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A gentleman's mad-doctor in Georgian England: Edward Long Fox and Brislington House

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The late eighteenth and early nineteenth centuries were a period of particular innovation in the history of British psychiatry. Enlightenment ideas brought a change in attitudes to insanity, reflected in the growing prevalence of psychologically based treatment techniques being implemented in both public and private institutions. A new group of practitioners, specializing in the treatment and management of insanity, was emerging. One of the most prominent and successful was Dr Edward Long Fox, a Bristol physician. His main venture was the establishment of Brislington House in 1806. Here he created a state-of-the-art asylum, catering mainly for the wealthier members of society. Its unique design, with seven distinct houses, enabled classification of patients according to social class as well as behavioural presentation. Within a context of safety and security, Fox sought to provide a therapeutic regime based on the principles and practices of moral management.

Keywords: *classification; Georgian England; insanity specialism; moral management; private asylum*

The era of industrial change in late eighteenth- and early nineteenth-century Britain has been exhaustively documented and analysed. It was paralleled by remarkable advances across many aspects of contemporary society – in agriculture, in commerce, in scientific endeavour, in public works, in the urban fabric, and in the development of cultural and charitable institutions (Borsay, 1989; Langford, 1989; Rule, 1992). The period can also justifiably lay claim to being the most significant and innovative in the modern history of psychiatry.

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During that time, a range of new institutions for managing and treating mental disorder were established, through private, voluntary and public initiative. The state began to play an increasing role in monitoring practices, in the introduction of regulatory legislation, and the implementation of measures to promote new provision based on sound principles. Perhaps most significantly, in the ferment of ideas associated with the 'Enlightenment', new approaches to the diagnosis, treatment and management of insanity were being developed and refined. These were reflected in the burgeoning contemporary literature, and in the emergence of a new cadre of specialist mad-doctors, among whom Edward Long Fox of Bristol was one of the more prominent (Andrews and Scull, 2001; Bynum, 1974; Hunter and Macalpine, 1963; Porter, 1987).

Historians have come to agree that, during the course of the eighteenth century, attitudes to insanity underwent a gradual, yet profound, transformation. In Andrew Scull's analysis, there was a change in the 'cultural meaning' of madness (Porter, 1987; Scull, 1993). Where the madman had been conceived as something akin to a wild beast, whose excesses had to be tamed in order to ensure the safety of others, he was increasingly being seen as a distressed soul who may be susceptible to a restoration of reason. The methods employed to treat and manage the lunatic were undergoing a fundamental transition. Drastic antiphlogistic remedies and physical coercion were gradually being superseded by more sophisticated medical treatments and, most significantly, by a range of psychological and interpersonal interventions that came to be comprised under the headings of 'management' and 'moral treatment'.

The developments in practices and techniques were being implemented in both the public and private sectors. The creation of a national network of voluntary lunatic hospitals had begun in 1751 with the foundation of St Luke's Hospital in London, followed over the next half century by others in provincial cities, such as Manchester, York, Liverpool and Exeter (Smith, 2007). Government legislation, in the County Asylums Act, or Wynn's Act,¹ promoted further public provision funded through the county rates. The first county lunatic asylums opened in 1812, in Nottingham and Bedford, to be followed before 1820 by others in Norfolk, Lancaster, Stafford and Wakefield (Smith, 1999). Despite the significant growth of voluntary and public institutions, there was further demand that had to be met by individual entrepreneurs. Not only was there a steady increase in the numbers of private madhouses, but many of them were also expanding in size to meet the increasing demand for provision both for fee-paying private patients and for parish-funded pauper lunatics (Parry-Jones, 1972).

The quality of private madhouse provision varied considerably. At one extreme were the squalid and overcrowded houses, designed to maximize profits either by warehousing large numbers of pauper lunatics or by sequestering the insane relatives of the wealthy in dubious conditions. At the opposite end of the spectrum was a network of houses, normally licensed under

the regulatory legislation of 1774² (Parry-Jones, 1972: 9–10), established and managed by enlightened proprietors who sought to provide curative treatment in a pleasant setting with comfortable accommodation, utilizing the minimum of coercive practices. These included establishments such as those of Samuel Newington at Ticehurst, William Finch at Laverstock, William Perfect at West Malling, Joseph Mason Cox at Fishponds and Thomas Bakewell at Spring Vale (Burgoyne Black, 1995; Mackenzie, 1992; Parry-Jones, 1972: 91–4, 116–21; Smith, 1993). Their commercial success was achieved through gaining a reputation for the provision of a high standard of care and facilities. Foremost among this group of high profile respectable madhouse proprietors was Edward Long Fox, the founder and proprietor of Brislington House.

The making of a provincial mad-doctor

Edward Long Fox was born at Falmouth in Cornwall on 26 April 1761, the son of Joseph Fox, a Quaker surgeon-apothecary. Educated locally, at the age of eighteen he was briefly apprenticed to his father, before going to Edinburgh University to study medicine. He came back to Falmouth in 1781, assisting his father in general practice before returning to Edinburgh in the autumn of 1783, where he graduated as M.D. in January 1784. Fox practised initially in Plymouth, moving to Bristol in late 1785 (Fox, A., *c.*1906: 4–5; Monro Smith, 1917: 474–7; Richard Smith [RS] Papers: 428–66). After some initial difficulties in gaining a foothold among an established group of physicians, which nearly precipitated an early departure, he successfully gained entry to Bristol Infirmary as a junior physician in April 1786, following a hotly contested election.³ The prestigious infirmary had been founded in 1737, one of the earliest of the voluntary hospitals (Fissell, 1991). An attachment to a hospital was then a purely honorary position that enabled a young practitioner to develop his professional expertise and reputation, laying the basis for building a private practice (Digby, 1994: 122–5, 170–2; Lane, 2001: 15–22, 85–7). Fox proved an extremely active infirmary physician, attending several times each week, and treating both in-patients and out-patients. He maintained his role for thirty years, retiring as one of the senior physicians in February 1816.⁴

The prestige that Fox acquired from his work at the Bristol Infirmary was of great assistance in enabling him to develop an ‘enormous’ private practice in Bristol and the surrounding area (Fox, A., *c.*1906: 5). He was very much a medical entrepreneur, seeking out lucrative professional opportunities. Indeed, a later anonymous critic sought to expose his pursuit of wealth:

A Sly old Fox, LONG, tried with care to gain
Wealth, by all means, and did not try in vain,
Mammon his God, to whom he hourly pray'd,
Mammon heard his vows, and his vows repaid.
(untitled broadside ballad, *c.*1824, in RS Papers: 466)

Fox's practice was initially in general medicine, and included some dispensing of medicines (RS Papers: 466). He was not afraid to be experimental, and took an early interest in the possibilities offered by 'animal magnetism', based on the theory advanced by Franz Mesmer (Hunter and Macalpine, 1963: 480–6). Fox's interest in the teachings led to him being attacked in the local press in 1789. His efforts allegedly 'threw some Patients at the Infirmary into a Crisis, whether pretended, or real, or the mere effect of Terror'. Fox responded that he had merely conducted an 'experimental enquiry' from 'disinterested motives', and found himself 'unable to ascertain the power alluded to had any existence' (RS Papers: 442). Nevertheless, his evident flirtation with the discredited practices of mesmerism was repeatedly brought up by his opponents (A.W., 1795: 2–3; RS Papers: 466). Insinuations of quackery notwithstanding, Fox's private practice does not appear to have been adversely affected.

More public controversy followed in 1803, when Fox wrote to the *Bristol Journal* to cast doubt on whether the current influenza epidemic was spread through contagion. A newspaper quarrel ensued between him and Dr Thomas Beddoes, Bristol's most eminent physician (Hunter and Macalpine, 1963: 578–83; Porter, 1992), which descended into rather intemperate personal attacks.⁵ Fox was clearly dealing with a significant number of patients in the community, for he had to acknowledge in early April 1803 that five people 'under my superintendence' had died from the disease within the space of a few days (RS Papers: 448–50). He continued an extensive medical practice, distinct from his work with the insane, throughout his career. His entrepreneurial spirit continued into old age, for around 1830 he purchased Knightstone Rock, a small island just off the coast at Weston-Super-Mare, where he established a range of hot, cold and chemical baths, with adjoining lodging houses, linked to the mainland by a specially constructed causeway (RS Papers: 457, 460, 466). The facility was made available to patients from the Bristol Infirmary as well as to private customers and Fox's own large family (Fox, A., c.1906: 7). The breadth of his medical interests was still apparent in 1831, with the publication of a pamphlet offering advice and guidance on the means to deal with the developing cholera epidemic (Fox, 1831).

Fox's move toward specialism in the treatment and care of the insane came in 1792. According to his family, Quaker connections were influential in his being invited to take over an existing madhouse at Cleve Hill, near Bristol (Fox, A., c.1906: 4; House of Lords [HL] 1828: 710). It had previously been operated by the recently deceased Richard Henderson, a former Methodist whose 'peculiar art of governing his patients not by fear but by love' was particularly praised by John Wesley in 1782 (Parry-Jones, 1972: 172; RS Papers: 444). The house itself had originally been a private family residence (Anon., 1836: 4). Fox invested money in extensive improvements and enlargements. He advertised throughout the west of England, assuring the public in 1795 that as well as 'the advantages of a pure air', patients would have 'the benefit of a quiet, retired, and pleasant situation, free from the risk of dangerous

accidents.’ He promised that ‘every necessary care’ would be paid ‘that can alleviate their sufferings, and advance their recovery, or add to their comfort and safety.’ (*Felix Farley’s Bristol Journal [FFBj]*, 1795; Fox, A., c.1906: 4).

Fox evidently achieved some early success in bringing about recoveries at Cleve Hill. This brought its own problems, however, for in late November 1795 he was having to solicit custom from colleagues in the region, such as Dr Pulteney of Blandford Forum:

Respected Friend

In consequence of the recovery of several maniacal patients lately in my Lunatic Asylum at Cleve hill [*sic*], whose dismissal has occasioned proportional vacancies, I solicit the recommendation of such objects, in the course of thy practice, as demand the aid of this institution.

Board, Lodging, Medicine & Medicinal attendance are provided at a moderate expence, & every attention given to the comfort & safety of the patients. I shall be obliged by thy influence in my favour ... (Somerset County Record Office [CRO], 1795)

Fox was probably encountering local competition, for he complained to Pulteney that some letters, and even patients, intended for him had been mistakenly directed to ‘the Fishponds’, the nearby madhouse of Dr Joseph Mason Cox (Parry-Jones, 1972: 91–2). Nevertheless, despite the various difficulties, Cleve Hill proved a profitable venture. Fox was providing both for ‘the care of incurable, and for the recovery of curable Insane Persons.’ He claimed ‘success equal to that of his contemporaries’, and facilities ‘as good as any he had seen’ (Anon., c.1806; Fox, 1809: 72). Nevertheless, he became increasingly conscious of the house’s shortcomings in terms of facilities, in particular the lack of scope for the classification of patients according to either mental condition or social rank (Anon., 1836: 4).

By the time that he took over Cleve Hill, Fox had achieved a certain prominence in Bristol, where growing prosperity had enabled him to acquire a house in Queen Square (RS Papers: 442; Somerset CRO, 1795). He became increasingly immersed in the city’s public affairs, adopting a radical liberal stance in accordance with his nonconformist religious background. He gained a good deal of local notoriety for his political activities, particularly during the period of ferment associated with the French Revolution and its aftermath. In October 1793 serious rioting occurred in Bristol, sparked off by resentment over the imposition of increased bridge tolls. When the militia fired on the mob and attacked with fixed bayonets, at least eleven people were killed and 45 injured (*FFBj*, 1793; Latimer, 1893: 502–3). Having attended on some of the casualties, Fox led the campaign to hold the bridge trustees to account for having instigated the trouble. In the teeth of vociferous opposition from the city’s ruling elite, he convened a public meeting. He was accused of fomenting disorder, though his supporters countered that his motives were

public-spirited and that he was 'one of the most upright and benevolent characters' (*FFBj*, 1793; Latimer, 1893: 503). Fox became branded as a 'Jacobin' who wished to 'over throw all order, and established Government', and had to run the gauntlet of stones pelted at his carriage as he drove through the Bristol streets (RS Papers: 444).

In 1795 Fox was again subjected to accusations of incitement, after chairing a large meeting in Bristol in support of a peace treaty with France. He allegedly projected himself as 'the friend of the poor', professing 'commiseration, moderation, and justice', but his critics contended that he was deliberately provoking the populace 'in a way calculated to mislead their judgment, inflame their passions, and excite their resentment', which could even lead to civil war (A.W., 1795: 1–2, 5). He was strongly defended in print by the poet Samuel Taylor Coleridge, who lived in Bristol at the time and pointed out that Fox had little to gain materially from his 'spirited exertions in favour of the oppressed' (*The Athenaeum*, 1908). Fox evidently developed a high regard for Coleridge's talents, for he became a patron by means of a donation of fifty pounds (Cottle, 1837: 163). Many years later, in 1814, when Coleridge was himself deeply troubled and suffering from depression related to his addiction to opiates, he wanted to be placed under Fox's care in his private asylum, but his wishes were opposed by his friends and supporters (Cottle, 1837: 157–63).

Fox's participation in public activities in the Bristol area was not only in the political sphere. He committed himself economically to the region, investing in a range of commercial ventures, particularly in transportation and public utilities. He accumulated substantial holdings in several companies, including the Kennet and Avon Canal Company, the Severn and Wye Canal and Rail Road Company, and the Bristol Coal Gas Company. His investments also extended beyond the West Country, to include substantial shareholdings in the Regents Canal Company and the Huddersfield Canal Company, in addition to the acquisition of shares in an insurance company in London and a water works in west Middlesex (National Archives, 1835). Fox proved to be an astute man of business. The combination of his earnings from investments with those from private medical practice and the profits from the madhouse at Cleve Hill provided him with the means to finance his main venture, the purchasing of the Brislington estate for £4000 in 1799 (Fox, A., c.1906: 4), to be followed by the hugely expensive construction and fitting up of his state-of-the-art lunatic asylum.

Brislington House was to be Edward Long Fox's great project, where he sought to put into practice his ideas and principles of treating mental disorder. He also set out to create a highly profitable business, by attracting an affluent and high-class clientele whose relatives would be prepared to pay handsomely for care and treatment in the most comfortable and salubrious surroundings. The precedents for this type of scheme had already been set at other exclusive madhouses, such as Ticehurst in Sussex and Laverstock House in Wiltshire (Mackenzie, 1992; Parry-Jones, 1972: 116–19). Placed in 80 acres

of land adjoining the main road from prosperous Bristol to fashionable Bath, Brislington House could hardly have been more favourably located for attracting custom from the aristocracy, gentry and moneyed middle classes. One of the first private asylums to be purpose built, it was carefully designed to respond to the nuances of social class gradation, while also meeting the needs of people with differing types and degrees of insanity. It was constructed, equipped and furnished on a lavish scale, as befitted the intended clientele (Rutherford, 2003: 127–35, 332–8). Uniquely, the main materials used in the construction were iron and stone, wood having been avoided for safety reasons. The eventual total cost of Brislington House was an astronomical £35,000, a sum equivalent to that of St Luke's Hospital in London, built for 300 people (HL, 1828: 710; Smith, 2007: 17).

Edward Long Fox's aspirations for Brislington House were certainly fulfilled. The early publication of *Brislington House. An Asylum for Lunatics*, and its inclusion in 1809, with commendations, in the Scottish architect Robert Reid's collection of *Observations on the Structure of Hospitals for the Treatment of Lunatics* attracted a good deal of attention (Anon., c.1806; Reid, 1809: 71–80). Shortly afterwards Fox was invited by the governors of the projected Nottingham Lunatic Asylum, one of the first erected under the County Asylums Act of 1808, to contribute to the planning of their institution. He provided detailed written information and advice, and followed up with practical expositions when Mr Staveley, the Nottingham Asylum's architect, went down to Brislington (Nottinghamshire [Notts] Archives, 1809a). Brislington House received favourable coverage in the report of the Select Committee on the State of Madhouses in 1815, as an example of good conditions and best practice (British Parliamentary Papers [BPP], 1814–15: 21). Further parliamentary attention came in 1828, with Fox being invited as a key witness before the parliamentary select committee set up to consider the implications of proposed new regulatory legislation (HL, 1828).

Edward Long Fox formally retired from the management of Brislington House in 1829, moving to the newly built Heath House on the estate. His sons Dr Francis Fox and Dr Charles Fox took over the running of the asylum, with Francis Fox taking up residence. Fox senior, however, retained a supervisory role, probably right up to his death in 1835 (Fox, A., c.1906: 5, 9). His continuing involvement was evident from the highly critical polemic written by John Perceval, son of the assassinated former prime minister Spencer Perceval and an extremely reluctant patient at Brislington from early 1831 until February 1832 (Perceval, 1840). With Long Fox's death in 1835, the asylum was left jointly to Francis and Charles Fox (National Archives, 1835). They carried out some initial improvements and effectively re-launched the business with an expensively published illustrated brochure in 1836, in which they emphasized their late father's achievements and sought to show that his work was being continued and developed (Anon., 1836). They undertook further major improvements to the buildings in 1850–1 (Fox, A., c.1906: 9).

The asylum continued to be owned and operated by members of the Fox family for another full century, until around 1950 (Rutherford, 2003: 336).

Brislington House – ‘an asylum for lunatics’

Finding it so easy to gull mankind,
To lunaticks next sly Fox turn'd his mind.
Extensive buildings by degrees he rais'd,
Every where Fox's house was puff'd and prais'd. (RS Papers: 466)

Brislington House was built in 1804 and opened for custom in 1806 (HL, 1828: 710). Located within a large estate, the intention was for it to be ‘sufficiently detached, not to disturb or be incommoded by neighbours’ (Anon., c.1806: 1; Fox, 1809: 73). Fox set out to provide the highest standards of comfort, but in a context of safety and security. One of his chief preoccupations was how to eliminate the risks of fire, which he explained graphically:

for whoever contemplates the restricted circumstances of maniacal patients in such habitations, their frequent inclination to mischief, and the confusion incident on fire, cannot regard, without horror, the calamity that must inevitably result from accidents of this nature. (Anon., c.1806: 2)

To address the problem, Fox ensured that wood and other combustible materials were not used in the construction of the building, apart from his own accommodation in the centre house. Throughout the rest of the complex, ‘the doors, windows, stair-cases, joists, roofs, &c. are made of iron: so that accident from that source is impossible’. The other main material used was stone for the walls, with the floors made from stucco. For heating, fire grates were placed where they would be inaccessible to patients; and warm air flues were provided in the rooms of the ‘more furious, who discard clothing’ (BPP, 1814–15: 21; Fox, 1809: 73–4). Fox subsequently noted a further important advantage from the use of iron instead of wood – its ‘indestructibility from mice & vermin’ (Notts Archives, 1809*b*).

The design of Brislington House was unique at the time, consisting of seven distinct buildings laid out on a symmetrical pattern, enabling a clear classification of patients. The central house was physically separated into two divisions, one for males and one for females, each with its own staircase. On each side there were three more houses, all single sex and identical to those on the other side. The second houses along were smaller than the others, and were intended for those patients who had bodily as well as mental ailments and required ‘different accommodation as to quietness and regimen’, or ‘exclusive treatment to prevent contagion’. The other houses were distinguished according to the social rank of the residents, and were each separated by a distance of eighteen feet. The centre house accommodated the highest class of patients as well as Fox and his family. The adjoining house on each

side was for the 'second class', and the furthest along for the 'third class', with the accommodation varying 'in proportion to the class'. All the patients had separate bedrooms, and those 'in a condition to associate' shared a common sitting room (Anon., c.1806: 1–2; Fox, 1809: 74–6; Rutherford, 2003: 129, 333–4). Payments varied according to which class the patient was placed within, the highest charges being paid for those accommodated in the centre house (BPP, 1814–15: 21).

Separation by social rank was maintained within Brislington House as far as was practicable. It was carried yet further, in order to provide for some more discerning members of the gentry and aristocracy:

There are other houses on the Estate, remote from the above, where persons whose friends object to their associating with the patients, may be accommodated with servants to attend them from the Institution, and where they may pursue any style of living and expence, as to carriage, horses, &c. most suitable to their habits of life. (Anon., c.1806: 2; Fox, 1809: 77)

Fox had clearly accepted, as a commercial imperative, the need to respond as far as possible to Georgian society's deeply ingrained preoccupations with the gradations of rank and class (Porter, 1982; Rule, 1992). In 1816 and 1819 respectively, detached cottages were specifically built for Lords Lanesborough and Carysfort (Fox, A., c.1906: 5). Nevertheless, it was not always possible to meet the aspirations of the most socially conscious aristocratic patients. John Perceval felt 'degraded' by association with 'vulgar persons below me in society' and being subjected to the authority of 'menials'. He complained bitterly to his family that he had been placed with 'a set of vulgar lunatics and servants' (Perceval, 1840: 17). His exasperated sister, having consulted with Fox, tried to explain the constraints on exclusivity:

Of course the first class accommodation was engaged for you – but it was never said that that class did not admit persons of lower rank than grandsons of Earls or members of noble families in any degree; or even than the *elite* of gentry... (Perceval, 1840: 199)

As she astutely pointed out, distinctions between 'degrees of gentility and refinement' could not be made 'in an establishment like Dr Fox's', where there were only three classes, especially as 'he could not refuse to admit as gentlemen, those whose friends were willing to pay for the accommodation of gentlemen'.

Despite the concentration on provision for private patients, Brislington House, like other private asylums, did accept a limited number of pauper lunatics paid for by their parishes (Parry-Jones, 1972). Fox did not need to admit them for commercial reasons, but probably accepted some responsibility to do so as a liberal-minded mad-doctor. Correspondence with the Overseers of the Poor of Wells in Somerset in 1811 confirms that a pauper named William Hoskins had been at Brislington for two years, at the relatively

high charges of eighteen shillings per week (Somerset CRO, 1811). Edward Wakefield saw some female paupers when he visited in 1814, though they formed only a small proportion of the 70 patients in the house (BPP, 1814–15: 21). At some point Fox built a separate house to accommodate paupers, but he reported in 1828 that their numbers were ‘very few’, being six out of an average of 90 patients (HL, 1828: 711). According to his descendant Annie Fox, pauper patients ‘helped considerably in the work of the house’. She described an occasion when Fox’s wife had to flee for her life and then hide in a cupboard to protect herself from a male pauper brandishing a large meat knife (Fox, *c.*1906: 5). The surviving licence of 1831 permitted the accommodation of 110 patients, to include twenty paupers (Somerset CRO, 1831).

Particular arrangements were made for those patients who were especially disturbed or dirty in their habits. The more ‘violent and noisy’ of each class were placed in ‘detached apartments’, so as to prevent them from disturbing the others (Anon., *c.*1806: 2; Fox, 1809: 76). As Fox explained to the governors of the projected Nottingham Asylum, his aim was to ‘prevent unpleasant smells & needless disturbance of the quiet patients by the filthy and noisy’. Cells had been constructed at the bottom of each airing court, in order to ensure that ‘the refractory’ were kept at least 90 feet from ‘the less offensive patients’ (Notts Archives, 1809*b*). John Perceval was evidently housed in one of these cells for an extended period, later describing his experiences graphically:

[H]ere I was fastened down at night, instead of upstairs in my bedroom; it was one of a range of cells lighted at the top, with a passage along the doors, and warmed by the flues of the garden-wall in winter. I had the greatest horror of these places in some states of mind. I was placed here, I suppose, because I twice made water of a morning in my bed up-stairs. (Perceval, 1840: 18)

It was for reasons of safety that the refractory cells were heated by flues rather than by fire grates, which were the norm in the rest of the accommodation. Patients who were ‘wet’, due to voluntary or involuntary incontinence, slept on straw (BPP, 1814–15: 21).

Considerations of safety and security permeated throughout Brislington House and its grounds. Fox was acutely aware of the need for the prevention of escapes and, particularly, of suicide. Escapes, he suggested, were obviated by ‘Locks Bolts & Walls’. Suicide could be guarded against by a range of measures, including high walls in the ‘apartments’, low doors, high windows, and the elimination of any items that might be utilized by determined patients, such as nails and clothes hooks, and movable furniture. In fact, he advocated quite stringent security measures:

The Bed Steads Tables & Chairs ought to be secured to the Floor, or the Wall, to prevent their employment as means of scaling the Walls or offensive

Weapons, the fires ought to have guards before them light but strong and the Fire Utensils should be chained to the grates. (Notts Archives, 1809*b*)

The maintenance of this level of security was bound to require some use of mechanical restraint. The available evidence, including from Fox himself, suggests that there was some recourse to the strait waistcoat and other implements at Brislington, particularly for refractory patients (BPP, 1814–15: 21; HL, 1828: 712). Certainly, John Perceval recorded that he had been subjected to various forms of restraint and coercion, including having been tied down in bed and also kept for long periods in a strait waistcoat with his feet manacled. He claimed also to have been beaten by some of the keepers (Perceval, 1840: 18–24). Although his evidence must have contained an element of truth, his writings make it apparent that he was acutely psychotic and posed a severe management problem to the Drs Fox and their staff. Overall, the incidence of mechanical restraint at Brislington appears to have been relatively low in comparison with other private asylums and madhouses.

The relative absence of coercive practices can be at least partly attributed to exceptionally high levels of staffing. The basic provision was for a minimum of two ‘servants’ or keepers for each house. In addition, there was a porter in constant attendance in the central house, who controlled entry and exit to all the houses and kept all the keys. There were also numerous domestic staff, and others who carried out various duties around the estate. In 1815 there was stated to be a total of 28 staff for the 70 patients. Some of these were probably additional servants designated to provide individual attendance on those described in 1828 as ‘Patients of Rank and of property’ (BPP, 1814–15: 21; Fox, 1809: 75; HL, 1828: 710–11). Some of these staff lodged at the asylum, while others lived in the nearby village of Brislington. Evidence from 1827 shows that several of the latter were being paid ten shillings per week, while one male keeper was receiving £20 per annum (Somerset CRO, 1827). These were sums comparable to pay in other private asylums and in some public asylums (Smith, 1988: 309–13; Smith, 1999: 143–6). According to Fox’s sons, the ‘attendants’ were regarded as making an essential contribution to ‘the success of every plan of treatment’, being selected with ‘the greatest care’, after first gaining some experience in ‘inferior departments of the institution’ and having demonstrated ‘good temper and forbearance’. Their conduct towards the patients was governed by a signed agreement, a breach of which would lead to dismissal (Anon., 1836: 10).

A good deal of attention was paid to the provision of diversionary activities for patients, both out-of-doors and inside the buildings (Rutherford, 2003: 128–32, 335). Each house was allocated its own distinct external exercise facilities. These were situated on elevated ground, with mounds in the centre, and designed to combine the benefit of rural views with adequate security. Fox explained his rationale to the governors of the projected Nottingham Asylum:

The Courts or airing grounds are surrounded by Walls 11 to 12 feet high. The Ground in the middle of each Court is raised high enough to permit a short person to view the surrounding Country, which is preferable to having no other Object than the Sky. (Notts Archives, 1809*b*)

At one side of each court was a covered way running alongside the wall, intended to encourage patients to take full advantage of the fresh air. Within the grounds there were facilities for various activities and pastimes, such as a bowling green and a fives court. The higher-class convalescent patients in the centre house had the benefit of tame fowls, pheasants and doves for their amusement. Lower-class patients used to 'trades or farming occupations', and who were 'willing and able', were offered productive employment in agricultural, horticultural and mechanical tasks (Anon., *c.*1806; BPP, 1814–15: 21; Fox, 1809: 75–6). The range of outdoor activities was later extended, with cricket, football and 'other athletic amusements'. Patients were encouraged to take walks, and at certain times of the year 'parties with greyhounds' walked round the surrounding countryside 'in search of game'. A range of indoor activities was also available, in the form of games such as chess, backgammon and billiards, and musical instruments (Anon., 1836: 9).

Brislington House attracted much favourable comment regarding both facilities and standards of care, beginning with Robert Reid and his colleagues planning the Edinburgh Lunatic Asylum (Reid, 1809). Edward Wakefield's complimentary report to the 1815 parliamentary select committee placed Brislington at the forefront of private madhouses worthy of emulation (BPP, 1814–15: 21–2). The surgeon J. W. Rogers, who published a scathing polemic on private madhouses, singled out 'the noble and extensive establishment of Dr. Fox' as a notable exception:

The order here observed, the excellence of the food, the healthful cleanliness, and above all, the humanity which is invariably exercised, are truly admirable, and reflect the highest honour on the worthy and enlightened founder. (Rogers, 1816: 26)

Another enthusiast was Sir Abraham Elton, one of the asylum's visiting magistrates. He wrote to Parliament in 1828 suggesting that proposed legislation on madhouses should not apply to 'an establishment so well ordered as that of Brislington House', attesting that:

[T]he whole management of the said asylum, has afforded us entire satisfaction – & that we cannot speak in too high terms of the consummate skill, as well as the great humanity of Doctor Edward Long Fox, in the direction of so extensive & so important a concern. (Somerset CRO, 1828)

Even the otherwise sharply critical John Perceval had to acknowledge the 'cleanliness and order, and decency of appearance maintained'. He particularly complimented the fire precautions and the effective heating arrangements by

means of steam flues. He even, at one point, conceded that Fox's arrangements in the asylum demonstrated 'a most minute and benevolent consideration of our wants, mental and temporal'. The general tenor of Perceval's observations was much less approving, however, with his jaundiced assertions that he had 'met with every possible sort of insult, degradation and ill-treatment' at Brislington and that 'the rule of the asylum is inhumanly cruel and unchristian' (Perceval, 1840: 17, 41–3).

Treatment principles and practices

Edward Long Fox's attitudes to the treatment and management of patients demonstrated two key influences. Firstly, the ideas he espoused were in clear accordance with his liberal humanitarian political principles, illustrated in his support for democratic causes and his staunch opposition to any form of oppression. Those principles, in turn, were intimately linked to his ideals on inter-personal relations that derived from being a committed Quaker (Godlee, 1985). The second formative influence emanated from his Edinburgh medical education, with its emphasis on moral and social responsibility and on the cultivation of enlightened gentility (Lawrence, 1985). Similar perspectives were demonstrated in the careers of other Edinburgh educated nonconformist physicians who worked with insane patients, such as John Ferriar and James Currie (Smith, 2007: 80–2). These men were trained to understand that a physician had duties well beyond his direct medical practice. He was expected to make a significant contribution towards improving the lives of people in the community in which he lived, and to support liberal causes that would impact on their well-being (Borsay, A., 1999: 117–23). A good physician was also expected to practice eclectically, enhancing his use of medical knowledge and skills with a humanitarian interactive approach to his patients.

William Battie's (1758: 68) contention that 'management does more than medicine' had gained wide currency among insanity practitioners by the end of the century. The limitations of pharmacological and surgical remedies had become only too evident, and the perception that inter-personal techniques could offer significant therapeutic benefits proved highly attractive. Although psychological or 'moral' approaches tended later to become identified with the regime of the York Retreat, as expounded and publicized by Samuel Tuke, the non-medical aspects of treatment had been embraced by a significant element among specialist mad-doctors before the Retreat opened in 1796 (Digby, 1985; Porter, 1987; Tuke, 1813). Edward Long Fox adopted these approaches from the outset of his practice. It is not without significance that one of the staff of his madhouse at Cleve Hill, Katherine Allen, was appointed in 1796 as the first matron at the York Retreat (Hunter and Macalpine, 1963: 685).

Fox laid out his credo in his early publicity for Brislington House, contending that the cure of mental derangement was 'connected with moral and physical

management' (Anon., c.1806: 1; Fox, 1809: 71). This was a position that he maintained throughout his career. He told the House of Lords Select Committee in 1828 that the greatest improvements that had taken place in the treatment of the insane had been in 'their Moral Treatment', which he equated with a gradual transition from 'severe' to 'mild' forms of treatment (HL, 1828: 710, 713, 715). This position was adopted by his sons, who emphasized the moral treatment credentials inherited from their father after they took over the running of the asylum (Anon., 1836: 7).

Like other contemporary practitioners, Fox operated on the initial premise that, for effective treatment to take place, the lunatic had to be removed from home, separated from his family and placed in a specialist institution. He considered that the proper moral management methods could not be implemented in 'private families', quite apart from the possible risks to the patient and others. As he explained in 1806:

It is of importance to remove the Insane from their own houses and friends, not only on account of the distress and confusion they there produce, but because there, the circumstances that excite a maniacal paroxysm more frequently exist.

He continued with a more directly therapeutic rationale for placement in an asylum:

Their recovery is promoted by associating with persons under similar circumstances, and they submit more patiently to discipline from strangers, who are experienced in their treatment, than from relations and dependents, who are timid, unskilled, and frequently the objects of irritation. (Anon., c.1806: 1; Fox, 1809: 71–2)

With the benefit of their father's thirty years of experience, Francis and Charles Fox gave even stronger emphasis to the case, stressing both the dangers that might ensue from the insane person remaining at home and the likelihood that he would develop an 'inveterate dislike' of his 'nearest and dearest'. Close relatives, they suggested, were reluctant to impose the necessary controls and were thus more likely to 'inflamm rather than allay irritation' (Anon., 1836: 7).

Fox considered that the patient should be removed to a place that replicated their home situation, in terms of its surroundings, internal design and furnishings. He advised the governors of the proposed Nottingham Asylum that their building should not be constructed 'by deviating materially from Mens ordinary habitations so as to impress with painful & gloomy ideas', but rather attention should be paid to 'their comfortable feelings as much as safety will allow' (Notts Archives, 1809*b*). The reconciliation of comfort with safety and security was central to the regime established at Brislington House. Fox sought to create an environment in which patients were permitted a good degree of liberty, but in a controlled setting. On arrival at the asylum, 'personal coercion' was removed. The staff maintained unobtrusive surveillance,

while initially permitting the patient to indulge in the ‘many innocent vagaries’ that may have been thwarted at home. However, if the behaviour went beyond the bounds of what was safe or acceptable in company, he or she would be removed to the refractory cells. These were lit from the roof above and had their furniture fixed to the floor or walls, thus removing the need for ‘personal confinement’ of even ‘the most furious cases’ (Anon., 1836: 6–8).

Fox described his intended approach to patient management as ‘humane, yet bold, as well as prudent and patient’ (Anon., c.1806: 1). Outside observers commented on the gentleness of his methods. The surgeon J. W. Rogers noted ‘the humanity which is invariably exercised’ at Brislington (Rogers, 1816: 26). Fox told the House of Lords Committee in 1828 that he considered himself ‘the Friend of my Patients’. His aim was to treat them as ostensibly normal, and to try to divert their minds from the source or object of their ‘hallucinations’. He sought to accomplish this in his personal contacts with them:

I go into the separate Houses of each Patient, and I pay them the Compliment of asking them how they do. Some of them make some Complaint about bodily Health; some I find in the House, and some I find walking in the Garden. I go up and take them by the Hand, and enter into Conversations with them on any other Subject except the Matter of their Disease – there is no Occasion for that, because they will not say they are ill; therefore we enter into the Topics of the Day. (HL, 1828: 711–12)

Fox was conscious not only of the importance of his own dealings with the patients, but also of their interactions with one another. In an early incarnation of the therapeutic community ideal, he aimed to promote the maximum benefit from their association. His sons learnt that ‘even the most refractory or arrogant patient’ would display ‘tolerance, deference or pity’ to fellow inmates. Those who were becoming convalescent would ‘seek to acquire an influence over their more intemperate companions’. The conclusion was that these contacts were almost as beneficial as ‘the combined influence of the most acute reasoning, and of the most active and skilful application of medical remedies.’ (Anon., 1836: 8).

Classification was at the heart of the patient management system Fox implemented at Brislington. In 1806, when he opened the asylum, it was still a relatively novel concept in institutions for the insane. His classification arrangements comprised three essential elements – gender, behaviour, and social rank. A scrupulous gender separation was put into effect by the provision of entirely separate buildings and exercise facilities for males and females, and the physical partitioning of the main house. Fox explained to the Nottingham governors the rationale for having two staircases in the centre house; it was ‘for the obvious reason of preventing casual Encounters of the Sexes’. His advice to them was to plan the layout of their asylum in such a way ‘as to prevent communication by speech or otherwise between the Sexes’ (Notts Archives, 1809*b*). The rationale was presumably determined by conceptions of sexual propriety as well as ostensibly therapeutic concerns.

It was not feasible in an asylum the size of Brislington to impose the sort of detailed classification by behavioural presentation or diagnostic category that later became standard practice in large county asylums. The basic divisions were, therefore, into relatively tranquil or convalescent patients and those who were noisy, dirty or violent. Fox provided for separation in day areas, exercise facilities and sleeping quarters. Within each house there were two distinct sitting rooms, according to the level of behavioural acceptability. In the airing courts he advocated separate facilities for the 'temperate cleanly & convalescent patients' and for those who were 'filthy & refractory'. The accommodation of the latter in detached cells at the end of the courts was designed to provide the means to contain and manage them effectively while ensuring that the quieter or recovering patients were not confronted by their unpleasant behaviours (Anon., 1836: 5; Notts Archives, 1809*b*).

As already mentioned, considerations of rank or social class were paramount in the spatial organization of Brislington House. From the outset Fox wanted to ensure that 'individuals of one class never see or have intercourse with those of another', and that unhelpful comparisons between relative standards of accommodation were prevented. He considered it quite appropriate to honour 'the prejudices of men in respect to rank in society' and to prevent 'persons of rank and quality from an indiscriminate association with those of inferior manners and condition' (Anon., *c.*1806: 2). Fox carefully expounded his doctrine to the Nottingham governors:

Insanity, to a certain extent, reduces all men to a par, it raises Peasants to Emperors and Kings & vice versa. On that account it would seem at first view unnecessary to attend to any arrangement, according to the rank of the individual in Society when sane, but, as frequently, nay generally it happens that persons have perceptions and are aware of the relations they bear in Society; as, many are only wrong upon one or two Topics and sometimes not always upon those – it seems proper to consult prejudices so far, as well to wound the feelings of such by an indiscriminate admixture. (Notts Archives, 1809*b*).

Physical separation by rank, and associated standards of accommodation, were strictly maintained in Brislington. The prevention of 'invidious comparisons' remained a prime objective, as did the protection of upper class patients from mingling with those whose company 'might lead to inconvenient, if not detrimental acquaintance' following recovery (Anon., 1836: 5–6).

The occupation of patients formed an important element of Fox's system of 'moral treatment'. His view was that it was 'very desirable that they should all be employed, as far as they possibly can be.' (HL, 1828: 715). For some people this would mean agricultural or horticultural work, or domestic work inside the houses for paupers. However, there were constraints related to social rank, and Fox had to acknowledge that 'it was much more difficult to give employment to gentlemen' (BPP, 1814–15: 21; Smith, 1995: 158). The more

high-class patients were, therefore, encouraged towards indoor and outdoor games, musical activities and country walks. Religious observance was also promoted within Brislington, although Fox's attitude towards it was somewhat equivocal. He recognized that religion was frequently the subject of delusional ideas, and for that reason he sought to restrict the access of ministers, other than the Catholic priest, to individual patients. However, he also acknowledged the healing and tranquillizing effect of participation in formalized religious activity. A chapel was provided where divine service, based on the forms of the Church of England and led by a minister, was held each Sunday. Indeed, Fox claimed to have been the first private asylum proprietor to introduce regular services. He clearly viewed the practice as having considerable therapeutic value. As well as encouraging quietness and 'Decorum', services could be a more tangible part of the recovery process, whereby Fox claimed that it 'has always been my Study to approximate their Habits in the State of Insanity as much as possible to their sane Habits' (HL, 1828: 711, 713–14).

Although Fox placed much of his emphasis on the moral management aspects of treatment, there was still a place in his system for more medically based methods. He would prescribe medication on an individual basis, both to patients at Brislington and to people he treated in the community.⁶ He and his sons, however, recognized the limitations of medical treatment in insanity, for they noted that 'the disease is not much within the influence of such remedies'. They were sceptical as to the value of the more drastic antiphlogistic techniques, such as bleeding. Indeed, many patients who had been subjected to such treatments before coming to the asylum required restoration of their constitution, and of their 'intellectual faculties', with iron preparations and antispasmodics (Anon., 1836: 8).

Fox was enthusiastic about one form of physical treatment – the use of water. Brislington was equipped with both cold and warm baths. Edward Wakefield noted in 1814 that 'The doctor thinks highly of the efficacy of the former.' (BPP, 1814–15: 21). A structure set apart from the main building contained 'a cold plunging bath, a warm bath, a vapour bath, and a shower bath' (Anon., 1836: 5). John Perceval certainly experienced the cold bath treatment on numerous occasions, recalling that 'I used to be plunged into a cold bath during the whole of the cold winter of 1831.' According to his diary, following a threat by Fox on 27 January 1832, he was 'Forced to use the cold bath' the next morning. This occurred again on 31 January, and then for each of the next four days. In response to his distress, his family finally removed him from Brislington on 9 February to Ticehurst Asylum (Mackenzie, 1992: 70; Perceval, 1840: 19, 29, 38). Although Perceval's highly coloured account has to be treated with caution, his evidence demonstrates that Fox, like other practitioners in both private and public institutions, utilized the cold bath for punitive purposes as well for any claimed therapeutic properties (Smith, 1999: 203–4; Smith, 2007: 147–9).

A similar mixture of motives can be detected in the application of mechanical restraint. The argument of mad-doctors had long been that, for agitated, over-excited or aggressive patients, restraint was a necessary means of calming them as a precursor to the implementation of other forms of treatment. For patients, however, mechanical restraint was often interpreted as punishment, as was certainly the case for John Perceval, who recounted that 'there I was, tied down to my bed with my hands muffled in a strait-waistcoat, my feet manacled, and fastenings which were placed round both arms to the sides of the bed!' (Perceval, 1840: 17). Although mechanical restraint may not have been a central element in Fox's treatment regime, Perceval's account left little doubt of its prevalence in certain circumstances. Fox himself had acknowledged in 1828 that there were occasions when his 'servants' had to impose restraint on their own initiative: 'Cases might arise in which immediate Coercion would be necessary'. He reassured his audience that they used it 'cautiously' and that they were accountable to him if it was applied 'improperly' (HL, 1828: 712). This was a long way, however, from Rogers' observation after visiting Brislington in 1816 that, 'when coercion appears necessary, the patient is rather coaxed than frightened into compliance', and that he was often grateful afterwards (Rogers, 1816: 26).

Conclusions

The professional achievements of Dr Edward Long Fox need to be placed within their historical context. Fox's background was particularly significant. His middle-class nonconformist Quaker origins, and a medical education at Edinburgh in the heyday of its intellectual prominence, guided him towards the role of liberal minded and socially responsible gentleman-physician. This was illustrated most vividly by his immersion in all aspects of communal and political life in Bristol, at the same time as carefully constructing a successful medical career. Fox was also an astute businessman and entrepreneur, at a period in Britain's economic development when the expanding and increasingly sophisticated market for both goods and services offered great possibilities for profits to be earned from initiatives that responded to the perceived needs of the affluent middle and upper classes.

Fox's Edinburgh medical education guided him towards particular approaches to the treatment and management of insanity, similar to those of other young and idealistic practitioners. At the heart of his practice was an acceptance of the limitations of purely medical treatment, and a great faith in the possibilities offered by the emerging techniques of 'moral treatment' and 'management'. The regime that he sought to implement was based around an acknowledgement of the significance of interpersonal relationships. It required the creation of an environment in which the benefits of interactions between doctor and patients, staff and patients, and among patients themselves, could be maximized. At the same time, it required physical surroundings that were intrinsically therapeutic while also providing safety and security for patients,

staff and the local community. Fox's great achievement was in accommodating all these various elements in such a way as to develop a very lucrative business, and at the same time meeting the highest contemporary standards of treatment and care.

Brislington House proved to be the summation of Edward Long Fox's ambition, both professionally and commercially. Its pleasant rural surroundings, purpose-designed construction, and lavish furnishings and equipment, provided an environment in which a programme of moral treatment could flourish. The facilities for classification according to behaviour patterns, and the associated arrangements for security and control, ensured that the other aspects of patient management could be properly attended to. It was, however, the attention paid to the nuances of rank in society and class distinction that particularly distinguished Brislington from most of its competitors in the private asylum or madhouse sector. This careful response to the demands of a potentially wealthy clientele represented a sound business arrangement for Fox, and later for his sons. The attitudes that he articulated in regard to class relations within the asylum appeared sincere enough, although they did not accord entirely with the more egalitarian positions that he had advocated in his political activities.

The Brislington House regime exemplified a similar paradox to that which was apparent in other institutions, private and public, and which has continued to resonate throughout the history of psychiatric provision – the reconciliation of goals of therapy and those of security and containment. Although Fox's system was intended to uphold a humane approach, based on the promotion of rational thought and behaviour, this was always in the context of a framework of restrictive control. The reality of the paradox was exposed most clearly through John Perceval's diatribe. Here was a member of the aristocracy, the son of a former prime minister, whose acutely disturbed and grossly antisocial behaviour required separation from his fellow patients and the imposition of stern coercive measures. Perceval, nevertheless, had to acknowledge the high standards of accommodation and comfort, and the excellent facilities that were available at Brislington. However, even in such a well-appointed establishment with the most enlightened regime, the unpredictability of madness could still require the employment of methods that appeared to diverge from sincerely expressed principles.

Notes

1. 48 Geo.III (1808), c.96.
2. 14 Geo.III (1774), c.49.
3. Bristol Record Office, 35893/1–2, Bristol Infirmary Records (1786–1816): 35893/1b, Minutes of Subscribers, 3 April 1786.
4. Bristol Record Office, 35893/1–2, Bristol Infirmary Records (1786–1816): Minutes of Subscribers, 4, 18 Mar. 1805; Weekly Committee Book, 6 Feb. 1811, 14 Feb. 1816; RS Papers: 439.

5. Thomas Beddoes (1760–1808) also had some interest in insanity. Nevertheless, during the controversy over influenza, in response to Fox's observation that none of his patients at Cleve Hill had succumbed to the illness despite several of his 'servants' having been affected, Beddoes countered that 'there are few readers of newspapers but may have learned that lunatics are generally exempt from infection; and therefore no wonder lunatics should escape the present epidemic.' Fox responded with barely disguised contempt. See RS Papers, V: 448–9.
6. Cumberland Papers, Vol. XVI, in British Library Additional Manuscripts, 36506, f. 138, 2 Oct. 1817.

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