁰ Dr Nix had gained experience in the mental health field via his work at the Bethlem Royal Hospital. His war service took him to the General Military Hospital, Colchester, where he was Mental Specialist in charge of Shell Shock. He also served at the Dykebar War Hospital, Paisley: WSRO, HCGR2/1/5, Medical Superintendent's Report, 22nd Annual Report, p. 14. Many patients, however, did not return from their wartime residences. Over-crowding, under-staffing and the introduction of rationing all combined for a greatly increased death rate in the asylum population. For statistics see: E. Fuller Torrey and J. Miller, *The Invisible Plague: the Rise of Mental Illness from 1750 to the Present* (London, 2001), pp. 118–20.

¹¹¹ WSRO, HCGR2/1/5, Medical Superintendent's Report, 23rd Annual Report, pp. 10–11.

¹¹² WSRO, HCGR2/1/5, Medical Superintendent's Report, 22nd Annual Report, p. 40.

the Hospital, were richly deserved. The salaries of all the long-standing senior staff were raised following the war's end in, using Kidd's words, recognition of '[t]heir unremitting devotion to duty in their respective departments [which] ensured the safety and comfort of the patients and facilitated the smooth and successful working of the Hospital' throughout the conflict.¹¹³ Despite this, Kidd was nonetheless very conscious of the changed social conditions which followed such an intensive, world-wide conflict, and the impact this would have on the running of his institution. Labour had become scarce and the power of the working classes to demand (and successfully receive) better working conditions and terms of service also made its presence felt in West Sussex. Kidd warned his employers that it was 'natural that the agitation for considerable reduction in hours, and for a large increase in pay has affected the staff [at Graylingwell] as in other institutions.' It was to be hoped, he urged the Visiting Committee that the Council would 'readjust the scales at the earliest possible moment in order to facilitate the engagement and employment of the full complement of Staff required', so as the Hospital would re-open fully and as soon as possible following its post-war refurbishment.¹¹⁴ As Kidd's tenure of office at Graylingwell carried into the 1920s, he saw there was still much to plan and even more to do in respect of the care and treatment of patients and it was thanks to his able management and tactful handling that the hospital remained free of the strike action that afflicted many others during the early 1920s, as nursing staff campaigned for better pay and conditions.¹¹⁵ However, it was in the field of out-patient mental health care that staff from Graylingwell were to be at the heart of developments of national significance.

It was to be another 30 years before the out-patient system of treatment, led by Dr Joshua Carse and known as the 'Worthing Experiment' was seen by the newly-inaugurated British National Health Service to have had a 'significant impact' on the rate of admissions to the nation's mental hospitals.¹¹⁶ However, the ideas for it had been mooted by Kidd and put into practice by his immediate

113 WSRO, HCGR2/1/5, Medical Superintendent's Report, 22nd Annual Report, p. 13.

114 *Ibid.*

115 N. McCrae and M. Wright, 'Work, rest and play: mental health nursing and constructs of domesticity in West Sussex (1897-1939)', *Journal of Psychiatric and Mental Health Nursing* 23, 9-10 (2016), 614-23.

116 See, for example, WSRO, HCGR2/1/7, Management Committee Report (1958), p. 10.

successor Dr Cyrus Ainsworth – who led the hospital between 1927 and Carse's appointment in 1938. Kidd had seen the benefits of close communication with local colleagues in general medicine throughout the war and, by 1921, four honorary consulting staff were regularly visiting the hospital. As a result, relationships with the general hospitals in Chichester and Worthing were developed over the following years, and in addition, by the time of Ainsworth's arrival, there was a much increased level of the use of the 'open door' policy in certain wards, and of increased parole for suitable patients at Graylingwell. Such was the over-crowding, however, that there was a move to send patients to the local workhouse in 1926 – although this was successfully resisted by Ainsworth who instead turned the situation to his advantage and pushed through the first out-patient clinic, which met once a week, staffed by himself at the Royal West Sussex Hospital.¹¹⁷ Ainsworth wrote of Kidd, in an obituary following his death in 1929, that 'if you seek a memorial [of him], look around' – a statement which told of his admiration for the man who had spent his entire career seeking to bring the medical expertise, talent for governance, and his humanitarian convictions, to the district of Chichester and to those in his care.¹¹⁸

VII Conclusion

Siting the life of Dr Harold Kidd at the centre of analysis into work at the West Sussex County Asylum is to, in part, adhere to the 'top-down' methodology that has often been applied to describe the lives and techniques of researching the 19th-century alienist. However, as this article has made clear, the burden of the management of the asylum (and war hospital) from 1897 to 1926 did fall almost totally on Kidd's shoulders and his was the initiative that, for example, brought Alexander Fleming to Graylingwell to develop new innovations in treatment for GPI. Kidd was an important figure in the local community, and he desired and enforced that the conduct of his staff (of all ranks) reflect the highest moral and behavioural standards – and this applied to whether or not they were on or off duty. In this, as in the way in which the hospital reflected the general *Zeitgeist* within mental health care in the late-19th and early-20th century that showed that the walls of the institution were 'permeable' Kidd can be argued to be a

¹¹⁷ See, for example, WSRO, HCGR2/1/7, Visiting Committee Report, 34th Annual Report, pp. 5–6.

¹¹⁸ WSRO, HCGR2/1/7, Medical Superintendent's Report, 29th Annual Report, p. 7.

traditionalist. In other ways, however, Graylingwell Hospital, in both its role as an RAMC War Hospital and, following that, as the key site for the development of out-patient treatment in the 1920s shows Kidd presided over a progressive and forward thinking regime. Research into his life has provided an impression of him as a man deeply committed to his chosen profession, a man erudite in expressing his beliefs and ideals, and a man with the level of conviction and keenness to see these ideals put into practice – as far as he was able. Kidd might not have been an internationally eminent member of his profession, but he was a stoic upholder of the rights of the mentally ill to be cared for in a humane, safe and happy environment. It is in narrating the history of this 'workaday asylum clinician', therefore, that attitudes to the changing nature of the treatment of insanity, and what precisely insanity meant for patients and clinicians as Britain moved into the inter-war years, can, in part, be traced.