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The (un)dress of the mad poor in England, c.1650–1850. Part 2*

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The second part of this paper assesses how far the dominant imagery of the (un)dress of the mad poor, found in the literary, medical and representational sources discussed in Part 1, corresponds with actual conditions and provisions for the poor insane as revealed in institutional and documentary sources. This is necessarily attempted through a selective sample of sources, in particular clothing procurement for the poor insane as chronicled in parochial records. More especially, the documentary accuracy of prevailing cultural representations is assessed through a case study of the records of Bethlehem (or 'Bedlam')/Bethlem Hospital, the archetypal English madhouse.

Keywords: *Bethlem; clothing; history; lunatic; madness; nakedness; parish; poverty; provision; (un)dress; visitors*

Charitable and parochial provision for the mad poor

In both urban and rural communities, the clothing of the parish poor was, up until the 1980s, a subject rather neglected by historians. Since this time, however, in consonance with the growing vigour and reputation of local history as a sub-discipline, the dress of the poor has been the scene of substantial historical research (King and Payne, 2002; Spufford, 1984). This new scholarship has, moreover, fostered a greater appreciation of the considerable regional variations in parochial provision, as well as of the range and quality of that provision, and of the ability of the poor themselves to negotiate enhancements – perspectives which have significantly challenged the assumptions of previous historiography. It is now generally accepted

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that, throughout the early modern period, there was a genuine, if variable, recognition as to the responsibility of a charitable, civilized society to clothe the poor. It had long been part of biblical ideology that it was incumbent on the good and merciful Christian 'to clothe the naked' (Anon., 1760; Bourdon, n.d.). Such an attitude lay at the heart of early modern charitable provision, and sickness was one of the primary criteria for deciding how deserving a pauper was.¹ Local benefactors often left legacies and annuities to their parishes explicitly for the clothing of the poor, and sick and mentally disordered parishioners were conspicuous recipients of such gifts.²

This recent historical interest in pauper clothing has not, however, been extended to the clothing of the mad poor. Likewise, it would appear that whatever the degree of contemporary recognition of clothing needs on the parochial level in early modern England, this was somewhat more ambivalently extended to the mad poor. In fact, it was not until the eighteenth century that either metropolitan parishes or institutions appear to have made more consistently adequate provision. Early on in the period, clothing seems frequently to have been furnished as an exigency measure to the mad poor. Metropolitan parish records reveal that clothing, both for the mad poor in the parish itself and for parishioners in private madhouses, workhouses and public hospitals, was typically frugal and irregular. Expenses for 'lodging/keeping' and 'dyett' for the mad frequently did not even mention clothing, while bedding was often just 'a truss of straw'.³ The rather impromptu and limited nature of this form of parochial relief is also suggested by the fact that parishes were sometimes apt to target such outfitting during the coldest months, when the poor clearly needed it most.⁴ Nevertheless, 'winter clothes' and the odd 'truss of straw' were a common parochial provision not only for the poor insane but also for the sick poor in general.⁵ Furthermore, clothing was far from confined exclusively to the winter months, frequently being supplied for mad and poor metropolitan parishioners at needy times throughout the year. By the end of the period, seasonal outfitting appears to have given way to more regular and comprehensive provisioning.

Not all poor 'lunatics' received the same amounts of clothing, or were attired with the same regularity, of course. Many were also being supplied (somewhat invisibly) by relations, and possessed more substantial items of their own. Yet, often it was the intervention of an outside authority, an institutional confinement, or a court/sessions appearance that precipitated larger parochial expenditure on lunatics' clothing.⁶ The case of 'lunatic' parishioners like William Lane – for whom the issue of clothing is registered only after his discharge from Bethlem and conveyance 'into the Country'⁷ – suggests that, rather than a constant observance, parish clothing of the poor insane might be provoked by specific events, such as their confinement, transportation, or some other change in their accommodation. Often it was not until a pauper had become 'lunatic' and was passed from one parish to another that clothing was provided.⁸ Quite evidently, basic standards of clothing were

being maintained, but the ambiguities of contemporary settlement regulations under the Old Poor Law and the frequency of disputes over responsibility for the poor clearly did not always ensure a prompt provision.

Many poor patients were assuredly left to shiver at Bethlem and other madhouses for the want of clothing and bedding, and there is clear resonance with literary and artistic representations of the naked insane in contemporary documentary sources. Workhouses and parishes, determined to economize, and confronted with poor lunatics who spoil clothing, understandably preferred to mend and recycle such items. The items supplied, especially to parish patients, were often 'old' or 'second hand', while patients were commonly described as 'Starke/quite naked' when provided with them, both within and without such institutions.⁹ Usually, the materials used for clothing the poor insane were of a cheap, coarse and inferior quality, the most common being linen, baize, flax and frieze.¹⁰ Occasionally, better quality (e.g., feather) bedding and clothing owned by parishioners, or offered by relations, was rejected by parish officers as 'to[o] good' for Bethlem and (by implication) for poor lunatics.¹¹ That some parishes had to be confronted with their bonds being sued by the hospital because their 'Lunaticks' were 'in great want of Cloths' does not suggest that provision was effectively meeting needs.¹² While metropolitan parish records often show relatively regular and generous amounts being spent on clothing the poor insane, in some cases and periods of hardship (e.g., after the 1666 Great Fire) there are instances of maintenance fees being met for years without or with barely a mention of any clothing being furnished.¹³

Some insane parishioners were evidently better served, however, while others seem to have received better provision once in Bethlem and other institutions – in particular, once the institutions took more responsibility for clothing their own patients. For example, St Bride spent over £21 during 1703–11 for supplying five patients with clothing and bedding while in Bethlem, but in the same period only 4s. is recorded as explicitly expended on clothing one of these lunatic patients while being lodged in the parish.¹⁴ Clothing provision for the poor insane within metropolitan locales often appears distinctly inferior in cost and extent to what the institutions increasingly obliged parishes to furnish.¹⁵ St Bride spent very little on the care of Sarah Miles, 'a Black Lunatick' during 1725–6, paying just 3s. 4d. for her transportation, nursing and for selling her 'old goods', and recouping £2 in the process.¹⁶ By contrast, the parish paid over £9 getting Thomas Page in and out of Bethlem between 1712 and 1719, including £1 10s. for the standard bedding and another £1 8s. 6d. for clothing him.¹⁷ However, the common ellipses and lumping together of disbursements in parish accounts make it very difficult to estimate with confidence the extent of provision. Parish records rarely itemized all expenses, and clothing was often an unspecified constituent of weekly maintenance fees.

If the poor had means of their own, they were certainly expected and required by the Poor Law to contribute to the costs of lunatics' care and clothing.¹⁸ Parishes sometimes went to elaborate lengths to avoid incurring the financial burdens of providing long-term for lunatic cases.¹⁹ Generally, however, officers accepted and energetically fulfilled responsibilities to clothe the mad poor. They were happy to allow and keen to require relatives and other caretakers to meet the clothing needs of mad parishioners out of their weekly/monthly doles/pensions or actual earnings/savings. Yet parishes were also prepared to provide especially sick and needy cases with extra relief for such purposes.²⁰ The extent of the failure on the part of both Bethlem and of metropolitan parishes to clothe the poor insane has probably been over-estimated by historians, in part because of excessive reliance on artistic and literary representations of archetypal lunatics. Quite evidently there were regional and temporal variations in provision, as a result (especially) of local demographic and economic disparities/vicissitudes. For example, poorer parishes like Bishopsgate with larger proportions of paupers tended to provide rather less regularly and extensively than smaller, richer parishes such as St Martin in the Fields. Yet prodigious amounts were being spent by parish officers on clothing, bedding and other necessities for individual patients.

While metropolitan parishes were cajoled as to their duties to clothe their patients in institutions, by the 1690s they do seem to have been supplying clothing every year for individual patients in Bethlem, or at worst at intervals of a few years. Nor was all or even most of such clothing second-hand. Bishopsgate, for example, regularly provided Abraham Byard with clothing for the majority of his periods of stay in Bethlem during 1679–92. He was clothed on at least six separate occasions during 1687–92, three years later receiving an almost complete new outfit, comprising shoes, stockings, breeches, two shirts, a waistcoat and a gown, only the latter apparently obtained 'second Hand'.²¹ Even when parishioners like Byard were (semi-)naked at the time they were supplied with clothing, this was not a predicament peculiar to the insane. Sane parishioners too, whether lodged locally with nurses or in hospitals and other institutions, were not infrequently described as 'naked' when clothed by parish officers.²² The propensity for radical personal and economic vicissitudes and reversals in early modern society rendered even those well provided for acutely vulnerable to sudden changes of fortune. Ann Neate, for example, was reduced to such dire poverty and want of clothes after her 'lunatic' husband was 'secreted from' her following a Commission of Lunacy, that she was forced to apply repeatedly for parochial relief. Petitioning the Allhallows Lombard Street vestry in 1757 that she had 'been obliged to Pawn almost all her Cloaths and apparel', and granted nearly £3 to redeem them so that she could 'gett into Service', seven years later she was again applying for relief 'being in great Distress and quite Naked'.²³

The frequency with which parishes are found redeeming the clothes of poor parishioners from pawn on their falling distracted seems a marker of the

economizing concerns of parochial officers, while concurrently emphasizing how prepared the poor were to sacrifice the decencies of appearance for ready cash. Yet, it is also a clear indication of a basic parochial commitment to seamliness in the attire of the insane.²⁴ Having a good, or at least exchangeable, outfit of clothes was a vital economic resource for the poor. Clothing could not only be pawned, but might also help to secure employment, especially in domestic service. It is not surprising, then, that parishes are commonly found paying for, or redeeming, the clothing of semi-‘naked’, ‘lunatic’ or formerly mad paupers with the direct purpose of getting them back to work (and off the rates).²⁵

It should be emphasized that ‘naked’ in such historical contexts was an ambiguous term, tending to mean states less than, or approaching, absolute nudity. It was often employed as a quasi-rhetorical and exhortatory means of signifying need and negotiating/justifying expenditure. When poor parishioners petitioned churchwardens for relief they customarily emphasized (and commonly hyperbolized) their extreme want in such terms. Thus, when appealing for ‘Compassion’ to the Allhallows vestry in 1727, the ‘indigent’, ‘blind’ and ‘infirm’ widow, Beatrice Thornton, began her letter by declaring ‘the nakedness of my circumstances’.²⁶ Yet, the terminology of such appeals also reflects a genuine, if partial, acknowledgement of responsibility on the part of local custodians. Even cases like James Blewitt/Blewett of St Bride, described as ‘distemper’d in minde’ in 1683 and as ‘Starke naked’ three years later, may say as much about the responsiveness of the Poor Law as about its deficiencies. Significantly, the princely sum of £4 was spent on clothing Blewitt at this stage, with another 10s. on shifts for him and his mother. On any reading, it would be inappropriate to designate his case as one of negligence on the parish’s part.²⁷

The Court of Sessions and other judicial arenas dealing with the maintenance and disposal of the poor might also instruct individuals, parishes and institutions as to their obligations to clothe the poor insane. An especially interesting instance is that of the charity patient,²⁸ Susanne Wallis/Wells. When discharged from Bethlem in 1672, the London Sessions not only ordered her to be conveyed to her recently discovered Northamptonshire settlement, but also that this be subsequent to her ‘being clothed’.²⁹ Her condition prior to admission cannot have been good, she having ‘pawned her Gowne’ to meet her 6s. rent, and having been apprehended ‘in the Street lying under Stalls’ and committed to Bridewell as ‘a poore vagrant Maid’. By contrast, during her residence at Bethlem from 1663 to 1672, Wallis was supported with outfits of clothing gratis every year. Of course, Sessions rarely acted entirely independently, but were generally responding to the representations of institutions like Bethlem, or of poor patients’ obligors, which were not uncommonly a mixture of concerns about the burdens of caring for the insane and genuine sympathy for their needs. For example, following Sarah Wyatt’s admission to Bethlem in the 1670s, the governors

instructed her surety and landlord to apply to Sessions so that her outstanding debts and future maintenance could be defrayed, yet they were also anxious that her existing goods be employed 'for her necessary Clothing', of which she was evidently in great 'want'. The petitioners and Sessions (recognizing her 'needfull' state) implemented the governors' recommendations more or less verbatim, highlighting the negotiated socio-economic imperatives by which the poor insane were provided for under the umbrella of the Old Poor Law.³⁰

It certainly does not appear from contemporary records that when the authorities were tardy or negligent in clothing the poor insane this was because the latter were regarded as so maniacally bestial that they had no need of such. Of course, this type of parochial provision was just one constituent of a wide range of relief that parishes were responsible for dispensing at this time. Parochial officials were evidently prioritizing basic nursing, accommodation and other needs over and above those of clothing. Yet the regular pawning of clothes to meet rent arrears suggests that such attitudes were often shared by the poor themselves. There is assuredly some evidence of less attention to clothing the poor insane than to clothing ordinary paupers, and (even more so) parish children, but these records also suggest that there was less difference than might appear at first sight.

The cases discussed above suggest a good deal about the differing grades and histories of impoverishment, and the extent to which specific moral judgments about deserving and less/undeserving poor were being translated into differentials in the scale and type of relief being made for the poor insane by parish officers. One might compare Abraham Byard's case with other contemporaneous parochial cases less well provided for. Although 'a poore Lunatike', Byard was initially supported by his father, Joseph, a respectable citizen and silk weaver. From c.1683, however, the parish clearly took over his maintenance and clothing because his father was burdened with family responsibilities and impecuniousness following sickness and changes in his circumstances.³¹ By contrast, others with relatives who could contribute had to rely more on their family to provide. For example, the parish seems to have agreed to meet the maintenance and clothing fees for Susan/Elizabeth Harris's three separate stays in Bethlem during 1687–1703. Yet, up until 1695, her husband John, a tailor and basket maker from Houndsditch, remained bound to contribute 2s. per week for her maintenance. And the amount of clothing provided for her by the parish was substantially less than what Byard received.³² That the churchwardens also incurred some trouble and expense committing John to Bridewell in 1693, for 'Sweareing 4 Oathes ... other Misdemeanours' and 'being very rude', may suggest that he was trying to eschew his obligations to his wife. It is unlikely that the churchwardens would have been as sympathetic towards the circumstances of an errant, able-bodied husband like John Harris, as they were to those of a decayed citizen and father like Joseph Byard.

Clothing the poor insane at Bethlem

It is almost impossible to know what proportion of Bethlem's patients were unclothed or bedded on straw during the hospital's early history, but it was certainly large. Given the expense of such items, it is not surprising that governors and staff sometimes preferred to deprive patients altogether – especially when confronted with those like widow Davies, so 'distracted' in 1638 that she 'doth teare her cloathes off her backe and soe misuse those that come about her that none will take upon them to keepe her.'³³

Throughout the period, patients' obligors were bound to furnish patients' clothes and bedding on top of their weekly maintenance fees. However, the imprecise wording of bonds and the discretionary nature of provision meant considerable discrepancies in the interpretation of what 'necessary apparel' was. During the seventeenth century in particular, this provision was often inadequate. While the charity of Bethlem and its benefactors occasionally supplied the deficit, such assistance was merely ad hoc, contingent upon the discretion and periodic visitations of governors, officers and others.³⁴ Clothes and bedding were often dispensed belatedly, as Allderidge (1979: 154) has pointed out, when patients had 'been waiting for an indeterminate time in ... dire and obvious necessity'.³⁵

A small group of patients referred to as 'charity patients' were supported at Bethlem from the 1660s entirely on the funds of the charity, being furnished with special blue-lined clothing in order to demonstrate outwardly the charitable generosity of the hospital.³⁶ Charity patients' clothing acted as a vivid appeal to visitors to give generously to the hospital in donations and legacies. As did Bridewell apprentices, inferior hospital staff likewise sported blue coats in the flush of charitable enthusiasm immediately after Bethlem's move to Moorfields.³⁷ Blue was the distinctive colour of Christian charity, associated with the Virgin Mary, and symbolically employed by the blue-coat boys of Christ's and at other London hospitals during fund-raising events, such as Spital Sermons and Easter street-processions. The poors' boxes which stood inside the entrance to Bethlem were also painted in blue to mimic the dress of charity patients. However, charity cases were a minority, numbering no more than 7–13 out of 50–60 in the 1660s and 1670s, and it was often only those others found 'to be in greatest necessity' who were provided by the governors with clothing gratis.³⁸

Non-parochial patients too were not infrequently the victims of neglect by their custodians and obligors. James Carkesse, who spent a period in the Finsbury madhouse of the Bethlem physician, Thomas Allen, and in Bethlem itself during the 1670s complained of being 'lodg'd' 'without either Shirt, or Cloaths' (Carkesse, 1679: 14, 44, 49). Nor were Bethlem's governors always sympathetic to the difficulties of some sureties in meeting the expense of clothing on top of their weekly maintenance fees.³⁹ First and foremost, however, patients' parishes and friends bore responsibility for failure to furnish

adequate clothing. Letters admonishing sureties of their obligations to supply clothing were repeatedly sent from Bethlem in this period.⁴⁰ Although these notifications occasionally fell on deaf ears, the hospital authorities could be quite strict in outlining and enforcing the consequences of refusal.⁴¹ Bethlem's inmates were not alone in going naked among the patients of metropolitan hospitals. The hospitals of St Bartholomew's and St Thomas's, for example, faced very similar problems in achieving compliance with bonds.⁴² Nonetheless, by the early eighteenth century such hospitals were going beyond Bethlem in making reception and continuing care conditional upon patients being kitted out with 'proper' clothing.⁴³

Benefactors to metropolitan hospitals were also appreciative of the hardships endured by patients exposed to the winter cold. The high volume of donations for the clothing of poor patients in Bethlem during the seventeenth century – as indeed for the clothing of the poor within parishes – reflects the apparent neediness of recipients.⁴⁴ As donations for this specific purpose peaked and then tailed off from the 1690s, Bethlem assumed increasing responsibility itself for issuing patients' necessaries. Growing concerns about and donations for clothing the insane inspired the conversion of a cell in 1692 into a 'wardrobe' to clothe neglected patients and the setting up of a 'Wardrobe Fund'.⁴⁵ The establishment of this fund is yet another gauge of just how serious 'the Nakednesse and Sufferings of the Patients' had previously been. Meanwhile, however worried that patients had 'suffered very much from want' of clothes, governors were equally agitated about the consequent 'Extraordinary charge in Phisick and Surgerye' and the exposure of Bethlem's 'Hono[ur] and Reputac[i]on ... to Strangers'.⁴⁶ Clothing the insane was about protecting their health and interests, yet it was also about preserving patrons'/spectators' approval and the hospital's image/finances, and publicly displaying the observable benefits of charity.

Part of Bethlem's after-care had, since the early seventeenth century, comprised the furnishing of apparel to patients on their discharge, and Tyson's Gift (a legacy from the deceased Bethlem physician, Edward Tyson) consolidated this casual charity into a much more extensive system of relief after 1708. Lunatics' clothing was indeed 'coarse, their beds hard, and their handling [often] severe', as Thomas Willis preached it should be in the late seventeenth century (Willis, 1683: 206). Yet this was partly a result of lack of funds and failure to fulfil the ideals of provision, and not merely a reflection of prevailing attitudes to the insane as brutes informing accordingly brutal approaches to care.

By the period of Thomas Weston's Stewardship at Bethlem (1713–34), all poor patients' bedding and the majority of their clothing was being furnished by the Steward, at fixed prices.⁴⁷ Further expediting the furnishing of patients with creature comforts, from the 1750s the Steward was not only required to submit a weekly account of all the apparel and bedding he had supplied, but was also to make a weekly inspection to register what patients

needed. A Bethlem outfit compares quite favourably in price and range with provision at other contemporary institutions for the poor insane, though less well perhaps with institutions catering for the ordinary sick poor. Outfits for the mad poor admitted to St Luke's Hospital for Lunatics (the rival to Bethlem in London, established in 1751) and Miles' Hoxton madhouse seem to have been little different from those furnished at Bethlem, while those for the sick poor at St Bart's and St Thomas's seem to have been only marginally better. At St Luke's, however, patients were actually discharged if their securities failed to provide clothing without 'a Sufficient Excuse'. Moreover, records suggest that its officers and governors held faster to such standards than their colleagues at Bethlem.⁴⁸

Some madhouse and workhouse contractors offered the poor more comprehensive and better quality attire. Most, however, were concerned to provide an economy of attire equivalent to what the poor would have worn outside. For example, Richard Birch, the Spitalfields contractor who farmed out the poor of St Dionis Backchurch in 1765 at 3s. per week per head (with the insane at 4s. per week), undertook to provide rather impressive outfits. Men received: a coat, waistcoat, breeches, hat, 2 pairs of hose, 2 pairs of shoes, 2 handkerchiefs, 2 shirts and 2 woollen night-caps; women received: a gown, 2 petticoats, 2 caps, 2 handkerchiefs, 2 aprons, 2 shifts, 2 pairs of hose and 2 pairs of shoes. However, clothes provided on inmates' admission and departure were to be identical in quantity and quality to those the poor had on entry into Birch's workhouse. Birch made no apparent distinction between what clothes he would provide for the sane and insane, but lunatics who were 'Raving and not Capable of being Controuled' were inadmissible. The 1767 Hoxton workhouse contract of John Hughes and William Phillips for the same parish offered provision at 4s. per week per head, promising £1 18s. on unspecified clothing for every poor man and £1 15s. 3d. on every poor woman, and (like Birch) to discharge the poor with the same clothes they had on entry.⁴⁹

In the seventeenth century, orders for the outfitting of patients at Bethlem detail 'Gownes Coates Shirts & Smockes', 'shift[s]', 'breeches' (or trousers), 'Capp[s]' or 'hatt[s]', 'Shooes' and 'Stockings'.⁵⁰ It would be unreasonable, perhaps, to expect a hospital at this date to provide a great deal more. The standard issue of handkerchiefs and the occasional provision of petticoats to women at eighteenth-century Bethlem may even be considered a rather extravagant concession to decorum. Table 1 demonstrates not only how basic and expensive was the provision available in 1749, but how standardized it had remained since the mid-seventeenth century. During the first half of the eighteenth century, the governors made generous price reductions to assist obligors in affording this provision. Between 1734 and 1749 clothing was reduced by around 42% for male patients and 25% for females.⁵¹ Economizing on the prices of bedding and clothing seems to have done nothing to enhance its quality, however. Clothing made of linen cloth (i.e., flax) and baize was,

TABLE 1. *Prices at Bethlem for clothing provided by the hospital's Steward, as ordered by Court of Governors, 19 July 1749*

	For men			For women		
	l.	s.	d.	l.	s.	d.
A Coat		7		A Baize Gown	9	
Pair of Breeches		4	6	Petticoat	6	
Shirt		3	2	Shift	3	2
Pair of Shoes		3	6	Pair of Shoes	2	9
Pair of Stockings		1	2	Pair of Stockings	1	
A Cap		0	9	A Cap	0	10
				Handkerchief	1	3 0
Total	1	0	1		1 4	0

anyway, some of the coarsest and cheapest on the market. One might contrast Bethlem's frugality in this respect with attitudes to the clothing of private patients in asylums like the York Retreat (opened in 1796). Here patients were not only permitted to wear their own clothes, but their recovery and restitution to society was explicitly encouraged through recreations in which they were invited to 'dress in their best clothes, and vie with each other in politeness and propriety' (Tuke, 1813: 178).

As late as the 1760s, patients were still languishing in Bethlem 'almost naked', while parishes and sureties were still being belatedly informed of their lack. A meaner sort of provision was also being made and justified for the poor insane if they were incurable, destructive, incontinent or otherwise deemed unfit to wear clothes of a superior order. For example, soon after William Middleton's admission to Bethlem in 1761, a relative petitioned St Sepulchre's Workhouse Committee to supply him with 'necessaries' as 'he was almost naked'. However, despite the workhouse steward finding him 'in want of a Coat & a Shirt', he was explicitly advised by the Bethlem Porter that his clothing 'be of the meanest sort because he sometimes tears his Cloths in pieces'. It was customary advice with which the Committee concurred, ordering him to be outfitted at a cost of no more than 10s.⁵²

Nonetheless, patients were quite evidently better catered for at eighteenth-century Bethlem than popular representations would suggest. In 1780 the Steward calculated that, out of 281 patients, 61 (22%), 'will be Patients who lye in Straw' and that all others required 'Sheeted Beds', although the proportion of 'dirty patients' may have decreased by 1815.⁵³ Many visitors commented quite favourably on the clothing and cleanliness of the hospital and its patients after 1770, emphasizing that it was a minority who tended to be naked or restrained. The French traveller, Pierre Grosley, found the women's parlour 'full of women ... wearing rather clean linen and camisoles' (Grosley, 1770, Vol. 2: 12-13). On the male side, by contrast, he reported a

gallery in which ‘in each ... large cell’ a ‘poor wretch was lying chained up in his bed’, at least one of whom was ‘in a state of almost complete nakedness’. His compatriot, Jacques Cambry, meanwhile, discovered at Bethlem in 1788 ‘a cleanliness, hardly conceivable unless seen’, while, four years earlier, Sophie von la Roche also praised the ‘clean’ state of the hospital and patients’ creature comforts (Cambry, 1788, 12–13; Roche, 1786/1933: 166–71). Even the 1815–16 Commons enquiry, which had condemned the filthy state of the hospital’s side rooms and the semi-nude condition of its manacled, blanket patients, adjudged its ‘apartments in general’ relatively ‘clean’ and the unconfined patients ‘tolerably comfortable’ (Commons, 1815–16, 1st Report 1815: 150–2; 3rd Report 1816: 175).

I have argued elsewhere that patients were not simply left during the Augustan period to – as Swift (1736, line 154) put it – ‘starve and stink together’ (Andrews, 1991: ch. 3; Andrews *et al.*, 1997: esp. 204–8). The new Bethlem matron was instructed on her appointment in 1684 to ensure ‘that the poore Lunatikes ... be kept sweet and clean and ... have all things necessary for them’.⁵⁴ Servants recognized well enough, when obliged to communicate their own apprehension of their duties in 1736, that they were required to clean all the various parts of the hospital, ‘Shift the ... Patients’ weekly, and ‘help Wash and Iron’ patients’ linen.⁵⁵ Much of the laundering of clothes and bedding or ‘foul Linnen’, however, was done ‘periodically’ by ‘the poor patients friends’,⁵⁶ while patients themselves were also regularly employed in hospital laundering.⁵⁷ So divided a responsibility must have prolonged the periods that patients languished unchanged, in filthy coverings. The employment of laundry-women at Bethlem by (at least) the 1760s must to some extent have improved the cleanliness of clothing and bedding.⁵⁸

It was ‘to prevent Buggs being brought in bedding to the Hospital’⁵⁹ that Thomas Weston, while Steward, had ‘refused’ to allow any apparel or bedding to be delivered by patients’ friends, furnishing all himself. Yet the Steward’s obstinacy where clothing was concerned had been resented by some obligors (put to extra expense as a result). Indeed, after Weston’s death, the governors restored the ‘liberty’ of patients’ friends ‘to [so] provide’, instructing the Steward to do so only in the event of ‘neglect’ and – indicative of the rising tide of medical authority – ‘by order of the Treasurer Physitian [*sic*] or Surgeon’.⁶⁰ There were significant new rulings, for example (during 1757–65), requiring daily inspections by staff to ensure that patients were ‘regularly Sheeted and Shifted’ and weekly inspections of patients’ clothing and other needs.⁶¹ Subsequent enlargement of sheet provisions and the ‘wardrobe’ also seems to have enhanced basic creature comforts.⁶² However minimal such provisioning appears to our eyes, it was less so by contemporary standards of care for the poor insane. The eyes of public visitors upon the hospital also operated as a limited spur to cleanliness, as the Bridewell and Bethlem Chaplain asserted in the 1780s (Bowen, 1783: 9). Yet with the decline of the public’s surveillance of Bethlem, cleanliness emerged as an

even greater priority at the hospital. Calls for hygiene grew more insistent in particular out of developing theories concerning the generation of jail and hospital fevers and putrid distempers, and also alongside a growing sensibility towards outward decorum. Such ideas began to challenge former assumptions that the squalid conditions of the poor, sick and insane were unavoidable, or appropriate, and worked to impose cleanliness as one means of subjugating what had branded these groups so visibly as disordered.

Despite such initiatives, there was a hard core at Bethlem and other madhouses of 'wet', 'dirty' or 'highly irritated' patients for whom it was generally accepted that little could be done by way of comfort and cleanliness. There are other details from Bethlem's records that resonate with darker literary representations of shivering and suffering patients. James Carkesse was far from the only patient to complain during the seventeenth century about 'stiff' joints 'for want of Fire' at old Bethlem (Carkesse, 1679: 28), though unfortunately the voices of other patients remain stifled. Despite improvements at new Bethlem in arrangements for heating,⁶³ problems of exposure remained widespread. 'Mortifications' (frostbite or gangrene) of the extremities were especially endemic. Evidently these resulted from prolonged mechanical restraint of patients (apt to cut off circulation), combined with patients' inactivity and the frequent exposure of their naked feet to the damp and cold air flowing through unglazed windows. Contemporary medical authorities, including Haslam at Bethlem, explained this away as a 'particular', if not innate, liability of the insane (Haslam, 1798: 36, 127). Partly because of this, it was not explicitly until the last quarter of the century, when moral managers recognized that such afflictions were principally the result of the circumstances of confinement (Pinel, 1806; Tuke, 1813), that anything practical was done to combat this propensity. In 1778 a Bethlem committee took the (ironically) lame initiative of instructing servants to examine, rub and cover with flannel 'the Feet of every Patient in Chains or Straw during the Winter Season', and to notify the surgeon if necessary.⁶⁴ However, the findings of the 1815–16 Madhouses Enquiry imply that such measures had met with limited success (Commons, 1815–16).

Such evidence gives further credence to those historians who have underlined the power of the mind-set resistant to a fulsome regard for the sensibility of the insane in this period. The majority of windows were left unglazed at Bethlem, partly because patients had traditionally been regarded as only partially affected by the cold, and because glass was seen as a luxury unbefitting the economy of a public lunatic hospital. Plainly a minority of better-heeled patients might fare better, as in the 1670s when Carkesse (1679: 50) was raised from a cell 'among the common Herd ... into a Room, with windows'. Limited general ameliorations were also effected, as, for example, when shutters were added to cell windows. Yet, as late as the 1760s, the facts that windows were unglazed and patients bedded on straw were accepted as incontrovertible facts of life at Bethlem.⁶⁵

Exposing patients in this way was not just about a low regard for lunatics' sensibilities, and long-standing medical assertions regarding the immunity of the insane to temperature extremes. It also reflected prevailing economic constraints in public charities: a desire to minimize the costs of making fuller provision – for patients were regarded and (less consistently) observed as apt to soil/damage clothing and bedding, and to break windows. Furthermore, economic pragmatism was leavened by prevailing therapeutic concerns for ensuring the free circulation of fresh air through the cell windows, and dispelling insalubrious miasma. Cold (and heat), meanwhile, had long been held to be either positively sedative to the maniacally insane, or else stimulating to the overloaded cutaneous and subcutaneous vessels and vitiated fluids and organs of the melancholic.⁶⁶ There is no explicit evidence of Bethlem's governors justifying exposing patients to the cold by recourse to theories as to the insensibility of the mad. Yet, as late as 1761, touristic descriptions of the hospital were still claiming that the insane 'when raving or furious ... suffer ... little from the weather'. Likewise, what clothing was provided was flimsily justified on the grounds that 'in their intervals' the insane were sensible and 'frequently contract other distempers' (Anon., 1761). It was only from the 1760s, as Age of Sensibility culture began to elicit more feeling responses to the insane, that such views began to be challenged. And only around the 1790s do we see medical practitioners overtly, if far from concertedly, disputing these traditional perspectives. In 1798, for example, John Haslam emphasized that, 'despite the great degree of insensibility' in some cases, so that they 'scarcely' felt the cold, experience had taught Bethlem officers that the mad 'suffer equally from severity of weather' (Haslam, 1798: 36).

Changes in attitude were partial and slow in coming, however. Far from disposed to entirely discredit antique theories about the insensibility of the insane, Haslam (p. 127) underlined how 'the most violent' patients normally 'scorn the incumbrance of cloathing, and ... delight in exposing their bodies to the atmosphere'. Meanwhile, Haslam's recognition, that those milder patients permitted the freedom to roam the galleries 'are always to be found as near to the fire as they can get, during the winter season' (p. 36), did not provoke any searching review of the adequacy of provisions for clothing and heating at the hospital. The ad hoc solutions adopted – morning and evening examinations of vulnerable and manacled patients' feet, rubbing them and wrapping them 'in flannel',⁶⁷ or else removing cold patients to 'warming' rooms – had changed little in the fifty years before the Madhouses Enquiry of 1815 and were of minimal benefit.

Elsewhere, a new, wider-ranging appreciation of (even poor lunatic) patients' sensibilities to environmental comforts, began to challenge the validity of previous approaches. From around the 1770s, a wide range of medical men, from John Aikin and John Howard to James Adair and Jacques Ténon, began to stress the importance of appropriate clothing as a health preservative for all kinds of invalids (Adair, 1790; Aikin, 1771; Howard,

1789*a*, 1789*b*). Most famously, the Tukes, founders of the York Retreat, departed markedly from previous orthodoxy on the restraint, clothing and sensibilities of the insane. On the one hand, Samuel Tuke looked to Haslam as an authority who clearly acknowledged that the mad felt cold, while also recognizing how mental preoccupation resulted in temporary insensibility to temperature alterations. On the other hand, Tuke went much further in rejecting theories about the insane's immunity as 'barbarous and absurd' and he altered practices at the Retreat accordingly. Furthermore, he explicitly contradicted Haslam and Pinel in asserting that at the Retreat mortification of the extremities was 'hardly known' and was never the consequence of 'cold or confinement' (Tuke, 1813: 121–2). For, at such new and reformed asylums, or so Tuke claimed, patients were 'never' placed under the kind of restraint that would 'prevent ... considerable exercise' or require flannel wrapping of patients' feet.

Resilient and excessive anxieties surrounding patients' propensity to destroy their clothing and to acts of violence indubitably encouraged more restrictive methods of restraint at eighteenth-century madhouses, and resulted in more patients being confined in semi-naked states. Leaving incontinent patients in 'blanket gowns' on straw was evidently a pragmatic policy at many early asylums, to conserve time and expense in having to wash or replace bedding repeatedly, whereas straw could be recycled for fuel in the institution's chimneys. This practice was only clearly acknowledged as an abuse during the 1815–16 Commons Select Committee on Madhouses (Commons, 1815–16; Pitman, 1994). By contrast, at the new generation asylums, or so Samuel Tuke proudly proclaimed, 'all patients wear clothes', which was itself part of the general inducement 'to adopt orderly habits' (Tuke, 1813: 144, 46). By the 1840s, reformers like John Conolly, the very paragon of the philosophy of non-restraint, were even more convinced as to the importance of clothing to somatic and psychic well-being. They represented 'thin clothing' as one among a range of 'pinching wants' afflicting the labouring classes, and blamed such wants for bringing 'numerous victims' to the asylum (Conolly, 1845; 1847: 59–64).

Yet change at these 'reformed' asylums was once again not as comprehensive as first appears. The Lunacy Commissioners were to find old Bethlem-style practices towards 'dirty' and maniacal lunatics persisting not only at Bethlem, but at a fair number of mid-nineteenth century asylums (Lunacy Commissioners, 1844, 1852). Even at the Retreat, 'irritable patients, who are neither vindictive [n]or violent' were subjected to 'a degree of restraint, to prevent them from injuring their companions, or destroying their clothes'. Others of the 'lowest class', meanwhile, who were 'insensible to the calls of nature', were bedded down Bethlem-like on 'clean straw' and beneath blankets in beds with drainage holes (Tuke, 1813: 101, 173). Nevertheless, though at Bethlem it remained a minority of violent and 'wet' patients for whom prolonged or regular use of mechanical restraint and blanket gowns was

deemed requisite, only at the Retreat do we witness a philosophy determined to eschew such management in favour of self-restraint.

Visiting naked patients at Bethlem

Finally, I would like to address the extent to which the poor insane were being shown naked as a spectacle to the public in this period. As an institution somewhat uniquely and indiscriminately accessible to the curiosity of visitors, Bethlem presented contemporaries with a rare opportunity to come face to face with the mad poor. Artistic productions and visitors' accounts certainly give the impression that patients were occasionally witnessed in states of nudity. Bethlem's records also manifest a substantial concern with curtailing this sort of access, a concern which intensified as the practice of visiting itself reached its apogee.

The 1677 rules for the new Moorfields building attest how far visiting conditioned the environment of Bethlem.⁶⁸ One of the most novel of these rules was an order banning all visitors from seeing any 'Lunaticke that lyeth naked' or under treatment without the Physician's 'consent',⁶⁹ signifying the growing influence of polite proprieties, as well as the expanding role of medical expertise and therapeutics in the hospital. Yet this regulation may well imply that visitors had enjoyed a wider licence to access or ogle patients in former years, and subsequent mention in the 1690s of the exposure of patients' 'Nakednesse and Sufferings'⁷⁰ reveals that the ruling was being neglected. The rule does, however, stress that visiting at Bethlem was not totally indiscriminate, while its repetition in 1713 and again in 1727 demonstrates not just its contravention by staff, but also that it was an ongoing concern.⁷¹

A number of pregnancies at the hospital and the discovery that two basketmen had sexually abused a woman patient in the 1680s had impressed upon the governors what a provocation naked women might be. As a result, the Court ruled in 1681 'that none except [female staff] ... shall have recourse unto ... any of the Lunatike woemen whoe by reason of their greate distracon lye naked'.⁷² That servants were represented in literature and were occasionally caught in reality selling tours to visitors does suggest that unlimited ogling of patients was sometimes on offer.⁷³

Patients did not need to be loosely clothed in order to excite the curiosity of visitors. Fictional accounts like Henry Mackenzie's *Man of Feeling* (1771) portray male visitors dallying with female patients, 'examining with rather more accuracy than might have been expected, the particulars of their dress'. Regular references to the (semi)-nudity of male patients in other sources, from Hogarth's *Rake's Progress* Bedlam scene to John Sturt's *Tale of a Tub* engraving, may suggest that they too were unsuccessfully isolated from visitors. Of course, it is doubtful once again how faithfully such sources were reflecting the real environment at Bethlem and other madhouses. However,

the rather more documentary evidence of the 1815–16 Madhouse Committee enquiry confirms that, even after the introduction of ticket-only visiting at Bethlem from 1770, strangers had continued to see naked patients (e.g., Commons, 1815–16, 1st report 1816: 40).

The naked insane clearly attracted the attention of the public for other, more symbolic, reasons, whether of fun or didacticism. Spectators, like Tryon (1689), were granted in the naked madman the vicarious experience of confronting ‘unaccommodated man’; man stripped of those faculties and trappings of civilization which distinguished him from brute creation; man, as encapsulated or advertised in Cibber’s figures, at the extremes of passion and despair. Not all spectators enjoyed the sight, however, and some reacted with undisguised antipathy for the poor insane. Swift (n.d., 1710, 1726) beheld and was to some extent repelled by naked, incontinent Bedlamites, dabbling in their own excreta. The much travelled German, Von Uffenbach (1710: 51), found the hospital ‘rather slovenly’ and ‘the females’ in particular ‘utterly repulsive’. Even ‘men of feeling’, like Mackenzie’s Harley, might confess to the ‘shock’ they felt mixed with their ‘pity’ for the more ‘squalid’ of Bethlem’s patients (Mackenzie, 1771: 30, 33, 35). For some visitors the spectacle of lunatics’ (un)dress was clearly part of the frisson. By the 1740s, however, increasing numbers of visitors were disowning such attitudes to the insane, and castigating those vicious spectators who went ‘merely ... to mock at the nakedness of human nature’ (Anon., 1748).

In 1765 the governors explained how the isolation of naked and ‘physicked’ patients was to be achieved. The Steward was directed to check thrice weekly that patients ‘not fit to be Exposed are kept properly Confined, that is the[ir] Wickets [and] their Doors kept Shut’.⁷⁴ In making such rulings, the governors were also very much concerned about the threat of sexual relations, augmenting requirements for staff to be especially careful ‘on the Women’s side’, to diligently confine those ‘Lewdly Given’ and to bar visitors from them unless accompanied by a maidservant.⁷⁵ These amplified strictures over visitors’ access provide further evidence of the kind of voyeurism (or worse) in which some had formerly indulged. No doubt such measures were taken to preserve the polite visitor from the immodesty and sexual advances of patients, as well as vice versa. The focus of the governors’ instructions was, nevertheless, very much on protecting the female patient. Male visitors who had previously been freely permitted to pass through the segregating bar gates ‘under Pretence of Visiting Patients or otherwise’, were, in 1769, absolutely forbidden to do so, unless accompanied by a governor.⁷⁶ Grosley (1770, Vol. 2: 10–16) was assuredly guided around Bethlem on his visits, and merely heard the cries of the severest female cases. On the other hand, he observed a male patient leap on the back of his conductor ‘in an almost total state of nudity’.

As Gilman, Showalter and others have shown, it was the Augustans who censored the madwoman’s libido (Gilman, 1982: 126; Porter, 1986;

Showalter, 1987: 10–11; Showalter, 1985). Heightened socio-cultural anxieties about sexual license (Bouc , 1982; Barker-Benfield, 1992; Harvey, 2002, 2004; Nussbaum, 1984) may also explain why it was only from the 1660s–70s that Bethlem strove to segregate naked, and particularly female, patients from the opposite sex. In the same period that the governors denounced the ‘Lewdnesse’ of visitors and began more concertedly to cover up their naked patients, moralists like Collier (1698) denounced the ‘Lewd[ness]’ and ‘Freedoms of Distraction’ on ‘the Modern Stage’. Collier (pp. 10–11) opined that immodest Ophelias ‘ought to be kept in dark Rooms and without Company’, and that ‘to shew them or let them loose is somewhat unreasonable’.

The new instructions governing visiting at Bethlem and the ambiguous isolation of a class of patients ‘not fit to be Exposed’ reflect both the tenor and the limits of this ratcheting up of Augustan sexual propriety. According to Showalter, the growth of enlightened sensibility over this period gradually saw the displacement of the naked, brutish madman ‘as the prototype of the confined lunatic’, with the delicate, abused madwoman, epitomized in texts such as Mackenzie’s *Man of Feeling*. And this development also heightened awareness and anxiety about the ‘sexual force’ of ‘female irrationality’ (Showalter, 1987: 10–11; see also Porter, 1986). Showalter sees such anxieties as belonging essentially to the Romantic Age. Yet the sexual connotations of madness, or the irrational connotations of sexuality in women and the adoption of repressive counter-measures at institutions clearly had strong roots in the earlier period (compare Barker-Benfield, 1992; Chaplin, 2004; Harvey, 2002, 2004; Hitchcock, 1989; Mullan, 1988; Small, 1996).

By 1764, women like Martha Nick were already being sent to and from Bethlem and parish workhouses under the label ‘carnal lunatic[s]’.⁷⁷ There is little evidence that such incipient classifications were extensively employed at early modern madhouses. Indubitably, however, such anxieties were concealed beneath hospital policy concerning patients ‘unfit to be Exposed’. Accounts of private cases reveal that contemporaries had long been confined in madhouses for exposing themselves (and their families’ reputations), or for other immodesties.⁷⁸ The removal of promiscuous and naked patients from the public eye was plainly one stage along the road to the intensive policing and ‘nightmarish medical treatments’ that patients’ libidinal tendencies received under the more clinical gaze of later Victorian alienists (e.g., Showalter, 1987: 14–15, 37, 74–80).

Artistic and literary representations of the appearance of patients at Bethlem provoke questions not only as to the how poorly clothed Bethlem’s patients were, but also as to those others who one observes more luxuriously attired. In Hogarth’s and other contemporary prints some lunatics may be observed sporting wigs and expensive silks. So are we merely seeing an artistic construction of the lunatic as a follower of mad fashion here, or are we seeing the clothing of the mad poor or the mad gentry (some of whom were also

admitted to Bethlem)? Were the poor really able to dress up in the outfits of the gentry and aristocracy? The common exchange of clothes between the mad and the sane on the literary stage does seem to have borne some sort of relation to the loosely supervised *mêlée* of the real stage of Bethlem. Just as in plays such as *The Pilgrim*, 'she fools' and (fake) madwomen were portrayed soliciting cash and 'trim cloths' in return for giving visitors' sport, more reliable documentary sources evidence Bethlem's patients entreating visitors for money and clothing, performing and showing the madhouse for profit.⁷⁹ Some patients were better off than others, and entered the institution with superior outfits. Clearly a significant minority of patients had descended from much higher estates into poverty, or had acquired superior attire while in genteel domestic service. It was a practice common among the gentry to leave clothing in their wills for the poor, or for their own household servants. Many more among the servant classes must have come across wigs, gowns and other more expensive clothing in this way, or more generally via the vigorous barter and trade in clothing that took place in early modern society and its institutions.

The lunatics of Bethlem and other institutions evidently often procured such clothing from their friends/visitors, from each other and from staff. The more articulate and better-connected patients, such as James Carkesse, certainly achieved considerable success negotiating caps to keep their 'noddles' warm, and other creature comforts.⁸⁰ More often, however, it was degradation in the attire of the insane which attracted the attention of contemporaries. When, for example, John Taylor visited Samuel Reddish (1735–85) in St Luke's Hospital, before the latter was moved to York Asylum where he died in 1785, he commented at length on the actor's 'lamentable' decline 'in his person, manners, and attire'. Having been previously accustomed to dress 'like a gentleman', Reddish by contrast 'in Bedlam ... had all the tinsel finery of a strolling actor, or what is styled "shabby genteel"', while his atavism was further signified by the way, unconscious of the presence of his visitors, he 'eagerly gobble[d]' a bowl of milk 'like a hungry rustic' (Doran, 1888: 333–5; Genest, 1832, VI: 102–6; Taylor, 1832, I: 49). While such accounts suggest the resilience of attitudes which linked the (un)dress of the insane to insensibility and degradation, they also testify to the range of attire that patients might sport in early modern institutions. If higher standards or enhancements in the attire of such patients might be more the result of sympathetic gifts from visitors than of the hospital's outfitting, there were plainly others who fared better from Bethlem's or their own relations'/parishes' wardrobes, and others still in much direr circumstances than Carkesse and Reddish.

Conclusions

This paper began by exploring the various constructions in artistic, literary and medical sources of the appearance of the poor insane in early modern

England. From this evidence alone, it seems incontestable that, from Tom o' Bedlam to the spectacle of shivering inmates recounted by visitors to Bethlem, nakedness appeared peculiarly definitive of the wretched animality and degraded state of the lunatic. It also seems undeniable that such prevalent, stereotypical conceptualizations of the poor insane partially justified low standards and neglect in contemporary provision of clothing and other creature comforts. Yet we should be careful not to accept the *ad hominem* tone of such representations at face value. As Carol Neely (2004: esp. ch. 6) has argued recently, historians have been too apt to conflate the multi-faceted meanings of literary discourse on insanity with the realities of care for the insane as evidenced in documentary sources. Testing the reality of these constructions in terms of the actual provision being made for the mad poor within metropolitan parishes and institutions tempers the extent to which we can draw an equivalence between cultural constructions of insanity and experiences of contemporary provision for the insane on the ground. While significant evidence of neglect of the clothing needs of the poor insane has been found, the often impressive and co-ordinated efforts made to clothe, cleanse and provide for the lunatic poor, by their parishes and families and by institutions like Bethlem, do suggest that the imagery of nakedness and dirt has been exaggerated. The failure to clothe the poor insane was neither as extreme nor as constant as has been claimed, nor can it be seen merely (*pace* Scull, 1989, 1993) as a product of prevailing conceptions of their brutishness and immunity to physical discomforts. Plainly the poor insane were not some sort of uniform mass, being clothed and provided for with equal attentiveness and regularity by their friends and parishes. Just as there is ample evidence of gradations of provision from case to case and from region to region, there are also numerous instances of variations in the way the poor negotiated the extent, expense and quality of their attire. What was deemed appropriate for the acutely maniacal and melancholy was sometimes very different from those more common and superior standards of provision being provided for the poor insane in general, let alone those ordinary sane paupers whom contemporaries considered most deserving and worthy. There is clear evidence too of improvement and positive initiative over the period in the furnishing of clothing in institutions such as Bethlem and in the outfitting of lunatics by metropolitan parishes. The very real neglect that still existed must also be seen as a simple failure to live up to the actual ideals of provision for the poor.

Clearly the naked insane were sometimes exposed for the delectation of the public, and Foucault (1961/2006) made much of the glorified exhibition of scandal at Bethlem and at French Hospitals like La Salpêtrière. Yet whatever the resonance of such institutions as cultural entities, the amount of attention given to them in the social history of psychiatry has been rather disproportionate. Despite the fact that (a minority of) the naked insane were made a spectacle of within such confines, there were also definite attempts

to designate this as an abuse. Moreover, the vast majority of the mentally distressed were being housed and cared for in their own homes and parishes, concealed from the view of the curious. This paper has suggested that their appearance, their peculiarities of dress and the meanings such held for contemporaries have too often escaped our careful attention as well.

Notes

1. For a more generalized contemporary view of the poor's dress, see, e.g., Eden, 1797.
2. Gifts explicitly for the clothing of the poor in St Botolph without Bishopsgate (henceforth, Bishopsgate) c.1670–1720 included Russon's, Marriott's and Willaw's. Often dispensed on holy days, they are some measure of perceived need/religio-moral obligation to clothe the poor. See Guildhall Library London [henceforth Ghall] MS4525, *passim*.
3. No clothing disbursements are itemized during Elizabeth Hackett's maintenance in Bethlem and in a parish cellar during 1694–9, although straw bedding and a pension are recorded; Ghall MS6552/2, 31 May 1694–3 Jan. 1700; 6554/2, 13 Dec. 1699. Compare Dorothy Peacock's case; Ghall MS6552/1, 29 Jan.–8 April 1678.
4. As late as the 1750s, St Dionis often outfitted their 'mad' (especially those at institutions) during the colder/'winter' months; e.g., Ghall MS4215/2, 181, 15 Oct. 1751, 'Cloaths for Henry Marshall for Winter 10/11'; Marshall was in Hoxton madhouse.
5. For example, cases of Thomas Cox/Cock of St Bride and his wife; Ghall MS6554/3, 20 April 1708–10 Feb. 1715; 6554/3, 13 Dec. 1706, 23 Nov. 1709, 4 April 1714.
6. Rose Pace, for instance, received 'a Gowne and other necesaryes', and the standard 'Rugg & Blankett' 'to cover' her on arriving at Bethlem in 1676, and another four shifts during the first half of 1677. Another 16s. was spent on clothing her in Dec. 1677, after the churchwardens had gone to see her, suggesting more attentive care during colder months. Under local care, Rose's recorded clothing allowance was considerably more meagre; Ghall MS6552/1, 28 Nov. 1672–20 March 1678; Bethlem Court of Governors Minutes [henceforth, BCGM] 3 March 1676, 225.
7. Ghall MS6552/1, 8 Nov. 1676.
8. E.g., George Slade/Slate, provided with clothes and necessaries after being passed from Cripplegate to Bishopsgate and sent to Ingram's Mile End madhouse; Ghall MS4525/35, 27, 31 Jan., 1, 9, 29 March 1721.
9. E.g., Joan Malliot, Elizabeth Teare and Abraham Byard of Bishopsgate, and James Blewitt of St Bride, were supplied variously in Bethlem and occasionally 'naked' with 'a second Hand double Bayes Gowne', 'an old Coate', and 'a second Hand Gowne'; Ghall MS4525/7, 115, 60, 123–4, 151, 160; 15 March 1688, 1 Dec. 1687; 4525/10, 153–4, 7 Nov. 1688; 4525/17, 137, 9, 10 Sept. 1695; 4525/23, 136.
10. St Sepulchres spent over £9 on relief for the 'distracted' Sarah Carter during 1648–60, including 10s. for 'A ffrize gowne', 3s. 'ffor a Smock' and another 6s. 'to buy Clothes'; Ghall MS3146/1.
11. Malliot's churchwardens paid for a cheaply produced 'flocke' bed and pillow to be transported to Bethlem, in preference for transporting her own 'feather bed ... which was to[o] good'; Ghall MS4525/7, 124, 128, 148, 6 April, 11 May, 10 Oct. 1687.
12. Some nearby metropolitan parish officers responded to such warnings by going to Bethlem and 'viewing our Lunaticks to see the want of the Cloaths', as did Bishopsgate in 1691 – an option less feasible for parishes further afield; Ghall MS4525/13, 111–12.
13. Reginald/Renatus Melly/Melle(e) was supported by St Bride in Bethlem from 1657 until his death in 1667 without any clothing expenditure registered by churchwardens, the

- parish falling into substantial debt to the hospital, unsettled until 1672; Ghall MS6552/1, 16 Oct 1657–18 July 1666; BCGM, 4 April, 22 Nov. 1672, 386–7, 459.
14. Cases of Hancock, Ellis, Mary Reynolds, Elizabeth Cox/Cock and John Bull in Ghall MS6552/3, 1703–11; 6554/3, 10 July 1793; Greater London Record Office, London Sessions Minutes [henceforth LSM] 73, 5 July 1703; BCGM, 24 Nov. 1709, 517.
 15. BCGM, 27 Feb. 1691, 105; Ghall MS4525/13, 111–2, cases of Elizabeth Teare, Abraham Byard and Elizabeth May.
 16. Ghall MS6552/3, 1 Oct. 1725–27 March 1726.
 17. Ghall MS6552/3, 21 June 1712–23 March 1721.
 18. The St Bride widow, Mary Malin(e)/Malyn(e), had all her substantial independent means confiscated to help pay for her first stay in Bethlem, c.1649–50. During her second stay, however, the churchwardens paid regularly for her clothing; Ghall MS6552/1, 1 Nov. 1653, 26 June 1654, 27 Jan. 1657, 27 Jan 1659; 6554/1, 15, 23 July 1653; BCGM 9, 23 June, 6 July 1649, 11 April 1650, 4 Oct. 1654, 386, 388, 390, 432, 675.
 19. St Bride paid the Bridewell Steward for his ‘paines’ in ‘keepeing’ Maline ‘off’ their rates in 1653. They also laboured ‘to gett ... discharged of’ the ‘great Charge’ of Charles Blunt/Blount, twice sent to Bethlem c.1688–92; Ghall MS6552/2, 20 Aug. 1688–1 April 1692; 6552/3, 27 April 1710; 6554/2, 26 Jan. 1689, 18 Nov. 1690, 23 April 1691.
 20. On her 1688 return from an 8-year stay in Bethlem, Elizabeth/Isabella Gibson was supported for 10 years by Bishopsgate under a Charles Randall’s care at 2s. per week, with regular clothing/does; Ghall MS4525/7–18, 4525/16, 72, 134, 24 July, 23 Oct. 1694; 4525/17, 143, 30 Nov. 1695. See also case of ‘Ann Seish [or Sice] the Madwoman’, Ghall MS6552/2, entries from 7 June–1 Aug. 1700; 6552/3–4, 9 July 1700, 13 April 1, Nov. 1703.
 21. See Ghall MS4525/7, 151, 1 Dec. 1687; 10, 154, 160, 17 Feb., 17 Nov. 1688; 11, 219, 20 April 1690; 13, 112, 25 May 1691; 14, 118, 30 June 1692; 192, 3 March 1694; 17, 137, 9–10 Sept. 1695. Bishopsgate spent over 50s. clothing Abraham Byard while he was in Bethlem during 1682–98.
 22. See, e.g., Ghall MS4525/33, 29 April 1718, ‘Nurse Bennette for Clothing of Bennetts two Children being almost naked 11s’.
 23. She continued to be provided with substantial relief for clothing and other necessities by the parish well into the 1770s; Ghall MS4049/5, 1757–1771.
 24. In 1686 St Bride paid a parish nurse looking after the ‘distracted’ Mary Furb 2s. 6d. ‘to fetch’ her ‘Cloath[s] out of pawn’. On Thomas Horth’s discharge from Bethlem in 1665, Allhallows the Great paid the Steward 3s. ‘for fetching [his] Cloake from pawne’; Ghall MS818/1, 1665/6 account; LSM, 18 June 1665; Ghall MS6552/2, entries for Sept./Oct. 1686.
 25. Bishopsgate, e.g., paid substantial sums during Jane/Margaret/Elizabeth Deakins’ lunacy bouts and Bethlem confinements (1675–91), and yet the only mention of any clothing was 1s. ‘payd to Redeeme A payre of Bodice’ on her ‘going to Service’; Ghall MS4525/7, 93–7, 134, 145, 149, 176–83, 220; 4525/10, 71, 137, 151, 259; 4525/12, 54, 225–8; 4525/13, 54–5.
 26. Ghall MS16982, letter dated 20 May 1723.
 27. Ghall MS6552/2, 12 Oct 1683–13 Aug. 1709; 6554/2, 9 May 1682, 18 April 1694, 3 Dec. 1698, 2 Nov. 1699.
 28. That is, patients without verifiable settlements, supported at the hospital’s sole expense.
 29. For Wallis’s case, see LSM40, 14 Oct. 1672; BCGM 6 May, 4, 25 Nov. 1663, 16 Dec. 1664, 28 Sept. 1666, 11 Sept. 1667, 25 Nov. 1668, 22 Oct. 1669, 3 Nov. 1670, 7 Sept. 1671, 10 Oct. 1672, 45, 47, 76, 79, 125, 9, 60, 117, 171, 240, 338, 449.

30. Sessions told the Bethlem Porter to furnish whatever 'necessary Clothing' 'shalbe [*sic*] needfull for her'. The residue from the sale of her goods was confiscated to defray the parish costs for her Bethlem board; BCGM 19, 28 Nov. 1673, 587, 591; LSM44, 8 Dec. 1673.
31. BCGM 19 Sept. 1679, 9 Aug. 1682, 107, 319; Ghall MS4525/8, 150, 176, c.Aug. 1684; 4525/9, 160, 15 June 1687.
32. During Harris's three stays, churchwardens' accounts merely record that she received 'A smock' and unspecified 'Aparill & vitels & other Conveancys' in 1694, and 'A Rugg & Blankett' in 1702. Ghall MS4525/15, 3 March 1694, 192; 4525/16, 13 Dec. 1694, 198; 4525/23, 14 July 1702, 124.
33. BCGM, 2 Aug. 1638, 193.
34. The Bethlem Steward was required to inform the Treasurer of any 'need' of clothing and supply the lack as directed; BCGM, 4 Nov. 1635, 23 Oct. 1643, 66, 74. From 1645, a small committee of governors, largely drawn from those in the cloth trade, advised on providing clothing, etc., for the hospitals; e.g., BCGM, 10 Sept. 1645, 26 Nov. 1658, 25 Nov. 1663, 13 Sept. 1676, 215, 358, 80, 290. With Bethlem's move to Moorfields (1676), this duty was assumed by the Bethlem (Sub)-Committee; e.g., BCGM, 13 Sept. 1676, 24 May 1689, 29 Nov. 1695, 404, 290, 17.
35. For more on bedding at Bethlem, see Andrews, 1991.
36. Susan(ne) Wallis/Wells, e.g., was supported gratis for nine years at Bethlem (1663–72) as a charity case, with yearly supplies of clothing. See BCGM, 6 May, 4, 25 Nov. 1663, 16 Dec. 1664, 28 Sept. 1666, 11 Sept. 1667, 25 Nov. 1668, 22 Oct. 1669, 3 Nov. 1670, 7 Sept. 1671, 10 Oct. 1672, 45, 47, 76, 79, 125, 9, 60, 117, 171, 240, 338, 449; LSM41, 14 Oct. 1672.
37. BCGM, 16 June 1680, 156.
38. BCGM, 18 April 1674, 632. Most charity clothing was ordered per annum during August–December, as an exigency measure to preserve 'friendless' patients from the inclemency of the weather. See, e.g., BCGM, undated Court sitting between 13 Nov. and 18 Dec. 1646, 26 Nov. 1658, 22 Oct. 1662, 26 Nov. 1663, 284, 80, 19, 80.
39. When St John's College Cambridge, applied for a reduced weekly fee for John Thamar in Bethlem, to 'better provide Clothes for him', the Court refused to consider the matter until the arrears were met; BCGM, 19 Dec. 1684, 28.
40. BCGM, 10 Feb., 16 March 1664, 24 Oct. 1679, 27 Feb. 1691, 29 Nov. 1695, 90, 93, 112, 105, 16–17.
41. During the 1660s, only Wapping seems to have persisted in its refusal to make provision, until Bethlem's court threatened to deliver their lunatic parishioner back to them; BCGM, 10 Feb., 16 March 1664, 90, 93.
42. E.g., cases of Ann Watts 'almost naked in St. Thomas's Hospital'; Coshaw and Timbrell 'Naked/almost naked'; Ghall MS4525/17, 140, 12 Oct. 1695; 4457/5, 30 April 1740, 16 Jan. 1747.
43. E.g., cases of Margaret Young of St Bride bought a petticoat in 1698 'lest they turn her out of ye hospitall'; Mary Roach of St Stephen Coleman Street, 'Cloth'd to goe into ye Hospitall' in 1739; Ghall MS6552/2, 4 Oct. 1698; 4457/5, 14 Feb. 1739.
44. For clothing benefactions, see, e.g., BCGM, 26 Nov. 1652, 581; 28 May 1657, 813; 31 Jan., 14 March 1690, 81, 31; 22 Oct. 1708, 446.
45. BCGM, 22 April, 11 Nov. 1692, 15 March, 29 Nov. 1695, 26 Nov. 1697, 10, 17 Oct. 1701, 170, 206, 476, 16–17, 150, 38, 41.
46. BCGM, 29 Nov. 1695, 16–17. The governors were also concerned that the Wardrobe's clothes should be recycled, for 'many Patients are discharged before the Cloths they bring in are worn out'.

47. BCGM, 22 Jan. 1734, 324–5.
48. St Luke's House Committee Minutes (held at St Luke's, Woodside), e.g., 29 May 1761, case of Mary Samm.
49. Ghall MS12280A/4.
50. See, e.g., BCGM, 10 Sept. 1645, 9 Sept. 1646, 31 Aug. 1647, 16 Dec. 1664, 215, 274, 317 & 125.
51. BCGM, 22 Jan. 1734, 18 May 1748, 19 July 1749, 324–5, 364, 410.
52. Corporation of London Record Office [henceforth CLRO] MS1882, 3, 5–6, Extracts of Minutes from Workhouse Committee, 22 April 1727, 26 March, 2, 9 April, 4 June 1761.
53. Bethlem Sub-Committee Minutes [henceforth BSCM], 29 Jan. 1780. According to the Quaker reformer, Edward Wakefield, the proportion of blanket patients in 1815 remained about one-fifth of the hospital's population. However, the Bethlem Steward, George Wallet, testified that only 'one third' were 'dirty patients', while only one-tenth were completely 'insensible to the calls of nature'; Commons, 1815–16, 1st Report 1815: 12, 36.
54. BCGM, 2 May 1684, 421.
55. BCGM, 30 March 1677, 6 May 1736, 356–61, 379, 388, 391–2.
56. BCGM, 27 Jan. 1742, 135.
57. Parish records document the washing of parishioners' clothing when locally lodged, or on their admission to institutions, although, thereafter, parishes almost invariably relied on the institution; e.g., cases of Joan Malliott and Daniel Harris: Ghall MS 4525/7, 60, 123–4; 4525/19, 15 Feb., 16 March, 29 June 1699, 113, 142, 211.
58. It is not clear when exactly washerwomen were first employed at Bethlem. The first reference to them located, thus far, is not until 1765, but they had evidently been working at the hospital before this; BCGM, 20 June 1765, 135, and Bethlem Steward's Accounts.
59. BCGM, 22 Jan. 1734, 18 May 1748, 324–5, 365.
60. BCGM, 19 July 1749, 410; BSCM, 2 May 1761, 29; BGCM [Bethlem Grand Committee Minutes], 24 March 1762, in BSCM, 377.
61. BSCM, 19, 27 March 1757, 6, 8; BCGM, 20 June 1765, 133, 135.
62. BSCM, 29 Jan. 1780, 19 July 1783; BCGM, e.g., 15 Nov. 1781, 21 Nov. 1782, 19–20, 70.
63. E.g., BCGM, 20 June 1765, 135, 136, 137.
64. BSCM, 17 Jan. 1778, 25 Feb. 1778.
65. BCGM, 27 Jan. 1763, 46. At St Luke's, shutters had been dispensed with in favour of light and fresh air, but this exposed patients further to the cold (Anonymous, 1761: 60; Howard, 1789*b*: 138–40).
66. E.g., Pargeter, 1792: 8, 95; Scull, 1989: 57.
67. Like policies were adopted at other institutions. Since classical times, friction had been deemed stimulating to the torpid circulation of the insane; e.g., Pargeter, 1792: 101–14.
68. Seven of these rules concerned visitors' presence in the hospital; BCGM, 30 March 1677, 356–61.
69. BCGM, 30 March 1677, 358.
70. BCGM, 31 Jan., 14 March 1690, 18, 31; 29 Nov. 1695, 16–17.
71. BSCM, 29 Aug. 1713, 12 May 1727, 132, 11. From 1713, visitors were only to be excluded from patients 'untill they are first shifted & have taken their Physick'. In 1727, however, the Committee returned to its original formulation, indicating that the apparent procedural adjustment of 1713 was redundant.
72. BCGM, 22 April 1681, 216.

73. In 1727 staff were discovered to have shown (male) visitors the hospitals 'Chequer', where female patients were kept, a clear abuse for which staff were reprimanded; BSCM, 12 May 1727, 11–12.
74. BCGM, 20 June 1765, 133. Wickets were the apertures in cell doors allowing patients to be observed/shut in (and for extra circulation of air).
75. BCGM, 20 June 1765, 133, 135.
76. BCGM, 27 April 1769, 250.
77. CLRO MSS 188.2, extracts from St Sepulchre workhouse admission book, case no. 1315, entry dated 6 March 1765; Nick was admitted to Bethlem 9 Jan. 1764.
78. E.g., relatives of a notorious private patient of the Bethlem Physician, Edward Tyson, were profoundly embarrassed by her 'wearing Rags, and in Nakedness and Nastyness, exposing her self in the Streets' (Defoe, 1706).
79. Beaumont and Fletcher, 1622: iv, i, lines 28–75, and iv, iii, lines 51–9; BSCM, 12 May 1727, 11–12.
80. E.g., Carkesse (1679: 14, 43–4, 49) managed to solicit from his visitors a shirt and 'a periwig' to keep his 'noddle warm'.

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