There was a growing disquiet in eighteenth-century England about the activities of private madhouses. Early legislation, in 1774, gave limited powers of registration and inspection to local magistrates. The exposure of flagrant abuses in both private and public institutions by a parliamentary select committee, in 1815, brought the question of visitation to the centre of the lunacy reform agenda. Subsequent legislation extended the responsibilities of magistrates and also established the principal of centralised oversight. An effective national system of regulation was finally created in 1845, with Commissioners in Lunacy required to provide formal visitation to all public and private asylums.

Two enduring images have tended to dominate the mythology of the treatment of mentally disordered people in eighteenth-century England. The first is that of the unjust confinement in a private madhouse of people declared insane by close relatives with an ulterior motive. Writers like Daniel Defoe exposed the alleged practice,\(^1\) reflecting a fear that it and other abuses might be pervasive. The second image was that of Bethlem Hospital, or ‘Bedlam’, as a place of public resort where the ignorant and the voyeuristic could view, deride and laugh at the antics of the lunatic inmates.\(^2\) In both these scenarios there was at least some element of truth, but in neither case did they represent the whole story. Whether myth or reality, they provided the basis of differing strands of discourse on the issues of whether and how the care and treatment of the insane might be monitored by external visitors.

From these discourses there emerged a fundamental tension between conflicting interests. There was a growing acceptance of the need to ensure that people were not incarcerated without justification, and that abuses did not take place behind the closed doors of the madhouse or the asylum. At the same time, it became acknowledged that it was desirable to protect the individual patient from the distress that might be caused by the prying eyes...
of unsympathetic interfering outsiders. There were also issues concerning the rights and the integrity of those who controlled the institutions. The proprietor of a private madhouse could be seen to have an entitlement for his property rights to be upheld, whilst the governors and medical officers of public institutions were likely to consider themselves benevolent men whose gentlemanly status provided sufficient guarantee against any malpractice.

In the century following 1750, a complex pattern of institutional provision for the insane developed, based on three elements – private, voluntary and publicly funded. A growing network of private madhouses in London and the provinces initially catered for insane members of the wealthier classes. Increasingly, however, entrepreneurial proprietors were meeting the demand for placement of the insane poor, whose parishes were prepared to meet the cost rather than attempt to contain disturbed and disorderly people in the community or in the workhouse. In the voluntary charitable sphere, Bethlem’s origins went back to the fourteenth century. Its magnificent building of 1676 remained emblematic both of insanity itself and of the public duty to minister to its victims. Bethlem, however, was inadequate to meet the growing demand. In 1751, a second lunatic hospital was established in London at St Luke’s. Its governors utilised the mechanism of public subscription that had proved so effective in creating general hospitals. Other provincial cities, like Newcastle, Manchester and York subsequently followed the example and established lunatic hospitals. The third, and ultimately the most significant, element of provision were the rate-funded asylums that followed the enabling County Asylums Act of 1808. By 1845, there were around twenty county asylums in operation. In that year, legislation made it compulsory for counties to provide a pauper lunatic asylum, and over the next three decades the national network was completed.

The oversight and monitoring of conditions in these institutions received increasing attention, reflected by periodic investigations and legislative intervention. By the early nineteenth century, concerns among reformists about aspects of the management and treatment of the insane were gaining influence. Their efforts brought about a parliamentary select committee in 1807, which led directly to the Act of 1808. Perhaps of equal significance were the investigations and reports of the Select Committee on Madhouses of 1815–16. These exposed some of the worst abuses and excesses prevalent in both private and charitable establishments. Although visitation, or its absence, was not a key area of investigation, its importance figured quite prominently among the remedies advanced. Indeed, the whole visitation movement was given a major boost by the example of the select committees themselves, their work having clearly demonstrated the value of effective