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**Medical Care in Three Gloucestershire Prisons in the Early 19th  
Century**

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## Medical Care in Three Gloucestershire Prisons in the Early 19th Century

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Advocates of prison reform in the late 18th century saw the quality of health care as an important issue. From a humanitarian point of view they felt it unacceptable that occupants of overcrowded and notoriously unhealthy prisons should, in addition to the sentences imposed by the courts, be forced to accept a high risk of death from disease. There was also the practical matter that epidemics, particularly of typhus, could spread to the community at large.<sup>1</sup> Furthermore, some reformers believed that crime and disease were directly related in the sense that both were contagious: both ‘issuing, from the squalid, riotous and undisciplined quarters of the poor’.<sup>2</sup> Consequently, in some parts of the country, and particularly in Gloucestershire, the design of new prisons centred on the principles of isolation and cleanliness with the dual aims of reform of the criminal and prevention of contagious diseases. Along with these structural innovations came another novelty, the formal provision of medical care, something which formerly had been available on a haphazard basis or only to those who could afford it. References to medical care occur in the literature on prison reform in this period but no systematic study of its quality has previously been performed.<sup>3</sup>

### *The Medical Practitioners*

The new prisons which opened in Gloucestershire in the early 1790s under the guidance of Sir George Onesiphorus Paul—a large gaol at Gloucester and four much smaller houses of correction (bridewells) distributed through the county—were provided with medical care by the general practitioners of the day. Most were designated as surgeons (or initially in some instances as apothecaries, in rural areas their function being much the same) and worked in the prisons on a part-time basis. These men, as distinct from physicians who were university educated and held the degree of M.D., had relatively little formal training. Typically grammar school boys with some Latin and a little Greek, they received most of their medical education by means of an apprenticeship, often with a family member. This might well be followed by pupillage to a hospital surgeon and attendance at privately run courses of instruction in a variety of medically related subjects.<sup>4</sup> In 1815 the Apothecaries Act introduced a degree of uniformity, requiring a five-year apprenticeship, attendance at courses of lectures (in anatomy, physiology, the theory and practice of medicine, *materia medica*, and chemistry), six months’ attendance at a hospital or dispensary, and then the passing of the (oral) examination of the Society of Apothecaries.<sup>5</sup> In addition to passing the L.S.A. most also obtained the diploma of member of the Royal College of Surgeons (M.R.C.S.).<sup>6</sup> Despite the title of surgeon the majority of them carried out few operations beyond such emergency procedures as setting broken limbs, opening abscesses, or pulling teeth: most of their work was in general practice. The surgeons attending the Gloucestershire prisons were required to enter an account of their clinical activities in a journal, and it

is by a scrutiny of the surviving journals from Gloucester gaol and from Northleach and Littledean houses of correction that this study has been conducted. For Gloucester gaol the study period chosen was 1809 to 1818 (shortage of time precluded analysis of all the available journals but a subsequent survey has indicated that these years are fully representative), for Littledean 1806 to 1849 (excepting the years 1838 to 1842 for which the journal is missing) and for Northleach 1801 to 1841: in all nearly ten thousand journal entries.<sup>7</sup>

The medical attendant was expected to make routine visits and to respond to emergency calls. In the early years the practitioners appointed to attend the houses of correction were remarkably little troubled. At Littledean (capacity twenty-four),<sup>8</sup> where no journal was kept prior to 1806, the surgeon on average made fewer than eight visits per year between then and 1819 and there are no journal entries at all between 13 April 1809 and 3 April 1812. Northleach (capacity thirty-seven) was somewhat busier but received only an annual average of forty-seven visits from 1801 to 1814 with a low of twenty-nine in 1805, when there passed some six weeks with no journal entry, and a high of eighty-one in 1813. Most of this inactivity was the result of an extraordinarily low rate of occupancy in this period.<sup>9</sup> After 1816 the number of visits by the surgeon at Northleach increased markedly, rising to two or three weekly, but this frequency of visiting was not achieved at Littledean until the mid 1830s. The rise in activity was partly the result of the enormous increase in the number of committals after 1815 (a rise mirroring that taking place elsewhere in England) and partly because the visiting magistrates began to take a closer interest in the activities of the surgeon, making quarterly comments in the surgeon's journal. By contrast, Gloucester gaol (capacity two hundred and seven), with its mixed population of felons awaiting trial, those awaiting transportation or execution, debtors, a few bridewell prisoners (lesser offenders),<sup>10</sup> penitentiary prisoners (more serious crimes) and those who had not paid fines, was always busy although there too, as would be expected, numbers increased threefold between 1809 and 1818.<sup>11</sup> Consequently the surgeon attended much more regularly, mostly on a daily basis but sometimes several times in a day when a patient was thought to be dangerously ill. Another difference was that at Gloucester the surgeon could consult one of the physicians resident in the city. This service was provided gratis and failure to call for a second opinion attracted adverse comment from Charles Bathurst, the magistrate.<sup>12</sup> In general, the physician was called when a patient was seriously ill, although any recommended change in the management of the patient was usually of a minor nature.

For their part-time work in the prisons the surgeons were not particularly well paid. In the early 1800s at Northleach the apothecary (as the visiting medical attendant was then designated) received £10 per annum, rising to £15 by 1821 and £30 by 1830.<sup>13</sup> For a time in the early 1830s the salary was £40 but by 1835 it had been reduced to £30, presumably as part of a general striving for economy. The greater workload at Gloucester attracted a higher emolument: from 1809 to 1816 the sum of £47 was paid each year to John Pleydell Wilton who was surgeon to the gaol throughout the period. His salary was raised to £60 in 1817 doubtless in response to the tripling of his workload. Before 1820 payment at Littledean seems to have been on an item of service basis; afterwards the salary was 15 guineas annually and by 1845 had increased to £24. During the earlier period, the surgeon at Littledean received 5s. per visit and in general the salaries paid at Northleach and Gloucester, and latterly at Littledean, worked out *pro rata* to approximately this rate. Although not specifically stated, it seems probable that the surgeon had to bear the cost of any medication prescribed. The Justices' Journal at Gloucester (15 April 1817) includes the following comment:

From the immense number of Prisoners which have been lately in the Gaol, and the quantity of Medicines which has been requisite for them, it is my opinion that a considerable sum of money should be allowed to Mr Wilton in addition to his salary of sixty pounds. [signed] T.J.H. Baker.<sup>14</sup>

However, the posts were always filled. The only indication of dissatisfaction surfaced in a newspaper report of the 1843 Easter Quarter Sessions of the county magistrates:

The Chairman said he was sorry to intimate that the surgeon [of Horsley house of correction: another bridewell], who had discharged his duties in a very satisfactory manner, had intimated his intention of resigning, as he considered his salary too low by one half.<sup>15</sup>

*The Prisoners and their Illnesses*

In the earlier years a high proportion of prisoners in the houses of correction had committed offences against their employers, including leaving service, or had parented illegitimate children. This changed with time. The quarterly reports from the 1830s and 1840s show that more prisoners were committed for poaching, assault, theft and vagrancy than for absconding from service and parenting children out of wedlock.<sup>16</sup> Sentences in the early period were often for a month and rarely for longer than two or three months but by the 1840s it was not unusual to receive up to twelve months for theft and six months for poaching.<sup>17</sup> At Littledean 1.1% of those committed in the years 1843 to 1847 were aged under eleven, 2.9% between twelve and fourteen, 8.6% between fourteen and seventeen, 20.6% between seventeen and twenty-one, 33.6% between twenty-one and thirty, and 33.2% over thirty years of age.<sup>18</sup> The age distribution in this sample seems to be fairly typical of that in the houses of correction throughout the period. Analysis of 167 consecutive entries in the committal register at Gloucester gaol in 1815 and 1816 showed a slightly older population with 2.3% aged between twelve and fourteen, 4.2% between fifteen and seventeen, 19.8% between eighteen and twenty, 32.9% between twenty-one and thirty, and 40.8% over thirty.<sup>19</sup> The age of the debtors is not given but, judging by their state of health and the diseases they suffered on entry to the prison, many of them were of an older age group than the bulk of the prisoners.<sup>20</sup>

An outline of the diseases complained of by prisoners is given in Table 1. These are new complaints. If the prisoner made two complaints probably relating to the same disease, e.g.

Table 1. Analysis of complaints of illness at Gloucester gaol and Northleach and Littledean houses of correction. Categories of disease are expressed as a percentage of the total number of complaints at that prison.

Prison	Boil Ulcer Wound	The Itch	Venereal	Skin	Rheu- matic	Gastro- intestinal	Respir- atory	Fever	Miscell- aneous	Un- specified
Gloucester 1809-18 (2,081 complaints)	6.2	9.1	2.1	1.2	4.5	16.6	10.7	5.2	9.9	34.5
Northleach 1801-41* (3,460 complaints)	9.6	11.6	7.4	7.4	9.7	22.2	8.4	2.2	17.2	4.3
Littledean 1807-48† (1,364 complaints)	10.0	5.7	5.4	5.8	7.2	26.3	12.2	4.5	21.8	1.1

\*Excluding 1816 (records inadequate) and the second half of 1841 (no journals extant after June 1841).

†Excluding the years 1838-42 (journal missing).

'disordered habit of the bowels and general debility'<sup>21</sup> of the whole system', that is counted as one. If different systems were affected, e.g. the not uncommon combination of 'The Itch and Venereal Disease', the two complaints are itemised separately.

Prisoners were often committed with ulcers or wounds already present. 'Philip Lancet—found him a weak old man 70 years of age with a very bad ulcerated sore leg' (3 December 1809, Northleach). In February 1818 a male prisoner was committed to Gloucester gaol with a cut throat which had been sutured. After a few days a foul discharge developed, the stitches fell out and the gaping wound exposed trachea and oesophagus, the former intact but the latter leaking food. Remarkably, the wound healed (15 February to 17 March 1818).

All prisoners were examined for 'The Itch' (scabies) on arrival and if infected were usually confined in the 'Foul Ward'. Venereal disease featured in most years; where its nature is specified gonorrhoea was the most common followed by primary syphilis. Sometimes a prisoner had both infections simultaneously; there were also occasional cases of secondary syphilis or venereal warts. The incidence of venereal disease fluctuated: 'Venereal cases . . . more common this quarter' (16 October 1826, Northleach); 'The Venereal cases (as usual) have been very numerous but I have much pleasure in stating that they all (I believe without exception) left the prison cured' (8 January 1827, Northleach);<sup>22</sup> and 'a large increase in venereal cases in the past three months, the chief part of them committed from Cheltenham' (28 November 1833, Northleach). The sufferers were often regular cases. 'Elizabeth Stevens is again in the Bridewell and is diseased as usual. It is not more than four and a half months since she left this place completely cured of Syphilis and is now as bad as ever. Ordered Medicines' (21 March 1832, Northleach); 'Elizabeth Stevens, an incorrigible old prostitute is again in the Bridewell and as usual has Syphilis' (8 November 1834, Northleach). Sometimes there is a note of sadness. 'Eliza Jones has Gonorrhoea. This girl is now only seventeen years of age and this is the third time she has been here with the same Disease in rather more than two years' (2 December 1833, Northleach). Perhaps naively, on one occasion the surgeon seems to have taken at face value an unlikely explanation; 'Fereby has Gonorrhoea caught by inoculation from matter left on the seat of the privy' (10 November 1827, Northleach).

Skin disease was usually described as an 'eruption'. Included in this group are ringworm, scrofula,<sup>23</sup> oral thrush and infestation by vermin. There was the occasional *rara avis*—two diagnoses of leprosy were made. Also Thomas Morgan, who had been a regular source of trouble during his fourteen months of imprisonment, was diagnosed as having 'Insanity and Scurvy caused by long confinement and want of vegetable food' (6 January 1847, Littledean). He was given watercress and lemon juice and by 23 January his scurvy was cured. Rheumatic complaints included assorted muscular aches and pains.

Gastro-intestinal problems made up the largest single group of complaints and showed remarkable consistency as leader until ousted by a sudden surge in the itch in later years at Northleach. They were mostly constipation, less often diarrhoea, but also included abdominal pain, piles, worms, hernia, jaundice, 'obstruction of the bowel', sickness, and the occasional 'prolapsus ani' (perhaps a more severe case of piles but sometimes the result of debility). Most of the respiratory tract diseases were cases of the common cold and some instances of bronchitis.

The fever category includes many relatively mild cases of undiagnosed febrile complaints as well as serious infectious diseases, but the overall incidence of the latter was low. At Littledean there was a surge in the diagnosis of fever in the 1820s. Most of the cases were labelled 'cold and fever' or 'low fever of the typhoid kind' and recovered quickly.<sup>24</sup> At the same prison there were three cases (one fatal) of smallpox in 1821, one case of 'typhoid' in October 1824, two cases of typhus in January 1825, and moderately troublesome outbreaks of diarrhoea in March 1833 and influenza in 1848. There were occasional cases of measles or whooping cough. In 1847



two prisoners were committed who had recently suffered from typhus but no cases followed within the prison. Northleach was similarly almost free from serious infectious disease. There were outbreaks of smallpox in 1833 and 1838 (with one death in each) but they were contained by the efforts of the surgeon who went to considerable lengths in obtaining vaccine ('lymph' or 'matter') for the other prisoners, isolating the sufferers and ensuring that the affected areas of the prison were fumigated, limed, and whitewashed. Occasional cases of what may well have been typhus or typhoid occurred at Gloucester but again there were no serious outbreaks. Remarkably, no cases of either diphtheria or scarlet fever were diagnosed.

The 'Miscellaneous' category includes such ailments as headaches ('a fullness of the head'), fits, sore eyes, menstrual irregularities, micturition and testicular problems, debility, and toothache. 'Unspecified complaints' largely comprises vague entries in the journals such as those reading 'complains of illness, sent medicines'. Such entries were particularly common at Gloucester after 1816 when the workload had tripled and the surgeon no longer had time to make detailed notes for any but seriously ill patients. Also placed in this category are those cases in which no diagnosis was made and which merely merited the comment 'sent aperient'. The prescription of an aperient might suggest that constipation was the problem but as aperients were used for a wide variety of complaints such an assumption would not be safe. However, it may be assumed that prisoners included in the unspecified category were not seriously ill: it is rare for their names to recur.

Some diseases were conspicuous by their scarcity. There were relatively few cases of what could be diagnosed as tuberculosis, particularly at the houses of correction. Tuberculosis was not defined as a single disease entity until later in the century but those prisoners diagnosed or stated in the journals to be suffering from consumption, chronic cough, spitting of blood (haemoptysis), 'distortion of the spine and psoas abscess therefrom' (27 February 1835, Northleach), scrofula, and some of the cases of 'debility' were probably tubercular. Even less common were cases of what could confidently be diagnosed as heart disease. Occasionally terms such as 'weakness of the heart' were used. The rare cases of 'dropsy'<sup>25</sup> may have been due to heart disease or, less likely, to kidney disease. In general the prisoners were perhaps too young to suffer from degenerative cardiac disorders whilst in the early 19th century those who had severe valvular disease of congenital origin or resulting from rheumatic fever would probably not have survived long enough to experience imprisonment. The generally low age of the inmates may also account for the absence of even one case of what could confidently be diagnosed as cancer. The word tumour appears occasionally but in most instances this was an inflammatory swelling.

It was not uncommon for prisoners to feign illness. 'Richard Griffiths complains of violent pain his Head, but being such a scoundrel I cannot give full credit to anything he says. I have however ordered my Pupil to bleed him' (30 June 1817, Gloucester).<sup>26</sup> This type of problem became particularly common at Northleach from 1827 when the treadmill came into use:

Peter Bendon complains of pain in the heel. He had been for several weeks past employed in the cooking department during which time he always expressed himself in perfect health. He has now been on the Mill for only one day and complains immediately (14 May 1834, Northleach).

Those who persisted with what was perceived as feigned illness in order to avoid work on the treadmill risked being reported to the magistrates who could, and on four occasions did, order a flogging.

The deaths are listed in Tables 2, 3 and 4. There were five (excluding a stillbirth) at Littledean (representing 0.37% of those reporting sick), eighteen at Northleach (0.52%), and twenty-three at Gloucester (1.11%). The higher percentage at Gloucester may partly reflect longer sentences<sup>27</sup> but is also almost certainly a consequence of the fact that more of the gaol's inmates,

Table 2. Deaths at Littledean house of correction in the years 1807—54.

Year	Name	Cause of Death
1820	Thomas Knight	Chronic pulmonary disease
1821	Walter Longney	Smallpox
1821	Richard Goulding	Suicide (found hanging in cell)
1824	Elizabeth Longstreet's child	'Severe affliction of the bowels and chest'
1838	Elizabeth Glover's child	Stillborn
1838	Louisa Billet's child	Born 22 April, died 10 August. No cause given. Mother and daughter were both ill at time of the child's baptism on 16 May.*

\*Information from the chaplain's journal: G.R.O., Q/Gli 17/3.

Table 3. Deaths at Northleach house of correction in the years 1801—41.

Year	Name	Cause of death
1814	William Dyer	Probably intestinal obstruction
1818	Sarah Bettridge's child	Probably gastro-enteritis
1819	John Sossons	Probably cerebral haemorrhage
1821	Lawrence Lewis	'Failure in the function of the brain'
1826	William Barker	Sudden, 'Piffing affliction of hands' on previous day
1830	John Hanwell	'Old age and gradual decay of nature'
1830	Job Painter	Cerebral abscess (possibly necrotic cerebral tumour)
1831	John Carter	Chronic diarrhoea—cause impossible to ascertain
1832	Jane Smith's child	Chronic chest infection (possibly tuberculosis*)
1834	James Coleman	Meningitis resulting from a head injury
1834	Catherine Griffiths	Probably cerebral haemorrhage
1835	James Candle	Smallpox
1835	John Jaques	'Debility and old age'
1838	Richard Brown	Dysentery
1838	James Jarren	Smallpox
1839	William Atkins	Pneumonia
1841	Thomas Hopkins	Possibly cerebral abscess
1841	Sarah Norris	Typhus

\*The surgeon's journal for 25 February records the inquest verdict of 'Visitation of God, its death accelerated by its removal from Cheltenham on the 24th'. Jane Smith had probably walked the fourteen miles from Cheltenham carrying her child.

particularly the debtors, were ill at the time of their committal. An example is the debtor Thomas Pittman. He came to prison suffering from a 'Dropsical Affection' and, despite being admitted directly to the gaol's hospital, failed to improve on treatment and died a week or so later, on 16 January 1814. It is difficult to ascribe a precise cause of death in many instances. Usually the age of the deceased is not given and even when autopsy examinations were performed the diagnosis is not always clear. One death (James Coleman, 1834, Northleach) was certainly the result of a criminal act before committal: he entered prison having already sustained an open head wound.

Table 4. Deaths at Gloucester gaol in the years 1809—18.

Year	Name	Cause of death
1809	Jonathan Hall	'Affection of the Brain'
1810	Joseph Brown	'Diseased Viscera' (possibly tuberculosis)
1811	Joseph Bryant	'Pulmonary Consumption' (tuberculosis)
1811	Joseph Tackle	'Asthmatic Affection' (probably chronic bronchitis)
1811	Mary Rodway	Puerperal fever (peritonitis, possibly criminal abortion)
1811	Septimus Ludlow	'Fit of Apoplexy' (probably cerebro-vascular accident)
1812	Edward Tanner	'Low Fever' (possibly typhoid)
1812	Richard Day	Gastro-intestinal bleeding (possibly typhoid)
1812	Enoch Pegler	'Diseased Lungs' (possibly tuberculosis)
1812	Thomas Pittman	'Dropsical Affection' (probably congestive heart failure)
1814	William Jenkins	'Low Fever' (probably typhus or typhoid)
1814	Thomas Gardner	'Effusion of the Brain' (possibly typhus)
1814	Elizabeth Brinkworth's child	'Its death Hastened by Mother's Negligence'
1814	Samuel Bryant	'Debility'
1814	Mary Evans's child	Two weeks old. No cause given
1815	Joseph Harper	'Low Fever' (possibly typhoid)
1815	Thomas Herbert	Typhus
1816	Joseph Clark	'Affection of the Brain' (possibly neurosyphilis)
1816	Joseph Tackle (or Tackley)	'Inflammation of the Bowels' (possibly dysentery)
1817	John Williams	'Determined and Obstinate Conduct' (possibly neurosyphilis)
1817	Peter Aldridge	'Disordered Liver'
1817	(first name not given) Broad	'Exhausted for Want of Support'
1817	John Hancock	'Consumption' (tuberculosis)

Another death (Mary Rodway, 1811, Gloucester) may well have been the result of a criminal abortion performed in the gaol.

The range of causes of death is sufficiently varied to make it unlikely that conditions within the prison were responsible. There were two exceptions. William Jenkins died at Gloucester gaol on 21 March 1814, probably as a result of drinking infected water from the well there.<sup>28</sup> The cause of the death of Sarah Bettridge's child, who died at Northleach in January 1818, is not stated but the surgeon had previously noted that 'The Children [are] suffering in their health from being confined with their Mothers' (1 January 1818). For prison deaths a coroner's inquest (with a jury) is usually recorded as being held and (with the exception of James Coleman) the verdict was 'Visitation of God' (the equivalent of death by natural causes). What can be said with certainty is that the journal entries show that all these prisoners had been looked after as well as was possible in the circumstances and that their cases were taken seriously by the surgeon. In none does it seem likely that the demise was accelerated by the treatment given.

No prison can expect to be entirely free of those perennial scourges of confinement: uncontrollable behaviour and suicide, often the result of borderline insanity. Arguing the need for adequate provision for the insane, Sir George Paul had written,

If Lunatics are to be so confined . . . places suitable for their case must be constructed . . . I believe there is hardly a parish of any considerable extent, in which there may not be found some unfortunate human creature of this description ['the lunatic affection'], who, if his ill treatment has made



him phrenetic, is chained in the cellar or garret of a workhouse, fastened to the leg of a table, tied to a post in an outhouse, or perhaps shut up in an uninhabited ruin; or, if his lunacy be inoffensive, left to ramble half naked and half starved through the streets and highways, teased by the scoff and jest of all that is vulgar, ignorant and unfeeling.<sup>29</sup>

He was concerned that some of these unfortunates were inappropriately confined in prison at unnecessary expense to the county and to the detriment of other members of both the prison community and of the general population. He cites the instance of a debtor at Gloucester gaol who had been confined for five years and who

in his paroxysms is frequently heard in the streets at Gloucester, and disturbs, not only the persons within the prison, but also the inhabitants of the neighbourhood to a considerable distance, and has frequently excited, in the minds of the populace, an idea that some cruelty was exercising within the walls of the prison.<sup>30</sup>

His suggested solution was that asylums should be built at the expense of the county with running costs provided by a charge of 8s. to 11s. per week for each patient. A scheme (modelled on the asylum at York) had been proposed in 1793 for the building of an asylum in Gloucester and, although buildings had been purchased, it was not brought to fruition.<sup>31</sup> Consequently until 1823 when a new asylum was opened at Wotton, just outside the city,<sup>32</sup> there was no formal provision for lunatics and the prison surgeons had no alternative than to manage mentally disturbed patients as best they could.

As regards suicide there were no instances at Northleach, whereas Littledean had one successful episode, one fairly serious attempt and one other threat which may or may not have been serious. The successful suicide was Richard Goulding who had been committed on 2 April 1821 for three months on a charge of destroying game and who hanged himself on 29 April. The attempted suicide took place before the surgeon's journal starts; indeed it was this event which brought to the visiting magistrates' attention the fact that no such record was being kept. Describing the episode their journal (1 September 1806) reads:

On visiting the prison this day I am sorry to find that George Gwilliam attempted to destroy himself during the last night. It appears that his Wife who had visited him yesterday brought him a Razor with which he cut three gashes below his elbow, and the loss of blood was so great that he appeared perfectly dead when the keeper opened his cell between six and seven o'clock this morning. The Surgeon reports to me that he is in a very fair way of doing well, but, as he attempted to pull off the bandage as soon as it was tied on the arm, he thinks it necessary that some person should sit with him.<sup>33</sup>

Happily, Gwilliam, a thirty-year old nailer sentenced on 24 July 1806 for taking bark from a forest oak tree, seemed to settle and on 8 September was reported as being 'sensible of the impropriety of his conduct' and of expressing 'a strong wish to enter into His Majesty's Service either by Sea or Land'. This sensibility as to the impropriety of his conduct did not last and on 20 September 'he made a second attempt to destroy himself by running with his head against a wall'. However he survived to be discharged on 11 November 1806, his fine having been paid. At Gloucester there was only one attempted suicide. Elizabeth Bliss, who was in the dark cell as a consequence of some unspecified act of misbehaviour, attempted to hang herself. 'She now declares she will destroy herself one way or the other. Great attention shd [sic] be paid to this vile woman to prevent her horrid design' (8 February 1810). She rates no further mention.

At its mildest, bad behaviour could be irritating: 'Two Debtors...singing loudly and extremely abusive' (21 August 1813, Gloucester); 'Stephen Harwood has placed his bed against the door which prevents its being opened. He is very impertinent' (28 July 1817, Gloucester);

‘Visited Jane Smith . . . She proposed herself much worse this morning and refused to attend in the Chapple [sic] and has also been guilty of very abusive language and refractory conduct . . . But I know the woman to be of so violent a disposition that she will set all order at defiance if she possibly can’ (15 January 1834, Northleach); and ‘Charles Gerrard . . . labouring under great mental excitement apparently proceeding from too much drink’ (28 April 1834, Northleach). Others were more troublesome. In June 1830 Martha Jeynes, a twenty-two-year old labourer was sentenced to one month in Littledean house of correction for leaving her child to the parish. On 11 June she was seen by the surgeon at the request of a magistrate. She was found to have ‘imbecility of the mind’ but was not insane. By 29 June she was described as ‘considerably deranged’ and was ordered to be tied to her bed. On 5 July she broke loose from her bed and partially from a strait waistcoat (the only record of its use at either house of correction) and we read ‘I find her more violent than any lunatic I ever beheld . . . the Case I consider most improper to have been sent here, and I consider it absolutely necessary that she should be removed as soon as possible’. She was removed, presumably to the asylum. Since the option of removing prisoners to an asylum was not available to the surgeon at Gloucester gaol in the period under study and also probably because of the type of prisoner and greater length of sentences, there were more inmates who posed problems of control apparently as a result of mental instability at Gloucester (0.82% of complaints as opposed to 0.4% at Littledean and 0.14% at Northleach).

### *Treatment*

The treatment given was usually straightforward and mostly harmless. Wounds were dressed, poultices applied, ointments, embrocation, and liniments rubbed in, and medicines given. In addition the surgeon was authorised to order dietary improvements—usually oatmeal gruel, meat, ale, wine, or spirits—and this power was exercised for those thought to be in need. Although the treatment for the most common single complaint—‘The Itch’—is not usually specified, sulphur ointment seems to have been the remedy and it is probable that sufferers were managed in a similar manner to that described in 1836 by Mr. Macmurdo, surgeon at Newgate gaol. ‘Their clothes are taken away, and their skin saturated with sulphur, and in two or three days they are well.’<sup>34</sup>

The nature of the medicines provided tended not to be detailed in the early period or when the surgeon was particularly busy, but with increased professional sophistication as the years went by the medication was usually specified. Most common by far were aperients (at Littledean sometimes elaborated as a ‘soothing aperient’ or a ‘cooling aperient’) and salts (used in huge quantities at Northleach in the early 1820s). The prisoners also received sudorific draughts, anodyne draughts, magnesia, camomile flowers, electuaries, fever medicine, rhubarb draughts (particularly for the infants), jalop, tincture cantharidum, oil of turpentine, opium draughts, camphorated mixture, henbane, valerian, tragacanth, and castor oil.<sup>35</sup> *Digitalis* is mentioned only once: at Northleach in 1838.

These medications may have done some good and were unlikely to do any harm. Sadly, the same cannot be said of mercury, probably in the form of mercurous chloride (calomel), which was used for syphilis and at times in small amounts for worms, skin disease and other ailments.<sup>36</sup> However the surgeon always watched for the first indication of overdosage (excessive salivation) and then discontinued the treatment. On one occasion at Gloucester a patient suffering from venereal disease was put in the hospital ‘to be Salivated’ (4 September 1816). What must have been a highly stimulating treatment for chilblains was once ordered: ‘Horseradish to be mixed with two ounces of Mustard and a gallon of water poured boiling on them to soke [sic] his feet

in night and morning' (30 May 1817, Littledean). There was an awareness of the dangers of drugs.

Visited Elizabeth Goodhead who complained very much of not having Opium to take; It being a very dangerous medicine, to be putting in the hands of people not competent to use it, and likewise a very Dear Article, I objected to her having it, without the sanction of the Magistrates (19 August 1817, Northleach).

The most commonly performed intervention was bleeding, the efficacy of which was widely accepted at that time. Not uncommonly it was requested by the patient: 'Bled at his own request for an affection of the head to which he states himself to have been for some time subject' (4 June 1821, Northleach). The amount of blood removed was not often specified but the largest volume noted was twelve ounces (about 350 millilitres), not enough to do any real harm.<sup>37</sup> Bloodletting was rarely repeated and was seldom used for seriously ill patients. Blistering—another now obsolete therapy—was used regularly, particularly for patients with severe aches or pains or undiagnosed neurological disorders such as fits, 'fullness in the head', and disturbances of consciousness, in the last of which the blister was often applied to the nape of the neck or the temple. Instances of over-excitement or delirium were sometimes treated by shaving the head, presumably on the basis that the problem was due to cranial overheating.

Operations of an elective nature were very rare but minor emergency procedures were regularly carried out. Teeth were pulled, boils lanced, the very occasional fractures were set, urinary catheters passed in cases of retention of urine, urethral strictures dilated, babies delivered, and ears syringed.

There were very few instances of refusal of treatment. At Northleach one man, on being confronted with the instruments, refused to proceed with a proposed dental extraction (21 February 1826). Another refused to have a blister applied (25 August 1827) and a third showed 'obstinacy in refusing to take medicines, I administered a Clyster [an enema] which considerably relieved him' (14 June 1836). On the other hand on at least one occasion treatment was actively sought. 'I have just been to see Michael Kirwin who has Venereal disease very bad and he tells me he got committed on purpose to get cured. I have ordered him the proper remedies' (13 May 1837, Northleach). This occurrence was not unique to Northleach: in the same year prison inspector William J. Williams commented on

the common practice of tramps and prostitutes, when infected with foul diseases . . . committing some slight offence for the purpose of obtaining medical treatment in prisons. Their committals are generally for one or two months to hard labour which they seldom or never undergo, often-times passing the entire of their term in hospital . . .<sup>38</sup>

The hospital was a room set aside for those considered to be seriously ill. That at Northleach was described in 1843 as being 'a room of good size, up two flights of stairs with glazed windows and a fireplace'.<sup>39</sup> However there was no formal provision for nursing care: on many occasions inmates were assigned to the nursing role and might be rewarded with extra diet or ale. Seriously ill patients could be transferred from prison to Gloucester Infirmary but this happened rarely.

The treatment of a patient with behavioural problems poses difficulty in any institution: he or she may harm him or herself and will probably disturb the other inmates. In the early 19th century control measures were used in Gloucestershire prisons which may seem foreign to the modern reader, but it should be remembered that such measures were inflicted on the monarch of the day—in particular the application of the strait waistcoat, handbolts and blisters, and exposure to low temperatures.<sup>40</sup> The method most frequently used at Gloucester seems to have

been the cold bath<sup>41</sup> and sometimes the threat alone of such treatment was enough to effect a remedy:

I was required very early this morning to visit John Williams whom I was informed was speechless and insensible but both of which he was in full possession of, when the cold bath was named to him, he is now getting up and is perfectly well (4 August 1812).

On another occasion, when used, it was instantly successful. Daniel Bishop, aged twenty-two, who was charged with stealing a mare and who, on receiving the death penalty, 'assailed the judge in horrid language and threw his hat at a witness',<sup>42</sup> attempted escape and then 'affected to be insane . . . the advice I could give produced no good effect . . . the Cold Bath . . . a very few minutes operation of this kind induced him to acknowledge his Roguery' (10 September 1811). Compassion was shown in its non-use if the patient was not fully fit (15 December 1811) or if the weather was cold (23 February 1810).

A less frequently used technique at the time was the electric shock.<sup>43</sup> At Gloucester gaol its use is recorded on only one patient: Martha Jeynes who was serving two months for stealing butter. The first reference to her is on 5 November 1813 when she 'appears Melancholy and for the two days past has refused her food. In her bodily health she seems quite well.' She was given medicine and seemed to improve but on 10 November it was noted that her 'apparent indisposition arises in great measure from obstinacy of Temper'. On the following day

taking all circumstances into consideration I was induced to believe it was hypocrisy and resolved to try the Effect of an Electric Shock, which I am pleased to say produced the desired effect, she fell on her knees, confessed and promised to conduct herself properly in future.

Sadly this promise was not kept and a few days later she was 'again as obstinate as before and has not taken any nourishment since yesterday morning' (24 November 1813). On 25 November,

I had again recourse to the Electric Machine which had not such an immediate good effect as before. I directed to the Turnkey to drench her with a Beer Caudle . . . this operation being performed, producing an amendment in this Woman, and she took this Evening her Tea as usual.<sup>44</sup>

Two days later she had 'taken her Food regularly.'

More bizarre was the method of managing William Clutterbuck. A seventy-one-year old illiterate pin-maker, he was committed to Littledean in 1827 for two years after the attempted rape of a little girl. He then refused food and smeared himself with his own excrement. As a last resort he was dressed in petticoats in an attempt to shame him into better behaviour.<sup>45</sup> This was not entirely successful but two years later the surgeon wrote 'William Clutterbuck . . . leaving the Bridewell in perfect state of good health and for which I consider he is much indebted to the humane and kind attention he has experienced from the Rector and Turnkey' (30 August 1829).

That the Gloucester surgeon was far from heartless when managing disturbed patients is shown by an entry regarding John Williams.<sup>46</sup> The latter had been troublesome for some time, 'affecting Insanity' and refusing food, and at various times had experienced both the cold bath and the dark cell.

I have this day again examined John Williams. I am fully satisfied that his insanity is not real. But from the obstinacy which he has shewn, the impaired state of his health and the very little benefit which repeated punishments have hitherto produced, I am decidedly of the opinion that that system cannot be carried further without great risk . . . For this reason I recommend that every care be bestowed to bring him into good health by giving him a more generous diet and



preserving him from the effects of cold. Every attempt also ought to be made to gain his confidence by mild and kind treatment, and no further restraint should be imposed upon him than is required to prevent him from injuring himself and others (1 January 1817).

It was to no avail. Williams became progressively more emaciated and died on 15 February.<sup>47</sup>

There were few detectable errors of clinical judgement in the period under study. Nevertheless an episode at Northleach house of correction in 1842 (no journals exist after mid 1841) warranted a Home Office enquiry and merits mention.<sup>48</sup> The subject of this enquiry was Charles Beale who died at the age of nearly twenty-three years on 10 October 1842, some six weeks after discharge from the house of correction, where he had been confined for about six months. During part of that time he was made to work on the treadmill despite his complaints of weakness and latterly of a cough. He was eventually put in the hospital and given extra food. After his release he complained bitterly to his mother (at whose instigation the enquiry was set up) of poor diet, insufficient medicine and of overwork. To judge by the autopsy report, he died from extensive pulmonary tuberculosis. Although the enquiry concluded that death was inevitable (as it almost certainly was in the absence of antibiotics) criticisms were made.

We consider the surgeon to have been remiss in not having put Beale on an improved diet, in not having paid attention to his clothing and the temperature of his cell during the early stages of his disease or at least as soon as cough had so far exhibited itself as to demand medical treatment. . . . Owing to the loose and imperfect state of this document [the surgeon's journal] we were unable satisfactorily to trace the early progress of Beale's disease.

There was a motion at the next Quarter Sessions meeting of the magistrates to dismiss the surgeon (John Ralph Bedwell) but it was defeated by a large majority.<sup>49</sup>

### *Conclusions*

It is clear that most of the prisoners' complaints were relatively minor. Indeed in his Michaelmas report in 1847 the surgeon at Littledean comments that the 'proportion of sick to the average number of prisoners admitted is one half, which appears very large, but most of the cases were of a trivial nature'. At Gloucester gaol,

Although many infectious Diseases have of late been prevalent in Gloucester and Typhus fever now existing, yet the Prisoners of this Gaol have escaped, and tho' [sic] the many that are every day complaining very few have been sent to the Hospital and those principally with Chronic Diseases (20 October 1818).

This last claim suggests that, at times, prison may have been a safer place than the outside world. A similar claim was made at Littledean; 'Typhus fever frequently prevails to a great extent in the immediate neighbourhood but no case within these walls' (25 October 1847). As regards the general run of complaints it is hard to escape the conclusion that many inmates took advantage of free medical care to seek treatment for ailments which elsewhere they might have ignored.

It is very difficult to make an objective assessment of the mortality from sickness in prisons at this period. William Baly, a prison medical officer and lecturer in forensic medicine at St. Bartholomew's Hospital writing in 1845, compiled a vast amount of statistical information from several countries. He concluded that there was excess mortality in prisons, with tuberculosis, fevers, and bowel complaints as the main causes of death. He felt that the factors responsible were the damp locations of many of the prisons, the monotony of the diet and prolonged imprisonment.<sup>50</sup> Margaret DeLacey, after an exhaustive analysis of statistics collected from the



prisons of Lancashire between 1825 and 1843 and using some figures not available for Gloucestershire, was only able to conclude that

On the whole, the average person's chances of dying probably increased slightly upon commitment and rose with the length of imprisonment; although this was not true for certain groups of prisoners, particularly those in Preston and those already sick or starving.<sup>51</sup>

She also concluded that mortality rates in prison were lower than those in the notoriously unhealthy Lancashire industrial areas. On the other hand, Joe Sim, in his assessment of the prison medical service between 1774 and 1989, asserts that

Prison medical workers, rather than operating from a perspective bereft of ideology and politics, have been intimately involved in reinforcing the discipline of penalty, attempting to create the well adjusted individual from the undifferentiated mass of criminals living dangerously behind the penitentiary walls . . . The will to discipline has had a profound impact on the level of medical care that prisoners have received since the end of the eighteenth century with deleterious and sometimes fatal consequences for a number of them.<sup>52</sup>

On the evidence accumulated in this study it would be unrealistic to apply Sim's picture of a harsh 'Foucaultian' control system to the medical care provided in these Gloucestershire prisons in the early 19th century. The attention given, although at times not perfect, was of a caring and compassionate nature. Methods of treatment, particularly those used in the management of difficult patients, should be seen in the context of what was usual at the time. On this basis it seems reasonable to assert that the medical care received by prisoners was of a quality at least as good as, and in some instances probably better than, the majority of them could have hoped for had they not been imprisoned.

### *Acknowledgments*

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### *Notes*

1. G.O. Paul, *Proceedings of the Grand Jury, Magistrates and Other Noblemen and Gentlemen of the County of Gloucester; on the Construction of Regulation of the Prisons of the Said County* (1783), pp. 27–8. Paul describes an episode in April 1750 when attendants at the Old Bailey were struck by an unusually 'noisome smell' in court. A week later fifty people were dead—and not just *boi polloi*. The toll included several of the jury, a lawyer, an undersheriff, an alderman, two judges and the Lord Mayor of London. Paul instances similar episodes from the past and also gives examples from his own experience of discharged prisoners infecting, often with fatal consequences, other family members.
2. Jonas Hanway, quoted in Michael Ignatieff, *A Just Measure of Pain: the Penitentiary in the Industrial Revolution 1750–1850* (London, 1979), pp. 60–1.
3. See particularly, J.R.S. Whiting, *Prison Reform in Gloucestershire 1776–1820* (London, 1975), pp. 18, 38–44; *A House of Correction* (Gloucester, 1979), pp. 99–104; Joe Sim, *Medical Power in Prisons: The Prison Medical Service in England, 1774–1989* (Open University Press, 1990), pp. 11–30; Sean McConville, *A History of English Prison Administration, Volume I, 1750–1877* (London, 1981), pp. 76, 101, 129–30, 149, 199, 398, 450–2; Robin Evans, *The Fabrication of Virtue: English Prison Architecture 1750–1840* (Cambridge University Press, 1982), pp. 96–116, 171; Ignatieff, *A Just Measure of Pain*, pp. 59–62;

Margaret DeLacey, *Prison Reform in Lancashire 1700–1850* (Manchester University Press, 1986), pp. 28–9, 80–93, 182–90.

4. Irvine Loudon, *Medical Care and the General Practitioner: 1750–1850* (Oxford, 1986), pp. 29–35.
5. *Ibid.* p. 167.
6. *Ibid.* pp. 225–6. The M.R.C.S. was not a legal requirement but by convention was necessary: S. Holway, 'The Apothecaries Act, 1815: A Reinterpretation', *Medical History* 10 (1966), pp. 224, 235.
7. The Journals for Gloucester gaol for 1791–1820 are in Gloucestershire Record Office (Glos. R.O.), Q/Gc 32/1–3; for Littledean house of correction for 1806–38 and 1844–54 in *ibid.* Q/Gli 18/1–4; and for Northleach house of correction 1800–41 in *ibid.* Q/Gn 5/1–3. References in the text to entries taken from these journals are given by date only.
8. The capacities given are those for which the prisons were designed. After 1820 Northleach regularly, and Littledean often, held more prisoners than this.
9. Between 1791 and 1807 there were 195 committals to Littledean (11.5 per annum), 702 to Northleach (41 per annum), and 3,384 to Gloucester (nearly 200 per annum). Most of the committals to the houses of correction were for a few months only. The figures are those given by Sir G.O. Paul to the Quarter Sessions in 1809: Whiting, *Prison Reform*, p. 234.
10. The house of correction section of Gloucester gaol closed in 1802 but magistrates from the Forest of Dean persisted in sending lesser offenders to the gaol rather than to Littledean house of correction: Whiting, *Prison Reform*, p. 106.
11. Whiting, *Prison Reform*, pp. 149–50.
12. 'The Court [of magistrates] adverted to the Case of Hall who died on 3rd Feby [sic] and cannot but regret that no medical opinion (in addition to that of the surgeon) was obtained in this case, considering the facility of Consultation so liberally afforded by the Physicians of this City': Glos. R.O., Q/Gc 32/1, 11 April 1809.
13. It is estimated that in the second half of the 18th century a rural surgeon could expect to earn about £400 per annum in mid-career. Over-provision of doctors from 1815 onwards led to a fall in earnings to perhaps £150–200. Practitioners may well have taken relatively low-paid public positions in order to prevent the emergence of opposition: Anne Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720–1911* (Cambridge, 1994), pp. 136–7, 50. Not all prospered: William Vann Hadwen, surgeon to Northleach house of correction died leaving his wife and young family destitute: Glos. R.O., Q/Gn 5/3, 17 December 1835.
14. Glos. R.O., Q/Gc 1/2.
15. *Wilts and Gloucestershire Standard*, 22 April 1843.
16. Annual returns to the Home Office 1823–49 (1835 missing): Glos.R.O., Q/AG 19/1–24; I. & J. Wyatt, 'Prisoners in the County Gaol, 1789–1814', *Gloucestershire Historical Studies* 2 (1968), 14–24.
17. Short sentences were not given to 'lewd women' (those who had given birth to an illegitimate child and were unable to provide support). They were usually imprisoned for one year, not because the offence was seen as particularly heinous but because, according to Whiting (*Prison Reform*, pp. 108, 174), this was a way of transferring the financial burden of their support from the parish to the county. Sir G.O. Paul strongly deprecated this practice 'as a cunning calculation of parish economy', which he considered to be more prevalent in Gloucestershire than elsewhere: *Address to His Majesty's Justices of the Peace for the County of Gloucester assembled at their Epiphany General Quarter Sessions, 1809*, pp. 129–30.
18. Whiting, *House of Correction*, p. 48.
19. Register of Prisoners in the County Gaol of Gloucester 1815–18: Glos.R.O., Q/Gc 5/1.
20. The supposition that debtors in general might be less healthy is supported by figures for 1780–1807 from Bodmin county gaol and bridewell. There were 15 deaths in a total of 3877 prisoners (0.4%) but among the 773 debtors the mortality rate was 1.03%: James Neild, *The State of the Prisons in England, Scotland and Wales* (London, 1812), p. 56. The apparently higher death rate at Gloucester (q.v.) is expressed as a proportion of the complaints made to the surgeon: the Bodmin figure is the ratio of deaths to committals.
21. Debility: a general weakness, the result of disease or starvation.

22. This statement, although doubtless made in good faith, cannot possibly have been true given the therapeutic armamentarium available at the time.
23. Scrofula: tuberculous lymph nodes in the neck suppurating through the skin. However the term was applied loosely and some of the cases so diagnosed were probably not tuberculous.
24. The word typhoid was used to mean typhus-like. However it seems unlikely that these were cases of typhus since they recovered quickly. Typhoid fever was not recognised as an entity until later in the century.
25. Dropsy: an unnatural accumulation of fluid in any part of the body, most notably in the ankles. From the Greek, *Hudrops* (water) now known as oedema.
26. Blood-letting was the standard remedy for severe headaches (and for many other conditions).
27. During the 1820s and 30s more accurate information became available and statistical methods were applied to its analysis. Long-term prisoners were shown to suffer a significantly higher mortality rate than those serving a short term. The former were particularly at risk from the various manifestations of tuberculosis: William Baly, 'On the Mortality in Prisons, and the Diseases most frequently fatal to prisoners', *Medico-Chirurgical Transactions* 28 (1845), p. 116.
28. Contamination of the prison well by water from the Severn was a problem experienced most winters (see journal entries 10 January 1809, 1 March 1814, 10 January 1815, and 24 May 1816). In 1817 a builder was called in. 'Mr Collingwood has discovered the well and examined it. He finds the bricks as well as some beavers that were in it thickly coated with mud which has every appearance of having come from the Severn': *Justices' Journal*, *Glos. R.O.*, Q/Gc 1/2. It is to be hoped that Collingwood (later the county surveyor) was a better builder than a natural historian—beavers had been extinct in England for several hundred years.
29. Sir G.O. Paul, *Suggestions on the Subject of Criminal and Pauper Lunatics* (Letter dated 11 October 1806 to the Home Secretary published in *British Parliamentary Papers*, Report from The Select Committee appointed to enquire into the state of Lunatics, 15 July 1807, p. 17).
30. *Ibid.* p. 20.
31. The delay was due to Paul's 'excessive caution at proceeding without substantial funds': Leonard D. Smith, *Cure, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth-Century England* (London, 1999), p. 16. However it was Paul who 'provided much of the impetus toward the expansion of the public asylum system': *ibid.* p. 20.
32. *Victoria History of the County of Gloucester 4: The City of Gloucester* (Oxford, 1988), pp. 273–4.
33. *Glos.R.O.*, Q/Gli 1/1.
34. *Copy of a Report made on 2nd July 1836, by a Committee of the Court of Aldermen to that Court, upon the Report of the Inspectors of Prisons in relation to the Gaol of Newgate*, *British Parliamentary Papers*, 7 July 1836, p. 37. The close relationship in the public mind between the itch and sulphur was shown in 1767 when the doggerel 'Old Villers, so strong of brimstone you smell/as if not long since you had got out of hell' was the subject of a successful libel action on the grounds of the clear imputation that Villers had the itch—then regarded as an antisocial disease: 'Villers v. Mosely', *The English Reports, Kings Bench Division*, vol. xciv (London, 1909), pp. 886–7.
35. Sudorific draught: a medicine causing perspiration; anodyne draught: a medicine which relieves pain and which is quite harmless; electuary: medicine compounded with honey or syrup; jalop: root of a Mexican plant used as a laxative; cantharidum: preparation of dried Spanish Fly used as a diuretic (to increase the output of urine); tragacanth: a kind of Asiatic gum.
36. Mercury had been used medicinally since the 16th century; see W.F. Bynum and Roy Porter (eds.), *Companion Encyclopaedia of the History of Medicine 2* (London, 1993), p. 970.
37. The procedure was not entirely devoid of risk. In the early 19th century John McCall was bled by a student at the London Hospital and subsequently died. His near relations accused the hospital of using a 'poisoned lance', an accusation strenuously denied by the hospital governors: A.E. Clark-Kennedy, *The London: A Study in the Voluntary Hospital System 1, 1740–1840* (London, 1962), pp. 218–19.
38. DeLacey, *Prison Reform in Lancashire*, p. 179.
39. *Report published January 1843 to Sir James Graham on the Case of Charles Beale and others, lately confined to the Northleach House of Correction and on the Condition and Management of the Prisons of the County of Gloucester*: copy in *Glos. R.O.*, PS 2.

40. Christopher Hibbert, *George III: A Personal History* (London, 1998), pp. 264, 278.
41. The cold bath was widely used in treatment of the insane: Smith, *Cure, Comfort and Safe Custody*, pp. 202–4
42. Whiting, *Prison Reform*, p. 44.
43. Smith, *Cure, Comfort and Safe Custody*, p. 205.
44. A caudle is a sweetened hot drink. The word drench is used in a sense now only familiar in veterinary parlance: to pour down the throat.
45. Glos. R.O., Q/Gli, 1/1, 28 November 1827.
46. It is not clear if this is the John Williams who was subjected to the cold bath at Gloucester in 1812.
47. The following entry in the justices' journal illustrates the difficulty encountered in assessing this type of patient. 'John Mayo . . . had heard a conversation between Williams and another prisoner in which he [Williams] was advised to affect insanity under the idea that it would be advantageous to him at his trial': Glos. R.O., Q/Gc 1/2, 1 February 1817.
48. *Report to Sir James Graham on the Case of Charles Beale*.
49. *Wilts and Gloucestershire Standard*, 22 April 1843.
50. Baly, 'On the Mortality in Prisons', pp. 113–272.
51. DeLacey, *Prison Reform in Lancashire*, p. 186.
52. Sim, *Medical Power in Prisons*, p. x.