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Imperfect Models: The Kingston Lunatic Asylum Scandal and the Problem of Postemancipation Imperialism

In the spring of 1858, Dr. Lewis Quier Bowerbank applied for the position of consulting surgeon at the Kingston Public Hospital. The son of a Jamaican parish rector, Bowerbank had received his medical education from the University of Edinburgh, with additional training in London. Upon returning to Jamaica later in 1836, he practiced medicine in the capital of Spanish Town before moving in 1853 to Kingston, the island's major port city, where he established a medical practice with his brother-in-law. He also served as a member of the island's Central Board of Health. But when he applied to become consulting surgeon at the Public Hospital, the commissioners rejected Bowerbank and left the post vacant. Just two days later, Bowerbank published a scathing exposé of endemic neglect and malpractice within the hospital and adjoining lunatic asylum. Bowerbank's *Letter to the Commissioners of the Public Hospital and Lunatic Asylum of Kingston, Jamaica relative to the present State and Management of these Institutions* sparked a years-long controversy over the general conditions in the hospital and asylum.¹ Within that broader controversy, one particular aspect

¹ The National Archives, Colonial Office (CO) 137/338/204, Darling to Edward Bulwer-Lytton, 9 August 1858; Leonard Smith, *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838–1914* (New York, 2014), 54; Lewis Quier Bowerbank, *A Letter to the Commissioners of the Public Hospital and Lunatic Asylum of Kingston, Jamaica relative to the present State and Management of these Institutions by Lewis Quier Bowerbank, M.D.* (Kingston, 1858), CO 137/342/434, J.W. Perry to CO, 24 June 1858. Biographical sketch drawn from his obituary, "Death of the Honble. Dr. Bowerbank," *Daily Gleaner*, 11 October 1880, 2; from "History of Medicine in Jamaica," Medical Association of Jamaica Supplement to the *Daily Gleaner*, 13 June 1991, 3.

of institutional practice emerged as the subject of intense focus and eventually became the source of imperial scandal: the cruel and abusive treatment of women patients in the lunatic asylum.²

Medicine was not usually the stuff of imperial scandal. Like political scandals in Britain, imperial scandals often started with salacious charges of sexual impropriety that gradually shifted toward more weighty accusations of corruption.³ But if medicine was not a frequent generator of scandal, torture—and especially the torture of women—was.⁴ The most important revelations of the Kingston lunatic asylum scandal concerned the torture and abuse of vulnerable black women and shone light on administrative misconduct. Moreover, its ramifications mushroomed far beyond the island. As scholars have noted, scandals allowed a public working out of boundaries of appropriate behavior. The issue of respectability was especially salient in colonial contexts, where morality was seen as one of the key distinctions between metropolitan and colonial life. It was widely accepted that many British colonies—and Jamaica in particular—were hotbeds of corruption and vice. The supposed purity of British social life was protected by the oceans that separated the metropole from the

² A note on terms: while patients in Kingston’s asylum are frequently described in the documents as “lunatics” or “insane,” I only use these terms where they appear in the sources. In recognition of the imprecision with which this term was applied, I will refer to the people in the asylum as “patients,” “inmates” (a term found in the records), and “residents.”

³ Linda J. Colley, “Gendering the Globe: The Political and Imperial Thought of Philip Francis,” *Past and Present* 209 (Nov. 2010): 117–148, at 117–119; Anna Clark, *Scandal: The Sexual Politics of the British Constitution* (Princeton, 2004).

⁴ James Epstein, *Scandal of Colonial Rule: Power and Subversion in the British Atlantic during the Age of Revolution* (Cambridge, 2012).

corrupting colonies. Scandals—whether about imposters, sexual impropriety, or torture—disrupted this status quo. Acceptance of looser standards and regulations could only be tacit, whereas scandals of this sort pressed these issues publicly and so required firm rebukes. Furthermore, scandal legitimized empire by shifting attention to individual misdeeds rather than the crime of imperialism itself.⁵

Scandals were also well-documented, and because of the voluminous archival records produced about the Kingston scandal, a spate of historians have outlined the lineaments of this scandal in a series of recent works. Bowerbank spent over two years trying to convince authorities that conditions within the asylum—and the adjoining hospital—required immediate intervention. His crusade divided Kingston’s elite, pitting the Jamaican government—whose inadequacies Bowerbank blamed for the institution’s failures—against members of the city’s medical community. It also led to the discovery of physical abuse in the asylum, with the worst violence against asylum patients coming to light years into the scandal. Once confirmed, these revelations forced reluctant imperial officials to intervene. Following a local commission’s exhaustive examination of both institutions, the Colonial Office sent questionnaires to the governors of more than thirty colonies, asking about abuses within their local asylums.⁶ This was a remarkable, though temporary, result, one at odds

⁵ Kirsten McKenzie, *Scandal in the Colonies: Sydney and Cape Town, 1820–1850* (Carlton, 2004); Nicholas Dirks, *The Scandal of Empire: India and the Creation of Imperial Britain* (Cambridge, MA, 2006), prologue and chapter 1.

⁶ See Margaret Jones, *Public Health in Jamaica, 1850–1940: Neglect, Philanthropy and Development* (Kingston, 2013); idem, “The Most Cruel and Revolting Crimes: The Treatment of the Mentally Ill in Mid-Nineteenth-Century Jamaica,” *Journal of Caribbean History* 42, no. 2 (2008): 290–309; Smith, “Caribbean Bedlam: The Development of the

with the hardening racial ideologies and narrowing liberalism of the late 1850s and early 1860s. For this reason, some scholars see these events as a foundational moment in the development of a rudimentary imperial public health policy that also injects the historiographies of colonial medicine and psychiatry with an evocative case study from the British Caribbean, a region these fields have too often ignored in favor of India, Africa, and the dominions.⁷

Lunatic Asylum System in Britain's West Indian Colonies, 1838–1914,” *Journal of Caribbean History* 44, no. 1 (2010): 1–47; Smith, *Insanity, Race and Colonialism*; Sally Swartz, “The Regulation of British Colonial Lunatic Asylums and the Origins of Colonial Psychiatry, 1860–1864,” *History of Psychology* 13, no. 2 (2010): 160–77.

⁷ For more on what the British Caribbean uniquely brings to the subject of colonial medicine, see Juanita de Barros, Steven Palmer, and David Wright, eds., *Health and Medicine in the circum-Caribbean, 1800–1868* (New York, 2009). For important studies of asylums and psychiatric policy in India, Africa, and the dominions, see Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India, 1800–1858* (London, 1991); James H. Mills, *Madness, Cannabis and Colonialism: The “Native-Only” Lunatic Asylums of British India, 1857–1900* (Basingstoke, 2000); Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford, 1991); Jock McCulloch, *Colonial Psychiatry and ‘The African Mind’* (Cambridge, 1995); Swartz, “The Black Insane in the Cape, 1891–1920,” *Journal of Southern African Studies* 21, no. 3 (Sep. 1995): 399–415; Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley, 1999); Stephen Garton, *Medicine and Madness: A Social History of Insanity in New South Wales, 1880–1940* (Kensington, 1988); Catharine Coleborne, *Reading “Madness”: Gender and Difference in the Colonial Asylum in Victoria, Australia, 1848–1888* (Perth, 2007); idem, *Madness in the*

Yet the way the scandal unfolded, and the terms on which its debates rested, belie these conclusions. For at stake was a disagreement about the standard of care that colonial institutions had to provide and the question whether these facilities had an obligation to apply the latest models emanating from the metropole. Attempts to export medical standards from the metropole to the colonies were inherently flawed. In the case of Kingston, while there was widespread approval of the new standards developed for asylum management developed in Britain, commentators fiercely disagreed about whether it was possible or even desirable to reform Jamaica's asylums to match British guidelines. That there was so much disagreement on this point was not simply a product of the colonial context, however, for the training of local authorities and doctors in British methods was not always controversial.⁸ Yet even in Britain, asylum practices remained the subject of significant debate and often haphazard execution. They were not the monolithic and stable pillars of knowledge, tested and refined in the metropole, that Jamaican commentators and imperial bureaucrats implied. Thus the debate about whether British models were applicable to colonial contexts was not simply about the differences between metropole and colony or about the changing views of freedpeople; it also reflected the instability of those ideas themselves.

Crucially, the scandal crystallized debates over what postemancipation imperial governance was supposed to accomplish. Bowerbank's crusade assigned the task of overseeing asylum conditions and practices—and making them conform to metropolitan

Family: Insanity and Institutions in the Australasian Colonial World, 1860–1914

(Basingstoke, 2010); James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal and Kingston, 2000).

⁸ See Christienna D. Fryar, "The Moral Politics of Cholera in Postemancipation Jamaica," *Slavery and Abolition* 34, no. 4 (2013): 598–618.

models—to colonial administrators at a moment of heightened debate about the kind of imperial rule and philanthropic help the freedpeople of the Caribbean should receive. Moreover, Bowerbank identified the ways in which the constitutional status quo left patients vulnerable, a breach of the governing ethos. In theory, Jamaica’s constitutional structure limited direct intervention from London, instead granting significant power to the Jamaican legislature, a longstanding source of frustration for imperial administrators. In the late 1850s, the Jamaican House of Assembly largely determined island affairs. While the governor could veto measures, as could the Colonial Office, the metropolitan government could neither mandate particular courses of action nor conduct its own investigations. Moreover, the lunatic asylum and public hospital came under the direct authority of the legislature.⁹ The Colonial Office saw these constitutional constraints as justification for an initially neutral stance in the early years of the scandal.

Ultimately, the scandal was so explosive because, within it, two contradictory political impulses about postemancipation imperial governance collided. On the one hand, by the late 1850s—after two decades in which black Jamaicans prioritized their autonomy over the needs of the plantation system—there was growing cynicism about whether freedpeople would ever conform to European moral codes and work practices. In the wake of severe

⁹ See Frederick Madden, ed., with David Fieldhouse, *The Dependent Empire and Ireland, 1840–1900: Select Documents in the Constitutional History of the British Empire and Commonwealth*, Vol. V (Westport, CT, 1991), 129–151; Thomas Holt, *The Problem of Freedom: Race, Labor, and Politics in Jamaica and Britain, 1832–1938* (Baltimore, 1992), 181–2, 215–61; Catherine Hall, *Civilising Subjects: Metropole and Colony in the English Imagination 1830–1867* (Chicago, 2002), 203–4; CO 137/347/293–4, Earl of Carnarvon to Earl of Shaftesbury, 30 May 1859.

economic decline, white observers registered their disappointment by criticizing the work ethic and morality of freedpeople; out of the accumulation of these criticisms emerged new versions of racist ideology.¹⁰ On the other hand, imperial actors still claimed to operate under principles of benevolent governance, ideas that stemmed from the abolitionists' insistence that black subjects required protection from the predations of plantation owners and their allies. The asylum scandal was caught in the nexus of these two narratives. If black subjects were owed protection—and most asylum patients were black or brown and had been born into enslavement, making them precisely those abolitionists had rallied British politicians to protect—then they deserved the same standards of care as their white British counterparts. But those who believed in the inherent inferiority of freedpeople questioned whether British models were in fact suitable for this population. Thus, as the scandal grew into a transatlantic debate over which treatment methods ought to be used in the colonies, it did so at a moment in which black subjects were increasingly seen as undeserving of the benevolence they were supposedly receiving.

The model

In the mid-nineteenth century, the British model of lunacy treatment was itself new, in flux, and only partially implemented across the United Kingdom. For most of the eighteenth century, insanity treatments had emphasized the physical control and domination of patients in order to break through their mental defenses. Such domination took the form of violent corporal punishment or, even for those who wanted whippings and beatings to end, restraints. The lunacy reform movement, which began in the late eighteenth century, significantly

¹⁰ For the most influential treatments of postemancipation politics and the formation of racist ideologies, see Holt, *Problem of Freedom* and Hall, *Civilising Subjects*.

rethought the basic premises of insanity treatment by moving away from domination and physical control. Lunacy reforms admired the York Retreat, a Quaker institution built in 1792 that pioneered “moral treatment,” an ideology that viewed patients as rational subjects who could recover from their temporary state of madness only if their moral character was primarily attended to. Since physical brutality could not transform character, it had no place within moral treatment.¹¹

Inspired by the ideology of moral treatment, also known as “moral management,” British reformers campaigned for a state system of public asylums that applied its tenets. As part of their campaign, reformers needed to convince families to choose state-run asylums for their mentally ill relatives instead of other private arrangements. They did so by popularizing the image of an ideal asylum. Underpinned by moral management precepts, these proposed state asylums would offer flexible, individualized care practiced by kind staff. The superintendents of these facilities would be a visible presence, visiting patients daily, and modeling methods to their staff. The institutions would be small, as would individual wards, with patients classified by the severity of their ailments. They would be located in rural settings where patients would breathe fresh air and be soothed by beautiful landscapes. Each asylum would have ample grounds on which patients could participate in games, recreation, and physical labor. Finally, following the path of Hanwell County Asylum, the first large asylum to introduce a non-restraint system, the model asylum would banish restraints entirely. Parliament passed lunacy reform in 1845 on the strength of this image, creating a

¹¹ Andrew T. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900* (New Haven, 1993), 8–9, 62–3, 87–88, 96–100, 185. See also Karen Haltunnen, “Humanitarianism and the Pornography of Pain in Anglo-American Culture,” *American Historical Review* 100, no. 2 (April 1995): 303–334, at 319.

national Lunacy Commission and requiring counties and boroughs to build pauper lunatic asylums.¹² Moral management was now the official metropolitan ideology.

Yet parliamentary sanction was merely that: approval from London. It did not mean swift and even implementation of the desired national system across the United Kingdom. To be sure, by the late 1850s, most English and Welsh counties had state asylums operating in accordance with moral management principles, although northern English border counties and southern Welsh counties, among others, lagged behind.¹³ In Scotland, however, the London-based Lunacy Commission had no authority—Scotland had its own Lunacy Commission, created more than a decade after its English counterpart—and the geographical and cultural isolation of the Highlands meant that folk practices and in-home care remained standard approaches to caring for the insane there until the late 1850s. State asylums were only completed in the Highlands in the mid-1860s, and it would take at least a decade before these institutions were reliably running on moral management.¹⁴ Thus, the colonies were not

¹² Scull, *The Most Solitary of Afflictions*, 121–2, 135, 146–150, 156, 164–165.

¹³ See Smith, *Insanity, Race and Colonialism*, 10; Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales: The Space Reserved for Insanity* (Lewiston, 2004), 545–9; John Conolly, *The Treatment of the Insane without Mechanical Restraints*, eds. Hunter and MacAlpine (1856; rpt. ed., London, 1973), 2.

¹⁴ See Emily S. Donoho, “Appeasing the Saint in the Loch and the Physician in the Asylum: The Historical Geography of Insanity in the Scottish Highlands and Islands, from the Early Modern to Victorian eras” (PhD diss., University of Glasgow, 2012), introduction, chapters 1, 5, and 6; Jonathan Andrews, “Raising the Tone of Asylumdom: Maintaining and Expelling Pauper Lunatics at the Glasgow Royal Asylum in the Nineteenth Century,” in Joseph Melling

the only peripheries where metropolitan ideas had uneven purchase; regions of the British Isles were also slower to implement standards dictated by the metropole.¹⁵

Even where moral management was in place in state asylums, its application was haphazard, insecure, and ineffective. One of non-restraint's early proponents, John Conolly, the superintendent who oversaw Hanwell's transition to non-restraint, worried that state asylums might revert to restraint methods.¹⁶ Moreover, moral management never led to better outcomes for patients, even as it remained the core ideology behind lunacy treatment into the twentieth century. Instead, state asylums became semi-permanent dumping grounds for patients who would almost certainly never leave, which led to a cycle of overcrowding that could only be fixed through the construction of new buildings or wings.¹⁷ Nevertheless, the various commentators in this scandal—both in Jamaica and in Britain—clung to the fixed ideology behind this model, seemingly taking little note of its imperfect implementation in Britain.

The crusader

and Bill Forsythe, eds., *Insanity, Institutions and Society, 1800–1914: A social history of madness in comparative perspective* (Abingdon, 1999), 200–222.

¹⁵ I thank one of the anonymous reviewers for making this point.

¹⁶ Scull, “Conolly, John (1794–1866),” *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2006 [<http://www.oxforddnb.com/view/article/6094>, accessed 9 Oct 2010]; Conolly, *Treatment*, 2, 11–12, 19.

¹⁷ Peter McCandless, “‘Build! Build!’ The Controversy over the Care of the Chronically Insane in England, 1855–1870,” *Bulletin of the History of Medicine* 53, no. 4 (Winter 1979): 553–574, at 553–55; Smith, *Insanity, Race and Colonialism*, 9–11.

If known, these subtleties mattered little to Bowerbank, whose exposé—while condemning virtually every aspect of the hospital and asylum—was especially critical of the asylum. The Kingston Asylum in some ways had predated the turn to state asylums in the United Kingdom. Its origins lay in the public hospital, built in the bustling port city in the 1770s to serve European patients. Though not intended to be a facility for the insane, it gradually became the primary place to send the mentally ill, beginning in the 1790s. The need for a separate but nearby institution grew, and a separate asylum was built in the early 1820s. Conditions within declined rapidly and, as one scholar notes, likely did so as the patient population increasingly included black subjects.¹⁸ While the abominations of slavery, the convulsions of emancipation, and indeed the injustices of imperialism itself had a baleful influence on the mental health of many black subjects, colonial doctors and bureaucrats frequently labelled those unwilling to conform to European behavioral codes as insane.¹⁹ According to Bowerbank, the asylum suffered from overcrowding, which led to violence: “In each [cell], three, four, or even fourteen lunatics are locked up at night, to fight and murder each other; for there is no one to keep the peace; no one to tell of the awful tragedy till morning, when the cells are opened, and the lifeless corpse proclaims the truth in all its terrors.” Even worse, in his eyes, was a more sensational crime—“among the males crowded into these cells, there is reason to apprehend that sodomy has been committed!!”²⁰ He insisted

¹⁸ Smith, *Insanity, Race and Colonialism*, 39–40.

¹⁹ Frantz Fanon, *The Wretched of the Earth*, Richard Philcox, transl. (New York, 2004), chapter 5; Martin Summers, “‘Suitable Care of the African When Afflicted With Insanity’: Race, Madness, and Social Order in Comparative Perspective,” *Bulletin of the History of Medicine* 84, no. 1 (Spring 2010): 58–91, at 60.

²⁰ The exclamation points are his. See Bowerbank, *A Letter to the Commissioners*, CO

that the medical community and the Jamaican government had known about these faults for years. The annual reports from hospitals doctors and a letter from former head physician Edward Bancroft, all from the 1840s, testified to that fact. So too did long excerpts of letters and reports from prominent Jamaican and British medical experts. Legislation from 1843 to build a new asylum in response to these criticisms was further proof, even though the structure remained unfinished. Bowerbank also pointed to criticisms from the 1850s as commentators and government bodies deplored the state of these facilities. Jamaica's Central Board of Health described the threat of both institutions becoming "the birth-place and cradle of pestilence and death."²¹ By the time of Bowerbank's writing in 1858, little had changed.

At the core of Bowerbank's criticisms was his belief that British standards must be implemented in Jamaican institutions, which he supported by drawing upon the writings of British experts like William Farr and John Conolly, instrumental figures in the campaign to make moral management official asylum policy, even borrowing their language. Farr, superintendent of the General Register Office's statistics department, had praised the non-restraint system in an 1841 article. Bowerbank had evidently studied this article quite closely, for some of his comments were unattributed quotations from it. Beyond this borrowing, Bowerbank noted that an asylum "intended to be conducted on the modern, or so-called non-restraint system" required special attention to construction and division of space, so that patients could be physically separated by symptoms and severity of illness, eliminating the

137/342/433, 434–495. See also CO 137/338/202, 204–205, Darling to Bulwer-Lytton, 9 August 1858.

²¹ Bowerbank, *A Letter to the Commissioners*, CO 137/342/454–462; for the specific quotation, see fol. 461r. For more about the 1843 legislation, see CO 139/81/51–55, "An Act to make provision for the Erection of a Lunatic Asylum."

need for restraints. Hanwell superintendent John Conolly's work also influenced Bowerbank, who noted that "modern" asylums took special care to ease conditions for their patients.²²

The immediate target of Bowerbank's attacks was Dr. James Scott, head physician of the asylum and hospital. Their debate was not about how well the asylum followed the English blueprint, but instead about whether the standard was at all appropriate for the Jamaican facility. In examining this scandal, some scholars have suggested that while Caribbean medical personnel largely agreed to use moral management as their guide, asylums failed to meet British standards because of the difficulty adapting them to colonial contexts.²³ Yet the writings of Bowerbank and Scott demonstrate that they fundamentally disagreed about the standard's usefulness in Jamaica. These competing narratives established the ideological contours of the asylum controversy, which would expand into a colonial—and eventually imperial—scandal.

While Scott admired British establishments, he did not see moral management as a

²² Bowerbank, *A Letter to the Commissioners*, CO 137/342/444–446. See John M. Eyer, "Farr, William (1807–1883)," *Oxford Dictionary of National Biography* (DNB), Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/9185>, accessed 9 Oct 2010]. His article is Farr, "Report upon the Mortality of Lunatics," *Journal of the Statistical Society of London* 4, no. 1 (April 1841): 17–33. The portion of Farr's work that Bowerbank quoted directly (CO 137/342/444–445) can be found on Farr, "Report," 17–18. The part that Bowerbank did not attribute to Farr (on CO 137/342/469) is on Farr, "Report," 17. The portion of Conolly's work that Bowerbank uses can be found in *On the Construction and Government of Lunatic Asylums*, eds. Hunter and MacAlpine (1847; rpt. ed., London, 1968), 65–66.

²³ Smith, "Caribbean Bedlam;" and Smith, *Insanity, Race and Colonialism*, 6, 28.

realistic ideology for Jamaican facilities. “It would be well if the Hospital in Jamaica, as well as other Institutions in the island, could be assimilated more and more to a European standard,” he wrote to Bowerbank, “but, however fervent your aspirations may be on this point, I very much fear that the prospect of their realization is rather remote.” Indeed, he went further and asked, “Is there a single institution in this country, that will bear favorable comparison with analogous establishments in Great Britain?”²⁴ Moreover, Scott pinpointed the imperfections of the British model as he noted that murders were also “committed in the best regulated Asylums in England and America.”²⁵

Scott offered another rubric, one that lowered aspirations for what colonial medicine could accomplish. It would be better to compare the asylum to its previous condition, not to British or European asylums, a standard his institutions would struggle to meet. As Scott described, when he first visited the asylum in 1839, “A more ill regulated place I never entered; all was confusion, disorder, filth, and coercion.” Little had changed by the time he became head surgeon in 1844. Judged by this measure, the asylum showed marked improvement, allowing Scott to present a narrative of progress in which the facility moved out of its previous squalor under his aegis.²⁶ In this narrative, Scott was savior.

²⁴ James Scott, *A Reply to a Letter By Lewis Quier Bowerbank, M. D. Edinburgh, To the Commissioners of the Public Hospital and Lunatic Asylum of Kingston, Jamaica, Relative to the Present State and Management of these Institutions. By James Scott, M.R.C.S.E.*

(Kingston and Spanish Town: Jordon & Osborn, Printers, 1858), CO 137/338/255, 9 August 1858.

²⁵ Bowerbank, *A Letter to the Commissioners*, CO 137/342/452–453; Scott, *A Reply*, CO 137/338/233.

²⁶ Scott, *A Reply*, CO 338/225–226, 230.

Among the strongest supporters for the asylum's status quo was Jamaica's governor, Sir Charles Henry Darling. Unlike most governors, Darling had spent considerable time in Jamaica and was intimately familiar with the island's political life. In the 1830s, he had completed a stint of military service in the island, and, after retiring from the army in 1841, he moved back to Jamaica, where he spent the next six years holding government positions and serving on the legislative council. He was the only Jamaican governor who had previously served in the Jamaica Assembly.²⁷ Darling was unusually familiar with the asylum as well. As an assemblyman, Darling had served on the board that oversaw the initial stages of the new asylum building project. That committee singled out two designs: a submission from James Harris, the architect who designed Hanwell, and a design created by Dr. Luther Bell, the physician in charge of Boston's McLean Asylum. Darling and his colleagues selected Harris's design, which was cheaper and more suited to the tropical climate. It also required less space and a smaller staff.²⁸ In choosing Harris's design, the commissioners had selected someone who had made the “ideal type” a structural reality.

Darling's familiarity with the asylum likely primed him to support Scott. The governor largely adhered to Scott's view: even with its failure to adhere to British standards, the asylum was better than anything else Jamaica had to offer. And if the asylum did fail, its worst features were likely symptoms of Kingston's poor infrastructure. “[T]he City of

²⁷ Sketch drawn from H. M. Chichester, “Darling, Sir Charles Henry (1809–1870),” rev. Brian H. Fletcher, *DNB* [<http://www.oxforddnb.com/view/article/7153>, accessed 9 Oct 2010]; Holt, *Problem of Freedom*, 254.

²⁸ Minutes from 12 February 1845 meeting of Asylum Commissioners and a committee report on site and design, both found in Jamaica Archives (JA) 1B/5/17/1, Minute Book of the Honourable Commissioners for building a Lunatic Asylum, frontispage, 5, 9–11.

Kingston itself,” he noted, “is without a system of Drainage and Sewerage and the nuisance of Cess-Pools is one to which the best Residences in it are exposed.” In focusing on Kingston's infrastructure—which was notoriously poor at the time—Darling rejected Bowerbank's claim that facilities of care should aim for higher standards of cleanliness.

There is no doubt that some of the Buildings on the Old Hospital Premises must be utterly condemned, when compared with the Modern Hospitals of Europe and America and even of some young and flourishing Colonies, but bad as they may be, they are nevertheless Abodes very superior to the wretched Hovels to which some of the Patients admitted into the Hospital have been accustomed.

This was an even lower standard than Scott had espoused. Though he was motivated by a desire to provide some level of medical care to the sick and suffering, Darling saw no value in trying to match practices in other colonies, let alone in Britain. Conditions only had to be better than “wretched Hovels,” a low bar indeed.²⁹

Yet even as Darling set his own criteria for evaluating these institutions, his comments and subsequent actions betrayed the degree to which he had nonetheless absorbed

²⁹ CO 137/343/129–131, Darling to Bulwer-Lytton, 26 January 1859. For some of the travel literature that catalogued the woes of Kingston, see Anthony Trollope, *The West Indies and the Spanish Main* (London, 1968), 11, 13; Joseph John Gurney, *A Winter in the West Indies, Described in Familiar Letters to Henry Clay, of Kentucky* (London, 1840), 93; John Bigelow, *Jamaica in 1850, Or, The Effects of Sixteen Years of Freedom on a Slave Colony* (Urbana, 2006), 13–15; Edward Bean Underhill, *The West Indies: Their Social and Religious Condition* (London, 1862), 186.

a basic belief in moral management. In describing a recent inspection of the asylum, he noted proudly the “clean and comfortable aspect of the place,” especially since no patients were restrained.³⁰ He later agreed that the asylum buildings were “very unfavorable to the success of curative systems,” but cited financial constraints from the legislature, which controlled the purse.³¹ Still, by early 1859, Darling signed into law a bill that placed the asylum more directly under the governor’s authority. It transferred the responsibilities of the board of commissioners to one person who held the newly-created position of inspector and director of the hospital and asylum and reported directly to the governor.³²

The mediators

For the men of the Colonial Office, the disputes over conditions in the asylum were a local matter, one that the governor should investigate himself. Yet Darling did not share this understanding of his responsibility as governor. His was a role of arbitration and executive power, not of judicial investigation or direct oversight over incarcerating facilities.

Nevertheless, the Colonial Office asked Darling to investigate Bowerbank’s claims himself.³³ He did so, albeit reluctantly. “[I]t did not occur to me that I could be expected to undertake

³⁰ CO 137/338/208–209, Darling to Bulwer-Lytton, 9 August 1858.

³¹ CO 137/340/213–214, Darling confidential to Bulwer-Lytton, 11 December 1858. See Holt, *Problem of Freedom*, 181 on the matter of the Assembly’s control over money.

³² CO 139/93/252–54, “An Act to amend the Public Hospital and Lunatic Asylum Act 1855” (Nineteenth Victoria Chapter four).

³³ CO 137/338/202, 213, 215–218: Darling to Bulwer-Lytton, 9 August 1858; Henry Taylor minute, 10 September 1858; Colonial Office draft to Darling, 7 October 1858. CO 137/340/60, Henry Taylor minute, 28 December 1858.

the duties of enquiry in person,” he complained, nothing that he had never done so during thirty years of colonial service “in Six Colonies situated in various Quarters of the Globe.”³⁴ His investigation was cursory, gathering reports from his new inspector, Daniel Trench, and from a civil engineer who confirmed the drainage and ventilation problems that plagued most, but not all, of the hospital and asylum facilities.³⁵

London bureaucrats noted Darling’s reluctance. Internal memoranda and penciled marginalia reveal a growing interest among Colonial Office staffers in the hostile exchanges between the two men. For example, in a late 1858 dispatch, when Darling claimed he had no power over the Commissioners, “except the power to dismiss those of the Commissions who are not of the Executive committee,” the distinction rang false. Not only did someone pencil in “What further power can he want?,” they also noted that the Executive Committee, over which the governor claimed to have no control, “consist[ed] of his own officers & is bound to assist him according to his own views.” Comments like these were mere marginal scribbling, not official pronouncements, but they nevertheless show an internal skepticism even as the Colonial Office maintained a publicly neutral position.³⁶

Colonial Office bureaucrats found it increasingly difficult to sort through the

³⁴ CO 137/340/275–277, Darling to Bulwer-Lytton, 24 December 1858.

³⁵ CO 137/343/123–127, 156–160, Darling to Bulwer-Lytton, 26 January 1859; CO 137/344/12–13, Dawson, civil engineer’s report on drainage and ventilation, found in appendix to the 1858 Annual Report of the Medical Officers of the Public Hospital and Lunatic Asylum. Trench’s report focused mainly on accounting practices.

³⁶ CO 137/340/105, 111–112, Hugh Austin to Bowerbank, 11 and 13 November 1858; pencil notations in the margins of CO 137/340/267–268, Darling to Bulwer-Lytton, 24 December 1858.

onslaught of correspondence on the matter. In particular, they struggled to determine what was political animus between Darling and Bowerbank and what was urgent. Senior clerk Henry Taylor warned that the animosity between the two men was obscuring potentially important questions. “[A]s the correspondence already before us shows,” he wrote, “it will be very easy...to lose all the facts of public importance in a labyrinth of personal controversy.”³⁷ Moreover, battle lines were forming between segments of the Kingston political and professional elite, all driven by the personality clashes among Bowerbank, Scott, and Darling. After several local physicians publicly allied with Bowerbank,³⁸ senior clerk Henry Taylor remarked, “The truth is that so many of the medical men in Jamaica have got themselves involved in the controversy about the management of the Hospital & Lunatic Asylum that the Gov. might well find some difficulty in appg. any one to cooperate with Dr. Scott who was not at variance with him.”³⁹ Still, the London bureaucrats had only encountered Bowerbank through their reading of his acrimonious correspondence. They did not know him, and many internalized the governor’s overwhelming suspicions of the doctor.

Convinced that no “justice” could be found in Jamaica, Bowerbank traveled to

³⁷ Henry Taylor noted how the animosity between Bowerbank and Darling was getting in the way of potentially important questions. He wrote, “as the correspondence already before us shows it will be very easy...to lose all the facts of public importance in a labyrinth of personal controversy.” CO 137/340/60, Taylor minute, 28 December 1858.

³⁸ For a sense of Kingston doctors’ complaints against Darling: CO 137/345/412, Alex Fiddes, “Governor Darling and the Public Hospital of Jamaica. To the Editor of the Jamaica Tribune and Daily Advertiser,” *Jamaica Tribune and Daily Advertiser*, [no page number or publication date; Fiddes wrote the letter on 30 June 1859].

³⁹ CO 137/345/343–344, office minutes, including Taylor minute, 26 August 1859.

London to meet the secretary of state for the colonies, novelist Sir Edward Bulwer-Lytton.⁴⁰ He arrived in early March 1859, but the Colonial Office rejected his request. Any investigation had to happen “in Jamaica & not in England,” they insisted.⁴¹ The response was the same when a Cornish MP requested an imperial commission investigate.⁴² Desperate, Bowerbank turned to Anthony Ashley-Cooper, 7th Earl of Shaftesbury, a philanthropist, evangelical politician, and lunacy reformer. As chair of the Lunacy Commission, Shaftesbury oversaw the rolling out of moral management across England and Wales.⁴³ Well versed in Bowerbank’s arguments, Shaftesbury called for the imperial government to investigate the Jamaican doctor’s charges.⁴⁴ His involvement was not welcomed.⁴⁵

⁴⁰ CO 137/343/357–359, 456–457: Bowerbank to Bulwer-Lytton, 10 January 1859; on Bowerbank’s trip, Darling to Bulwer-Lytton, 9 February 1859.

⁴¹ CO 137/343/351–352, 370, 352, 354: Bowerbank to Bulwer-Lytton, 17 March 1859; Bowerbank to Duke of Newcastle, 15 August 1859; Taylor minute, 22 March 1859; Carnarvon draft to Bowerbank, 12 April 1859. See also CO 137/347/355, 361–2: Bowerbank to Bulwer-Lytton, 13 April 1859; Bowerbank to Carnarvon, 14 April 1859.

⁴² James Wyld question and Bulwer-Lytton response, 17 March 1859, *Hansard Parliamentary Debates*, 3d ser., vol. 153 (1859), col. 247.

⁴³ John Wolfe, “Cooper, Anthony Ashley-, seventh earl of Shaftesbury (1801–1885),” *DNB* [<http://www.oxforddnb.com/view/article/6210>, accessed 9 Oct 2010]; Scull, *Most Solitary of Afflictions*, 84 no. 135.

⁴⁴ CO 137/256–274, 297–298: Shaftesbury to Bulwer-Lytton, 14 May 1859; Shaftesbury to Newcastle, 25 June 1859.

⁴⁵ CO 137/346/324–325, Darling to Newcastle, 21 October 1859; “Jamaica Lunatic Asylum. To the Editor of the Times,” *Times*, 8 September 1859, 10; CO 137/347/308–312, 299–301:

Jamaica's constitutional configuration—with so much power resting in the Assembly—prevented imperial investigations even in matters of humanitarian concern, and officials highlighted these limits when they responded to Shaftesbury. Taylor described the earl's recommendations as “inexpedient, if not impracticable,” likely to offend, “the Legislature & the local Authorities in Jamaica.”⁴⁶ Since “Jamaica is a Colony engaging in the forms of responsible Govt,” another staffer wrote, the Colonial Office could not mandate directions about even the structural layout of the asylum. To be sure, there was confusion, even within the Colonial Office, as to the precise nature of the constitutional arrangement. An early draft originally described Jamaica as “a self-governed Colony,” before that phrase was crossed out and replaced in the margins with “engaging in the forms of responsible Govt.”⁴⁷ Still, these bureaucrats characterized the Jamaican legislature as “jealous of its authority” and likely to “refuse anything which might be demanded of it in a spirit of dictation & reproach.”⁴⁸ Accordingly, neither the Colonial Office nor the Lunacy Commission could send investigators.⁴⁹

John Forster to Herman Merivale, 12 August 1859; Colonial Office minutes, 14, 16, and 17 August 1859; Merivale to Forster, 24 August 1859; Taylor minute, 1 July 1859.

⁴⁶ CO 137/347/302, Taylor minute, 1 July 1859.

⁴⁷ CO 137/347/278, 286–291, 293, Carnarvon to Shaftesbury, 30 May 1859.

⁴⁸ *Ibid.*, 293–294. Holt confirms this, noting that, while the Colonial Office and governor had veto power, the metropolitan government had few means to demand that specific legislation be passed. See Holt, *Problem of Freedom*, 181. For some of the legislative proceedings that get to this point, see JA 1B/5/5/6, the Legislative Council Journals for 1859–1860.

⁴⁹ Some commentators wished that the Lunacy Commission could take over the investigation. See, for example, Clergyman, “To the Editor of the Times,” *Times*, 1 September 1859, 9.

While by many measures, Bowerbank's trip seemed a failure—he never met with secretary of state Bulwer-Lytton or his successor, the Duke of Newcastle, nor had the Colonial Office intervened in the controversy—his trip expanded the scope of the scandal, which now had a metropolitan dimension. By calling on Shaftesbury for help, he inserted the Lunacy Commission into the scandal, an organization deeply invested in the principles of moral management. Their presence validated the argument that British standards were the only suitable model for colonial institutions. Furthermore, after his visit, Colonial Office staffers began to send copies of most asylum-related dispatches from Jamaica to the Commissioners, frequently with questions about standard asylum practice, another tacit promotion of the British model.⁵⁰

Bowerbank's visit also sparked an airing of his concerns in the British press, as articles spoke pointedly toward the broader ideals of British humanitarianism that Jamaican officials were abandoning. In an August 1859 editorial in the *Times*, written by someone called "B," likely Bowerbank, the author praised the reformed asylums in Britain. Moral management's success should have inspired British colonial administrators, he wrote. Instead, "[l]ocal divisions, local bickerings, and party politics are seen to becloud the mental vision of the colonial administrators when the interests of the insane are put forward." Moreover, the author insisted, the conditions within the asylum were a stain on the empire more broadly. "One would hesitate to credits its existence in an English settlement, and still more so in one so long administered under the British crown," he wrote. "It is a disgrace, a

These suggestions were again shot down during an 1860 House of Commons debate. See *Hansard*, 3d ser., vol. 160 (1860), col. 664.

⁵⁰ CO 137/347/370-371, 306: Bowerbank to Newcastle, 15 August 1859; Newcastle letter to Darling, 23 August 1859; John Forster to Merivale, 2 August 1859.

blot upon the civilization of the people of Jamaica, allied as they are to the British nation.” In other words, by not implementing moral management, the colonial administration was failing to uphold British precepts of humanitarianism and philanthropy.⁵¹ Articles of this kind functioned in two ways.⁵² Not only did they bring the Kingston asylum case to the attention of a larger public, they also identified “moral management” as the epitome of English—at times, British—imperial values, making colonies that chose not to import this standard insufficiently English.

The proofs

One thing was clear after Bowerbank’s trip: only a certain kind of evidence—incontrovertible proof of patients clearly harmed by treatment regimens that went against both moral management and imperial ideas of good governance—could push the Colonial Office to disrupt the constitutional arrangement. Reports of this kind were most valuable, moreover, if they had clear human stakes. Two such revelations emerged in 1860, and together they convinced the Colonial Office to intervene. The first was the testimony presented to the Jamaica Assembly that mortality rates were, at 27% a year, higher than they should have been.⁵³ Even accounting for patients suffering from poverty, old age, or other ailments, Colonial Office clerks still felt the death toll was too high, especially after the Lunacy Commissioners reported that “a well conducted County Asylum in England” usually

⁵¹ B, “To the Editor of the Times,” *The Times*, 30 August 1859, 9.

⁵² For other articles, see Philo-Jamaicensis, “To the Editor of the Times,” *Times*, 20 April 1859, 8; Clergyman, “To the Editor of the Times,” *Times*, 1 September 1859, 9; P, “Jamaica Lunatic Asylum. To the Editor of the Times,” *Times*, 8 September 1859, 10.

⁵³ Copies of this testimony do not appear in the Colonial Office archives.

had mortality rates between 11 and 12 percent.⁵⁴ Once again, both the Commissioners and the Colonial Office affirmed the British institution as the guide for best practices, appropriate conditions, and acceptable death rates.

The second revelation—that asylum staff were not merely failing to implement moral management but were instead actively abusing women patients—was even more significant and truly galvanized metropolitan action. It also came from a surprising source. Ann Pratt, a mixed-race Jamaican woman in her late twenties, was admitted to the asylum in January 1860, after legal proceedings against the men she accused of raping her turned against her instead. She left the asylum in July 1860, and days later, sent Darling a copy of a pamphlet she had written, along with a request that he send a copy to the “Colonial Minister.” In *Seven Months in the Kingston Lunatic Asylum, and What I saw There*, published, and perhaps written, with the help of Bowerbank, Pratt recounted numerous incidents of staff violence toward patients, abuses she had either experienced herself or witnessed. Nurses and attendants dragged patients around the grounds, punched and hit them repeatedly, teased and mocked patients who asked for food or assistance. At times, they enlisted other patients to help them carry or drag patients around. Women were most frequently subjected to this abuse, and the pregnant, ill, and elderly were not spared.⁵⁵

⁵⁴ CO 137/348/184, Taylor minute, 3 March 1860; CO 137/349/407, 413, 427, 428–430: Taylor minute, 3 July 1860; James Scott to Henry Hutchings, Acting Inspector and Director of the Hospital and Asylum, 15 May 1860; “Analytical Synopsis of deaths occurring in the Lunatic Asylum of Kingston between the 12th January and 8th December 1859;” Chichester Fortescue draft to Commissioners in Lunacy, 28 July 1860; CO 137/352/182–183, John Forster to CO, 20 August 1860.

⁵⁵ Ann Pratt, *Seven Months in the Kingston Lunatic Asylum, and What I Saw There*

Especially damning were Pratt's descriptions of a practice she called "tanking," whereby asylum staff dunked patients in bathing tanks and held them underwater. Tankings frequently functioned as punishment and, according to Pratt, they could be lethal. One elderly woman, Margaret Reed, died days after a tanking. Louise Cochran also died, a few days after her mother had discharged her from the asylum. Overseeing all of this violence, including tanking, was the asylum's matron, Judith Ryan, who routinely beat patients, stole their food, and coerced them into providing labor in her personal home. Pratt's writing made clear that the asylum was, at best, a place of incarceration rather than care. At worst, it brought patients more torment and potentially death.⁵⁶

Seven Months marked the major turning point in this scandal. First, the pamphlet sharpened the focus on the asylum specifically, for while the physical conditions within the hospital were poor, it was only in the asylum where patients were viciously punished for being ill. More importantly, Pratt's narrative injected real stakes into what had previously been an abstract debate over asylum standards. Bowerbank had never mentioned tanking or staff violence toward patients in his original pamphlets—given his thoroughness, he must have been unaware of tanking—and the violence he did mention was that between patients. To be sure, he had insisted that patients were suffering due to the poor conditions, but now London officials were reading about the severe beatings of the most vulnerable of women. It was no longer the abstract conditions that were harming patients, but the people tasked to take care of them. This was a problem that could no longer be fixed by relying on Jamaican officials, especially not now that prominent metropolitan observers were paying attention to the case's developments.

(Kingston: George Henderson, Savage, & Co., 1860), enclosed in CO 137/350.

⁵⁶ Ibid.

Moreover, tanking swiftly came to represent all asylum violence. Colonial Office bureaucrats considered tanking unusual and unacceptable, proof that the Kingston facility was not operating under moral management. After the pamphlet's arrival in London, officials began to ask serious questions about asylum practices. Moreover, *Seven Months* may have also inspired other patients to fight against their tormentors. In a September 1860 letter, head physician Scott claimed that patients believed they could invoke Bowerbank's name to block further abuse. "It is remarkable," he complained, "that the name of Doctor Bowerbank is constantly introduced by them, especially when they are directed to do anything in the Institution....they then threaten to make complaints to that person, and express their determination to see him so soon as they leave the Asylum."⁵⁷ Pratt had met Bowerbank soon after she was released from the asylum, and so the specifics of her experience must have become common knowledge, as patients used Bowerbank's name as a weapon to stave off violence.⁵⁸

The new focus on tanking continued during the spring 1861 trial of Matron Ryan and three asylum nurses for an assault on Harriett Jarrett, a patient who had died in the asylum in either late May or early June 1860. Jarrett had reportedly entered the asylum in decent physical health but was then battered and tanked repeatedly by Ryan and the nurses. Pratt and another patient, Henrietta Dawson, both described Ryan hitting Jarrett with her hands and other implements. Jarrett was also tanked and submerged underwater. Yet the defense successfully argued that Jarrett had entered the asylum in poor physical condition. An array

⁵⁷ CO 137/355/228–231, Scott to Trench, 3 September 1860.

⁵⁸ CO 137/350/444, Bowerbank to Austin, 14 July 1860, printed in *Official Documents on the Case of Ann Pratt, The Reputed Authoress of a Certain Pamphlet, Entitled "Seven Months in the Kingston Lunatic Asylum, and What I Saw There."*

of witnesses, including nurses, washerwomen, and medical staff, including Scott, testified that she was feeble, riddled with venereal diseases, and “deranged.” After no more than five minutes’ deliberation, the jury found the women innocent.⁵⁹ Darling chose not to reinstate them.⁶⁰

Their acquittal only amplified metropolitan concerns about tanking, and the Duke of Newcastle’s skeptical response to the news demonstrated the Colonial Office’s deep engagement with the problems in Jamaica.⁶¹ Newcastle and his colleagues now believed Bowerbank, and with this new conviction came a drive to seek the truth about the asylum, regardless of what Darling, Scott, or trial verdicts might say. Not only did the Colonial Office demand a more detailed account of trial proceedings—Darling’s initial dispatch was sparse, with no accompanying documents to explain the trial or the verdict—but Newcastle pressed specifically for information about whether “‘tanking’ has been restored to in the Lunatic Asylum...for purposes of punishment, discipline or intimidation.”⁶² He was not easily mollified by Darling’s insistence that tanking was an unavoidable accident, caused primarily by the mental defects and volatility of black Jamaicans. He explained:

[t]here are few people for whom so much allowance should be made in respect to occasional loss of temper and exhibition of force, as those whose natural passions have not been moderated by civilizing influences, and who being themselves of what

⁵⁹ CO 137/355/277–282, 288–289, 294–300, testimony of Henrietta Dawson, Ann Pratt, and defense witnesses.

⁶⁰ CO 137/355/212, Darling to Newcastle, 20 June 1861.

⁶¹ CO 137/353/385–386, Darling to Newcastle, 8 April 1861.

⁶² CO 137/353/388–389, Newcastle draft to Darling, 16 May 1861.

may be called an African temperament are charged as subordinate Servants with the duty of handling and restraining violent lunatics for the most part of the same excitable Race.⁶³

Here, Darling was tapping into common ideas about black intelligence and laziness that were circulating throughout postemancipation imperial networks, including the Colonial Office. Yet while well-known in the Colonial Office—senior West India Office clerk Henry Taylor had expressed some sympathy with these views—the horror of tanking surmounted these beliefs.⁶⁴

The verdicts

In 1861, under continued imperial pressure, the Jamaican legislature created a local commission that conducted “a searching enquiry” into conditions in the hospital and asylum. The five-person panel included members of the legislative council, a Supreme Court assistant judge, and deputy inspector-generals of the army and naval hospitals.⁶⁵ Each commissioner

⁶³ CO 137/355/212, Darling to Newcastle, 20 June 1861. Holt elaborates on Darling’s racism in *Problem of Freedom*, 276, 285–6.

⁶⁴ The person most associated with the spread of these narratives is writer Thomas Carlyle, who was also friends with Henry Taylor, senior West Indian clerk in the Colonial Office. See Holt, *Problem of Freedom*, 278–89; Hall, *Civilising Subjects*, 347–63. For the appearance of similar rhetoric in another postemancipation medical crisis, see Fryar, “Moral Politics of Cholera,” 603–606.

⁶⁵ Journals of the Legislative Council of Jamaica (November 1860–March 1861), meetings on 7 February 1861 and 21 February 1861, JA 1B/5/5/7, p. 77, 91; CO 137/94/164, “An act

was granted the powers of judges and could jail those who refused to appear before the panel.⁶⁶ The commission held meetings at the Kingston courthouse for several months. The first witness was Bowerbank, who spent two days repeating his exhaustive criticisms of both facilities. “[T]he present Lunatic Asylum will never allow the moral or modern treatment to be pursued,” he insisted.⁶⁷ The commissioners then interviewed an impressive array of witnesses: doctors (including head physician James Scott), nurses, other staff members and some of their lovers, Inspector Trench, patients, friends and relatives of patients, and other visitors. Ann Pratt’s case came up repeatedly: not only did she appear before the committee several times but witnesses, including the wife of the ship’s captain, also testified to her sanity before her admission to the asylum and the dreadful condition she was in after she left.⁶⁸ By November 1861, the Commission finished its investigation and submitted its report to the governor.

The commission's findings vindicated Bowerbank completely. At no point “ha[d] anything like systematic curative treatment” been the main goal, they wrote. Instead, medical

authorizing the appointment of a commission to inquire into the condition and management of the public hospital and lunatic asylums of Kingston;” CO 142/72/35, Blue Book for Jamaica 1858, list of Legislative Council members; Jones, “Most Cruel and Revolting Crimes,” 306 n.21.

⁶⁶ CO 139/94/165, “An act authorizing the appointment of a commission to inquire into the condition and management of the public hospital and lunatic asylums of Kingston.”

⁶⁷ For Bowerbank’s testimony, see CO 137/359/2–74, quotation at 73.

⁶⁸ There are five volumes of the evidence and testimony gathered by the commission (CO 137/359–363). For the testimony from Matilda Symmonette, wife of Captain Symmonette, see CO 137/360/126–127.

staff focused more on physical ailments than mental ones, and indeed the institution more likely worsened the condition of patients than cured them.⁶⁹ Tanking was the most evocative symbol of widespread neglect. The commissioners gave it “the first and most prominent place” in their report, for it had occasionally hastened the death of the women who experienced it. Tanking “was the established punishment and means of coercion,” they explained. Moreover, “[t]hat the dread of it might sink as deeply as possible into the insane mind, it was the frequent practice to threaten it one day, and not carry out the threat till the following.” The practice did not end until after Matron Ryan's dismissal in summer 1860.⁷⁰ While the doctors may not have known the full extent of the violence in the asylum, the commissioners acknowledged, they likely suspected and chose not to investigate. That these physicians would have turned a blind eye was “a dereliction of the gravest character.”⁷¹ Yet, the commission found, Scott was compromised. He had owed money to Matron Ryan and her husband, a former superintendent of the men's asylum. He “left the control of the asylum almost entirely in her hands,” they noted, and he could not “too strictly [enquire] into [her] management.” His financial entanglements were thus directly responsible for the neglect of patients.⁷²

In their recommendations, the commissioners echoed the received wisdom from the Commissioners of Lunacy. First, they praised the plans for the new asylum, which they believed was better suited for curing patients. “Lunatics are to find regular and systematic

⁶⁹ CO 137/364/242–243, 245, “Report on the Management of the Public Hospital. 20th November, 1861.”

⁷⁰ *Ibid.*, 245–246.

⁷¹ *Ibid.*, 246.

⁷² *Ibid.*

employment” in the asylum's garden. Work mitigated the cruelty of confining patients while giving them nothing to do. They also requested that other handicrafts and games be introduced, since “[i]n the better managed European asylums these resources are provided.” Second, the commissioners suggested an independent inspection system, in which knowledgeable physicians oversaw the asylums, not local politicians. These would be the men who would frequently inspect the facilities and conduct any required inspections. This new system would be more “accordant to the European model,” than the previous system.⁷³

In the wake of this report, the Jamaican government took up several of the commission's recommendations. Although the legislature did not approve the recommended £16,000 grant, they did pass bills for two grants of £1,250 each to improve the sewers. An additional £2,000 was designated for the new asylum's completion. Darling charged Scott “with culpable neglect” and suspended him from his position. In Scott's place, Darling installed Dr. Andrew Dunn as temporary Consulting Surgeon, a man chosen for his seniority among Kingston physicians.⁷⁴

The commission's report inspired more universal pronouncements from the Colonial Office about the role colonial officials had in directly overseeing colonial asylums. Even as

⁷³ Ibid., 242–243. For more on oversight by physicians rather than inexperienced laypeople, see Conolly, *Treatment*, 369-71.

⁷⁴ For legislation on governance in the new asylum, see CO 137/95/34–40, “An Act for the government of the New Lunatic Asylum.” For later legislation on governance in the public hospital, see CO 139/95/236–243, “An Act for the Government of the Public Hospital of Kingston.” See also CO 137/364/401–406, Darling to Newcastle, 28 February 1862. For the correspondence, evidence, and proceedings related to Scott's suspension, see CO 137/366/237–537, Eyre to Newcastle, 8 May 1862.

Newcastle criticized the Jamaican individuals responsible, he used broad prescriptive language to send a message beyond Jamaica. In response to Trench's claim that his job did not include inspecting the asylum at night, Newcastle insisted that "[t]here ought to have been no hour of the day or night nor corner of the Hospl. or Asylum in which the Attendants cd. have assured themselves that the Inspector might not make his appearance."⁷⁵ Similarly, Newcastle had prescriptions for Governor Edward Eyre, Darling's replacement after taking a leave of absence in March 1862.⁷⁶ The governor's duty was to make unannounced inspections to all incarcerating facilities—hospitals, prisons, lepers' asylums, workhouses, and "all public institutions of the same nature over which he has a controuling [*sic*] power." On such visits, governors needed to inspect every corner of these premises thoroughly, "not merely to those portions to which the persons in charge of them may propose to conduct him." They also needed to interview privately facility residents.⁷⁷

Newcastle's pronouncements were universal in tone because his audience was broader than Jamaica's governors. Indeed, the revelation that such crimes had been endemic in the Kingston asylum cast suspicion on similar institutions in other colonies, and the Colonial Office wondered whether Darling's approach was typical of governors, not an unfortunate exception. Henry Taylor noted that colonial governors might have assumed that these institutions were not their responsibility, since in England, "Hospls. are generally supported by voluntary contributions & supervised by those who support them." This had certainly been Darling's view as well. But this assumption, if it was widely held among governors, was now firmly rejected by metropolitan bureaucrats: overseeing these institutions

⁷⁵ CO 137/365/247–252, Newcastle/Taylor draft to Eyre, 14 August 1862.

⁷⁶ Darling became governor of Victoria, Australia in 1863.

⁷⁷ CO 137/365/260, Newcastle/Taylor draft to Eyre, 14 August 1862.

was now one of the governor's responsibilities.⁷⁸

Conclusion

In the end, Bowerbank won. Despite the limits of moral management, the Colonial Office upheld it as the British approach to asylum treatment against which colonial institutions were to be judged, with tanking the most potent symbol of a colony's grievous departure from metropolitan practice. The lessons from Jamaica were applied widely across the empire, at least at first. Since the Colonial Office believed the Kingston asylum was symptomatic of a broader imperial problem, the senior West Indies clerk, Henry Taylor, produced a questionnaire sent to each colonial governor. The Colonial Office received thirty-three reports, which officials used to produce a final document that ordered colonial asylums to implement moral management throughout their facilities.⁷⁹ Moral management was now doubly confirmed: its elevation to official guiding standard for colonial asylums also reasserted it as the sanctioned protocol for British asylums. Furthermore, with governors now in charge of enforcing moral management in the colonies, the Colonial Office was manifestly pursuing bureaucratic as well as medical solutions to public health problems.

The asylum scandal demonstrates the value of a more capacious approach within British historiography to the postemancipation period in the Caribbean. Currently, the literature conceives of the period quite narrowly, both in temporal and thematic terms. Scholars often implicitly treat this phase as lasting about three decades, from 1834/38–1865, during which time, the economic underpinning of the plantation economies collapsed and the

⁷⁸ Taylor minute, CO 137/365/240, 26 July 1862. For Darling's comments suggesting he shared this belief, see CO 137/340/275–277, Darling to Bulwer-Lytton, 24 December 1858.

⁷⁹ Jones, "Most Cruel and Revolting Crimes," 292, 302–4.

“official mind” shifted away from the Americas to the more promising African, subcontinental, and Pacific colonies. To be sure, this shift had cultural dimensions as well, as the civilizing mission gave way to a more pessimistic and cynical view of black subjects, one intimately bound up in emerging theories of biological racial difference that reached its apogee in 1865–1866, when Crown Colony rule was imposed, stripping black subjects of political power.⁸⁰ Yet even this cultural shift was very much tied to labor concerns, a predominant theme within postemancipation scholarship.

The asylum scandal provides a path to thinking about broader conceptions of postemancipation rule. First, this was not a crisis primarily about labor but instead about the imperial government’s responsibility to the chronically ill, who were at the constant whim of the state. Public institutions like asylums, hospitals, and prisons were intimate points of contact between freedpeople and the state, places where tonal shifts in imperial rule had swift and brutal impact on the daily lives of black subjects. Second, the scandal tested the humanitarian commitments of the British Empire. Decades after abolition, the plight of black subjects could still animate limited forms of humanitarian politics. Limited, because the question at the heart of this debate was the following: with humanitarian concerns still dictating the politics of care in nineteenth-century Britain, were the black imperial subjects of the Caribbean owed the same standards of care as their white counterparts in the metropole? And if they were, was the imperial state responsible for ensuring that metropolitan standards were met? These were questions that reflected the previous two decades of postemancipation conflicts between freedpeople and white Britons. As white commentators grew more cynical about emancipation, they began to depart from the early abolitionist ethos that blacks were in theory due the same treatment as white subjects. As these debates grew more heated, asylum patients, and other freedpeople, were caught between clashing ideologies of rule.

⁸⁰ Hall, *Civilising Subjects*.

The scandal occurred toward the end of the postemancipation period (as conventionally understood), but its aftermath was shaped by the turmoil of the 1860s. If the 1860s marked the enshrining in law of the cynical, racist pessimism about the capacity of black subjects, then the true measure of what freedom from slavery accomplished is best assessed after that legal marker, not before. The state of the asylum before the scandal proved to be a prescient indicator: the conditions in which patients suffered before Bowerbank's intervention—and the racism toward freedpeople that allowed such neglect to set in—prefigured post-1860s attitudes to black subjects. The scandal's immediate aftermath may have reasserted the rights of black subjects to the same standards of care as white Britons. But in practice, the results were much less salutary, as Darling's racism more accurately reflected daily conditions in the asylum, where any improvements were limited and temporary. While the new asylum was eventually finished, and an English physician sent to Jamaica to oversee it, the legislature never fully funded refurbishment plans, nor did the hospital ever receive promised drainage improvements. Within decades of the scandal, the asylum was once again notorious for its abominable conditions.⁸¹

⁸¹ Ibid., 304; Smith, *Insanity, Race and Colonialism*, chapter 4; Darcy Hughes Heuring, “‘In the Cheapest Way Possible...’: Responsibility and the failure of improvement at the Kingston Lunatic Asylum, 1914–1945,” *Journal of Colonialism and Colonial History* 12, no. 3 (Winter 2011), <http://muse.jhu.edu/article/463344>.