

Linfield Training Centre, Work Colonies and the Development of Specialist Care for People with Epilepsy 1890-1902

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In 1905, the Unemployed Workman's Act gave the London County Council the power to open the first state-directed labour colony in Britain. The colony at Hollesley Bay admitted long-term or chronically unemployed men and offered training in agriculture for up to two years, often funding emigration to smallholdings in Canada. Founded by prominent socialist MP such as George Lansbury, Hollesley Bay heralded a new program to cope with the problems of unemployment in urban centres. The design and principles of Hollesley Bay were not new. In fact, they had been tried and tested twenty years before with the opening of Lingfield Training Centre in Surrey by the National Christian Union for Social Service. Lingfield had pioneered the training methods adopted by Hollesley Bay; yet with the distinct difference that for the most part, Lingfield Colony was designed as a training centre for people with epilepsy.

The arguments for labour colonies during this period have featured heavily in this narrative.¹ However, epileptic colonies have been largely ignored in the literature. This is perhaps unsurprising, given the context in which epilepsy has traditionally been placed, occupying an awkward position throughout its history. While medical advances placed people with epilepsy firmly in the remit of the sick and needy, the prevailing stigma of patients being ill-tempered, uneducated and deviant remained.² The fact that the condition was incurable, ill-understood and indeed largely untreatable, further complicated the status of the epileptic. Meanwhile, medical advances overlapped both neurology and psychiatry, neither fully drawing

¹ See John Field, *Able Bodies: Work Camps and the Training of the Unemployed in Britain Before 1939* (University of Stirling, Institute of Education - staff paper, 2009).

² Jean Barclay, *Langho Colony, Langho Centre, 1906-1984 A Contextual Study of Manchester's Public Institution for People with Epilepsy*, (Manchester: Manchester Social Services, 1989).

epilepsy entirely under one specialist umbrella. The historiography of epilepsy has reflected this ambiguity, focusing either on the medical advancements of the nineteenth century and the discoveries of John Hughlings Jackson— such as Temkin's seminal work on the social history of epilepsy³— or else becomes a footnote in histories of asylum care, welfare and disability. What is largely missing from the study of epileptic patients is a bridge between the gaps in the historiography and, importantly, a detailed understanding of the ways in which institutional gaps were recognised by contemporaries.

It is this awkward position which allows for the study of epilepsy, in particular the history of specialist institutions, to reflect the experimental nature of late nineteenth century social policy. This has in part been touched upon by Jean Barclay, whose institutional studies of Langho Colony, the only Poor Law-administered colony in the country, and Maghull Homes identified a prevailing preoccupation with unemployment and the pauperisation of people with epilepsy.⁴ Whilst confirming the 'awkward position' of people with epilepsy and the institutional gaps which led to specialist provision, Barclay's focus on North West England omitted a key social context. This article will explore the importance of casual labour markets and institutional gaps to the welfare of people with epilepsy, in particular examining how far epileptic colonies reflected changing public perceptions not only of epilepsy, but unemployment and poverty more generally.

Social Investigation and the Problem of Casual Labour

At the end of the nineteenth century, major urban centres such as London faced the new century with an awareness that urban poverty, overcrowding and industrial decline could lead to revolution. The 1880s marked a significant change in social and educational policy in Britain. Industrial decline in major urban centres, coupled with a developing interest in statistical poverty

³ O. Temkin, *The Falling Sickness*, 2nd Edition (Baltimore: John Hopkins University Press, 1971).

⁴ Jean Barclay, *The First Epileptic Home in England: A Centenary History of the Maghull Homes, 1888-1988* (Glasgow: Heatherbank Press, 1990); Barclay, *Langho Colony/ Langho Centre*.

research led to the implementation of compulsory education with the 1870 Elementary Education Act. The workforce was becoming literate and organised, and structural unemployment economic and political stability. Gareth Stedman-Jones' *Outcast London*, among other works, has highlighted the conflict of classes during this period, arguing that the belief in the 'residuum', or an urban underclass, came from a standpoint of Imperial anxiety.⁵ In order to avert political upheaval in urban centres, advocates of change were determined to address the problem of slum housing and unemployment, to investigate the sprawling masses in the East End and to reclaim middle-class involvement in working-class life.⁶

Out of this context, two prominent theories of work and poverty emerged. The first had developed as part of the belief in self-help from the mid nineteenth century. It argued that poverty was caused by the failure of the character of an individual; that the Poor Law existed to provide relief for those who were truly destitute, and beyond help, and where charity existed only for those who were deserving. Charity and the Poor Law were to exist in partnership, occupying separate spheres yet maintaining a dialogue.⁷ The second, 'new' form of social theory was steeped in the development of economic thought. It began to argue for an understanding of unemployment that recognised structural changes in the labour market, competition and environmental factors such as old age.⁸ Central to both theories and a major component of late nineteenth century social thought was the development of new 'scientific' methods of social work and investigation, and the consequent interest in the lives of the working class, the disabled, criminal and homeless.

By the end of the century, industrial decline, unemployment and overcrowding was putting a strain on existing systems of poor relief. As Steadman-Jones and others have

⁵ Gareth Stedman-Jones, *Outcast London: A Study of the Relationship Between the Classes in Victorian Britain* (London: Verso, 2014), p.11

⁶ *Ibid.*, p.15

⁷ A. W. Vincent, 'The Poor Law Reports of 1909 and the Social Theory of the Charity Organisation Society' *Victorian Studies* 27, No. 3 (1984), p. 346

⁸ Jose Harris, 'Political Thought and the Welfare State 1870-1940: An Intellectual Framework for British Society' in David Gladstone (ed.) *Before Beveridge: Welfare Before the Welfare State* (Wiltshire: Civitas, 1999), p.47.

discussed, the economic structure of large urban centres such as London was under pressure due to the over-population and consequent over-saturation of the labour market. Based on Stedman Jones's figures, the working population of London, according to census data, increased from 839,819 in 1861 to 1,268, 357 in 1881 for men and from 478,662 to 681, 913 for women—an overall increase of 51.03% and 42.46% respectively.⁹ Census data for occupation changes in this period further highlighted an increase in over 62.46% in occupation in miscellaneous labour and 140.06% in miscellaneous labour, in comparison with a percentage decline in traditional occupational areas such as agriculture and textile manufacturing (-3.53% and -43.07% respectively).¹⁰ As migration to the city from the countryside accelerated, an increase in competition for work in the city led to an overall reduction in working days available for casual workers and a decrease in the standard of living.

The sprawling mass of population in urban centres, as Stedman Jones and John Welshman and others have argued led to an increasing uneasiness and a fear of working class sedition.¹¹ Stedman Jones has suggested that linked to the fear of 'outcast London' and casual labour was the fear of urban degeneration and a belief in the superiority of the rural lifestyle. The pressures of competition further highlighted the fact that welfare structures were ill-equipped to cope with the levels of urban poverty, especially in the cases of those who were able to work, but were unable to obtain a suitable position.

Casual labour markets, over-saturation of the unskilled workforce, and the failure of the existing system of indoor and outdoor relief had long been the focus of anti-poverty campaigners in the nineteenth century. Henry Mayhew's analysis of the labour force in his 1861 edition of *London Labour and the London Poor* first highlighted the seasonal nature of work patterns, which led to insufficient employment in the city, and consequently the social problems

⁹ Stedman-Jones, *Outcast London*, p. 359

¹⁰ *Ibid.*, p. 360.

¹¹ John Welshman, *Underclass: A History of the Excluded Since 1880*, 2nd Edition (London: Bloomsbury, 2013).

associated with competition and poverty.¹² According to Mayhew, casual labour was caused by structural changes in the labour market; the over-work, or sweating, of existing labour and large volume of migration to the city from the countryside.¹³ The large numbers of migrants from the countryside entering the labour market with the good health associated with rural life led to pressures of competition in the city and an overall deterioration of the rural labour force.¹⁴ Mayhew defined casual labour as those who were only able to obtain occasional, rather than regular, employment. This included all classes of workers in various walks of life throughout the city, both skilled and unskilled.¹⁵ Casual labour, according to Mayhew, could be defined purely as uncertain labour: that for want of regular employment, workers lacked any significant level of job security. It was for this reason that casual workers were unable to practice thrift and frequently resorted to charity and outdoor relief in times of economic distress.¹⁶ Mayhew argued that 'the ordinary effects of uncertain labour, then, are to drive the labourers to improvidence, recklessness and pauperism'.¹⁷ Mayhew was quick to identify the problems of casual labour as a problem of the wider economic and social context; that the want of thrift among this class was largely due to the want of a certain future income, rather than an individual failure of character. Poverty, he argued, was due to the need for stable wages, rather than the 'sweating' of the working class as a whole; if the wider social and economic conditions of the workers were to improve; the casual class would no longer be a significant threat.¹⁸

By the end of the nineteenth century, casual labour was becoming the focus of anti-poverty campaigners. An obvious example of this is the London docks, where the reliance on casual labour became the focus of a number of poverty investigators. Charles Booth's study of London in particular highlighted this economic situation Britain, and especially London, found

¹² Henry Mayhew, *Life and Labour of the London Poor, Vol. II* (London: Wordsworth Editions, 2008).

¹³ *Ibid*, p.270-271.

¹⁴ Stedman-Jones, *Outcast London*, p.131.

¹⁵ Mayhew, P.323

¹⁶ *Ibid*, p.322.

¹⁷ Mayhew, *Life and Labour of the London Poor*, p.323.

¹⁸ Mayhew, *Life and Labour of the London Poor*, p. 311.

itself in. Booth used the access to households allowed to school inspectors and identified income and cause of poverty on a household level (in the poorest areas) and street level to investigate the living conditions of the urban population. He then divided this population into classes, based on social and economic status, type and regularity of income and number of children.¹⁹ By far the most controversy was caused by his description and numerical value of his 'Class B': the casual labourers, whose employment was irregular and whose reckless and improvident lifestyle was of a significant social and moral concern. By identifying the problems of casual labour and competition, Booth put a statistical value on the number of people falling into poverty as a result of competition from the class below. His descriptions of Class B echoed Mayhew's. He argued that 'these people as a class are shiftless, hand-to-mouth, pleasure loving and always poor; to work when they like and play when they like is their ideal'.²⁰ Unlike Mayhew, however, Booth attributed the poverty of Class B not only to wider social and economic circumstances, but arguably to individual responsibility. This further reiterated the problems of competition and overall deterioration: Class B, whilst poor in themselves, importantly were implicated in poverty of the class above them, whose stable earnings were threatened by over-saturation of the labour market.²¹ Booth's Class B therefore presented a significant social and economic threat to stability, embodying the problems of over-crowding and in-migration associated with London slums. They embodied urban deterioration, representing poverty as synonymous with ill-health and an overall reduction to national efficiency.

From the Slum to the Farm Colony

In 1888, future founder of Lingfield Colony Reverend John Brown Paton published a series of pamphlets known as the *Inner Mission*. These pamphlets offered a solution to overcrowding,

¹⁹ Charles Booth, 'The Inhabitants of Tower Hamlets (School Board Division) Their Condition and Operations', *Journal of the Royal Statistical Society* 50 (1887), 315.

²⁰ *Ibid.*, p.329.

²¹ *Ibid.*, p.333.

unemployment and the perception that the church as a whole was neglecting its duty to the poor. The pamphlets, a collection of four addresses and sermons, outlined a plan to widen the congregation churches' reach and to incorporate the ideals of colonial missionaries at home.²² Paton saw the church as both an institution and a spiritual body: in acting within the institutional remits of the established churches and charitable missions, the 'church' was the sympathy, spirituality and humanity of men and women in the public sphere. It was not to assume that the church and the kingdom of Christ were the same; the world was to work on the assumption that the kingdom of Christ would come. The church as an institution would not guarantee the fulfilment of Christ's redemptive work.²³ Therefore, charity was to come from a change in society as a whole. Society was to act as the good brother, not to deny any knowledge or responsibility for the fate that had befallen its needy and marginalised.

Paton echoed the need for the church to respond to the drastic levels of poverty and poor social conditions, and reaffirmed the need for the church to be more involved with social politics not only to respond to social conditions but to gain the support of an enfranchised working class. He wrote:

The problem can be solved only as that new spirit of time, of which I spoke—the spirit of 'collectivism,' as it has been called, touched with the fine enthusiasm of humanity, and a sense of the brotherhood that links man to man.²⁴

Brotherhood and unity became the central themes of the church's inner mission, and thus underpinned a radical form of Christian charity. Paton offered a solution to overcrowding, unemployment and the perception that the church as a whole was neglecting its duty to the poor. This was to be achieved by the practical application of Christian socialism, through re-training, education and social activism.

²² J.B. Paton, *Inner Mission of the Church, An Address Delivered at the Congragational Institute, Nottingham* (1888), p.45.

²³ *Ibid.*, p. 56.

²⁴ Paton, 'Applied Christianity: A Civic League—Social and Educational—For Manchester and Salford' (1905) *Inner Mission Pamphlets*, p. 11.

However, it was William (General) Booth's *In Darkest England and the Way Out*, published in 1890, which implemented a direct plan for the social mission of the church. Using Charles Booth's figures, William Booth identified a 'submerged tenth' of the population; those who were homeless, starving, able to work but unable to obtain anything other than a casual position.²⁵ The scheme was twofold: to remove this submerged population from the city, and to re-populate the countryside. Thus, the system was to fulfil Charles Booth's recommendation that the removal of the 'casual class' would reduce pressure on the labour market and, consequently, alleviate urban poverty. In addition, the movement of people to the countryside would provide an enclosed setting whereby labour markets could be controlled, with profits from a co-operative farm being split among residents and an urban population to be re-trained in agriculture, echoing the spirit of collectivism proposed by Paton.²⁶

William Booth's colony scheme represented a significant change in the approach of evangelical charity, in response to the opposition that the Salvationists had previously faced not only in the East End of London but in other densely populated urban areas.²⁷ The *In Darkest England* scheme marked significant change in Salvation Army practices, away from the 'invasion' of working-class districts and the battle lines of the city, instead developing a social program along the lines of that suggested not only by Paton, but along the lines of socialist politicians such as George Lansbury.

The practical application of the *In Darkest England* scheme was the opening of Hadleigh Colony. Hadleigh aimed to re-train its inhabitants in order to remove vulnerable persons from the streets in order for them to benefit physically from manual work. Hadleigh intended not only to re-train its colonists in a rural setting, but aimed to provide salvation from

²⁵ *Ibid.*, p.10.

²⁶ *Ibid.*, pp.18-22.

²⁷ Norman H. Murdoch, 'Salvation Army Disturbances in Liverpool, England, 1879-1887,' *Journal of Social History* 25, No. 8 (1992), 575-93.

the moral and physical deterioration of the London slums. The city missions were to act as 'casualty clearing stations'²⁸ after which the inhabitants would be move to the countryside, after which they would be assisted in emigrating to the New World.

Hadleigh came under strict scrutiny following William Booth's criticism of the living and working conditions of the population in London. The colony was visited by a number of journalists investigating whether or not the colony was responsible for 'sweating' its members and not paying a fair wage for work undertaken. Dick Browne visited Hadleigh in 1896 and was impressed with the work, noting that the re-training allowed members to find occupations outside London.²⁹ The scrutiny came from a number of areas, but most prominently social activists and the Charity Organisation Society. Booth was aware that both environmental and individual factors for the causes of poverty were present in the inhabitants of Hadleigh. As a result, only those who were seen capable of benefitting from the regime were sent through the system of colonisation. Applicants were put through an initial testing period in an industrial colony before being transferred to Hadleigh.

To a large extent, those that improved did so due to the change in environment and the group support offered at the colony. Browne argued that the exercise in social work offered by Hadleigh was one which should be celebrated and, indeed, the frequent visitors who were able to view the work at the Colony was for a large period of time a significant chunk of the colony's overall revenue. However, what was lacking at the colony was further training in the form of education. Haldeigh therefore served as a training centre for further emigration, rather than being the focus of the Salvation Army's overall social work scheme. Little research has been undertaken as to the future success of Hadleigh's emigrants, but the Colony itself was short-lived and widely thought to be an unsuccessful experiment.

²⁸ *Ibid.*, pp.1-3.

²⁹ Dick Browne, *From the slum to the farm colony: an account of the social work of the Salvation Army* (Stoke-on-Trent: Vyse & Hill; London: Simpkin, Marshall & Co., 1896).

The farm colony appeared to follow in the steps of many other labour colonies of this period, which have been conscientiously outlined by John Field.³⁰ Rather than act merely as an industrial colony, Booth proposed that Hadleigh would also act as a setting in which new social ideas could be tested. Significantly, he argued that the opening of colony-controlled industrial schools would facilitate a change in education practices, in addition to new ideas about housing and employment. Hadleigh can therefore be seen as an experiment in addressing issues generated by the labour market and the voluntary implementation of a system whereby labour, education, health and social care were concentrated in one area. Although offering little by the way of adult education, education of young children was an important part of William Booth's mission to address the social issues of urban poverty. Notably, he wrote:

The present system of teaching is, to my mind, unnatural and shamefully wasteful of the energies of the children... It is not for me to attempt any reform of our School system on this model. But I do think that I may be allowed to test the theory by its practical working in an Industrial School in connection with the Farm Colony.³¹

This proposition would later become significant with the opening of residential schools for children with epilepsy, which operated in conjunction with the adult farm colonies.

A Colony of Mercy: 'All I want is someone to watch over me'.³²

However, Booth did not consider epilepsy at any point in his proposition. The focus on epilepsy came three years later from a missionary, Julie Sutter, who visited Bielefeld Colony, a community for the homeless and epileptic in Germany founded by a local activist and social reformer Pastor von Bodelschwinck. Sutter's publication, *A Colony of Mercy* (1893) highlighted

³⁰ John Field, *Able Bodies*.

³¹ Booth, *In Darkest England*, pp. 202-203.

³² Julie Sutter, *A Colony of Mercy, or Social Christianity at Work* (London: Hodder and Stoughton, 1893), p. 9.

the utopian possibility of communal living, but in particular drew attention to the way in which the colony specifically catered for people with epilepsy, in addition to 'difficult' boys, orphaned children and the homeless.³³ She drew attention to the particular plight of the members of the epileptic homes, noting that such members had been 'condemned to starvation', both physical and social, due to being unable to obtain work or return to church. In a poor household this led to working members being cut off from friends, but also from the labour market when, between seizures, they were more than able to work.³⁴ The economic and social structure of the colony was based not only around agricultural and small-scale workshop industry, but most importantly was an experiment in collectivism and Christian socialism. Ideas of charity were interpreted not as a conditional gift, but as an essential part of Christianity; sociology, economics and investigation were just as important to the reduction of poverty as individual responsibility.³⁵ This followed the same principles of Hadleigh, and represents the manner in which broader social theory was enacted through the colony movement at the end of the nineteenth century.

The success of the colony, as Sutter argued, depended on the support of all community members.³⁶ This posed the argument that a colony for epileptics was to be universally supported and, importantly, to be included within wider society. Rather than acting as an isolated space for deviants, the colony, like Hadleigh, was to be a specialist institution which would provide support and training for long-term reintroduction to society and to the labour market. However, unlike Hadleigh, Sutter proposed several small-scale colonies run on a universal, utopian basis of funding rather than being under the auspices of a central body, catering for the education and training of the homeless, unemployed and epileptic. This again reiterated the notion of freedom within the colony: that the colony was not be a monolithic institution *per se*, but a place of training, where the epileptic could live without fear of stigma and

³³ *Ibid.*

³⁴ *Ibid.*, pp. 66-7

³⁵ Standish Meacham, *Toynebee Hall and Social Reform 1880-1914: The Search for Community* (Yale: Yale University Press, 1987), p.125.

³⁶ Sutter, *A Colony of Mercy* p.234.

have access to meaningful employment.³⁷ Work was necessary; however, Sutter was quick to differentiate. Bethel offered work, but ‘not merely work for occupation's sake, such as oakum-picking in a reformatory, but work of an elevating character, leaving with the patients a sense of usefulness, of still being wanted; scope for ambition.’³⁸ The colony for epileptics therefore embodied Christian socialist utopian ideas, but in a way that could realistically be implemented on a small scale in the countryside outside London.

The publication of *A Colony of Mercy* led to formation of the National Union for Christian Service, following a meeting held at Christ Church, Westminster Bridge Road in 1894. The meeting was attended by a large number of missionaries, congregationalist ministers and other non-Conformist clergy, and attended by Paton, as well as a number of prominent educational and social reformers such as Lord Meath.³⁹ The NUCS purchased a plot of land near Redhill, Surrey, and opened the Lingfield Colony in 1893. Lingfield Colony quickly became not only a pioneering centre for education, but to a large extent followed along the ideas of Bielefeld.

Working Colonies

The 1904 London Unemployment Fund and the Unemployed Workmen's Act the following year reiterated a need to address the problems echoed by philanthropists and social reformers at the end of the nineteenth century. However, the Fund represented a distinct change in government policy towards the able-bodied unemployed, and took into account not only seasonal changes to the labour markets by the saturation of the casual labour market in London. The intervention of the government in establishing Hollesley Bay Labour Colony demonstrates the widespread acceptance of working colonies to address social problems in urban areas by following the same patterns as Hadleigh. The colony was to establish city industrial workshops, followed by

³⁷ *Ibid.*, pp. 299-300.

³⁸ *Ibid.*, p. 38.

³⁹ Christopher Sladen, *Oxfordshire Colony: Turners Court Farm School, 1911-1991* (Milton Keynes: AuthorHouse, 2011), pp. 1-3.

short-term re-training, then either re-settlement of rural depopulated areas or state-assisted emigration to Canada and elsewhere. This further situated epileptic colonies within a social movement that was focussed on work and industrial training as much as it was on institutions for the sick and disabled.

Lingfield's Training colony was run along the same lines as Hollesley Bay. In part, this was due to the involvement of a number of prominent socialist MPs who were committed to the voluntary labour project at Hollesley Bay. The colonists were set to work on a number of large-scale industrial projects such as damming rivers and building railways, as well as a number of farm smallholdings run along the same co-operative lines set out by Paton. The political founders of Hollesley Bay closely followed the progress of Hadleigh and seemed determined to learn from William Booth's mistakes. A number of evening lectures were offered, not only in farming and industrial trades, but in political theory and literature. Colonists were frequently dismissed for failure to wholly subscribe to the system, and families were placed with men at the colony and given a small amount to live off in exchange for the work on the colony. Successful colonists were offered smallholdings in Devon and other locations, or were assisted to farms and towns in Canada. Others returned to the labour market with different skills, or were offered temporary work and relief in times of industrial crisis.

The Colony constitution stipulated that

work provided must be of *actual* and *substantial* utility and must afford continuous occupation for the person employed. The total remuneration for any given period must be less than that which would, under ordinary conditions, be earned by an unskilled labourer for continuous work during the same period⁴⁰

This marked a distinct type of work or training colony, and reflected the argument offered by Julie Sutter that work provided was not to be merely work for work's sake, but provide a wage

⁴⁰ Central Unemployment Board London, *Tenth and Final Report upon the work and procedure of the central body from commencement of act to date of repeal under Local Government Act 1929, 1905-1930*, p. 11, London Metropolitan Archives, London County Council Records. Added emphasis.

and an element of training. However, the colony further ensured that the fundamental principle of the New Poor Law remained: that those in receipt of welfare were to be worse off than those in the lowest earning occupations.

The NUCSS was not the only group of philanthropists interested in the situation of epileptics within the labour and welfare system of urban centres. As the Salvation Army proposed a farm colony in order to reduce urban poverty, the Charity Organisation Society continued to argue that it was individual responsibility which led to poverty and used its own colony as a means to promote work as a form of social discipline. The Charity Organisation Society (COS) was one of the most important organisations in the life of many lower-income families during the late nineteenth and early twentieth centuries. Its history has been outlined elsewhere; however, for the most part an analysis of their involvement in experimental schemes of self-help has focussed on social work.⁴¹ The research of Robert Humphries and others has highlighted how far the COS's ideas of self-help among the poor contrasted widely with environmental ideas of poverty suggested by the Salvation Army. Where some philanthropists arguing for epileptic colonies did so on the grounds that institutional gaps failed a whole class of society, who were at a disadvantage due to being sick, the COS argued that epilepsy as a medical condition developed ill-temper and ill-discipline which gave way to a self-imposed poverty. Epilepsy therefore acted as the perfect example for both arguments for change in social policy: it was widely argued by medical professions and social investigators that the current system failed people with epilepsy, but the future of care depended not only on the interpretation of what epilepsy was, but also on the interpretation of what urban poverty was.

⁴¹ For the COS's influence on social work and voluntary sector involvement, see Jane Lewis, *The Voluntary Sector, the State and Social Work in Britain: The Charity Organisation Society/Family Welfare Association since 1869* (Aldershot: Edward Elgar, 1995). For the charitable principles of the COS and its influence on public policy more broadly, see Robert Humphries, *Poor Relief and Charity 1869-1945: The London Charity Organisation Society* (Basingstoke: Palgrave, 2001) and Humphries, *Sin, Organised Charity and the Poor Law in Victorian England* (Basingstoke: Macmillan, 1995).

One medical condition therefore became the focus of attempts to change social and educational policy on a national scale.

Booth's study of East London focused on the records of family with children of school age and on the local knowledge of school inspectors. However, in part this missed large sections of society: whereas attempts were made to include the homeless population, many disabled children who were kept at home, in spite of being of school age, were unknown to both school and medical inspectors. In 1896, the Charity Organisation Society undertook a survey of crippled, imbecile and epileptic children in the London districts and revealed a similar picture of uncertainty, poverty and destitution as identified by Booth and Mayhew and, later, by Rowntree.⁴² It was the COS's statistical investigation into the employment and conditions of epileptics that seemed to perfectly demonstrate the 'awkward position' that allowed epileptics to fall through the gaps in state and voluntary welfare, and into the throngs of overcrowded streets and saturated labour markets. The survey was conducted in conjunction with a variety of institutions in order to gain insight from across all branches of state and voluntary care-providers. It included evidence from Dr Gover, medical superintendent of prisons; Dr Fletcher Beath, medical superintendent of Denreth Imbecile Asylum (for children), General Moberly, Vice-Chairman London School Board and Mrs Stanton, matron of Gray's Inn Road Workhouse (Holborn Union).⁴³ It also included evidence from existing specialist institutions: the short-term and research based care provided at the National Hospital for Neurology and Neurosurgery at Queen Square, and the newly-opened Maghull Home for Epileptics in Liverpool.

Although unable to provide census returns on the number of epileptic children and adults resident in London, or even in particular districts, the COS Report attempted to calculate the number of epileptic and feeble-minded children attending and not attending school. Across

⁴² Charity Organisation Series, *The Epileptic and Crippled Child and Adult, A report on the present conditions of these classes of afflicted persons, with suggestions for their better education and employment* (London: Swan Sonnenschein & Co, 1893).

⁴³ *Ibid.*, p. xii.

ten metropolitan unions and Poor Law schools including those seen by Dr Francis Warner, who compiled a survey of 50,000 schoolchildren in 1892, only 14 children were found to have epilepsy. Of 372 cases in which elementary school children were exempt from attending school in 1891, 61 were stated to be epileptic. In addition, out of 42 children attending the outpatient clinic at the National Hospital for Neurology and Neurosurgery, only 4 were believed to be regular school attenders.⁴⁴ In addition, research was carried out to determine the work status of its adult population. A survey of 70 (adult) patients at the National Hospital of Neurology and Neurosurgery, the investigators found:

38 [had] lost situations and could get no one to employ them
 2 could occasionally get work to do at home
 2 obtained temporary work but could get nothing permanent
 1 had to give up well paid work as a railway servant, and is now a road sweeper
 27 are entirely unable to perform any kind of work unless carefully supervised⁴⁵

The report concluded that 'the epileptics are, in fact, a large contingent of the usually or permanently unemployed'.⁴⁶ Further evidence was provided by Dr Alexander, superintendent of Maghull Home for Epileptics. In addition to permanent populations of infirmaries and workhouses, he noted a significant 'floating population' of people who were subject to fits, who required no special attention but were frequently in and out of employment.⁴⁷ This highlighted an important need for a specialist institution which recognised the capability of epileptics for work, when provided with the right environment and medication to do so.

⁴⁴ *Ibid.*, pp. 20-21.

⁴⁵ *Ibid.*, p. 33.

⁴⁶ *Ibid.*, pp. 32-3.

⁴⁷ *Ibid.*, p. 34.

The report continued by reporting the evidence of Dr Ferrier, well-known neurologist and key member of the National Society for the Employment of Epileptics. He argued that there was a substantial gap in care provision, which could be remedied by individual, tailored charity:

skilled artisans who are perfectly able to work, who are subject to fits.

Once they have a fit in a workshop, they are turned adrift. There is no provision for them. A great many of them are quite capable of working, but being uncertain and not to be depended on, they cannot get employment and become paupers... The Poor Law does nothing for them but keep them alive, whereas charity might benefit them considerably.⁴⁸

This highlighted a very specific direction that care was proposed to take. Ferrier, and the COS, argued that specialist care should be provided; however, it was not to be provided by the state. This fit snugly with existing ideas of charitable care, where charity was to exist in tandem with the Poor Law and to offer individual help to those capable of benefitting in the long term.⁴⁹ Therefore, the role of such institutions would be to offer skills and work in order for the recipients to be self-sufficient. The greatest crime of existing provision was that it pauperised its recipients, removing the possibility of self-help.

In its survey of existing provision, the Report found that for the most part, epileptics were more likely to be in workhouses rather than infirmaries or special hospitals. It noted that the City of London Workhouse and Infirmary held 43; St George's (Hanover Square), 43; St George's-in-the-East, 35, Kensington, 35 and Wandsworth, 22. This was compared to 9 held in Shoreditch Infirmary, 9 in Mile End and 10 in Whitechapel.⁵⁰ This led the Report to reach the conclusion that for the most part, epileptics were capable of work when able to secure a position; however, the position was uncertain and dependent on frequency of fits and type of work, leading to high

⁴⁸ *Ibid.*, p. 33.

⁴⁹ A.V. Vincent, 'The Poor Law Report of 1909', p. 347.

⁵⁰ *Ibid.*, p. 34.

numbers of epileptics being held in the workhouse, rather than voluntary institutions. This demonstrated a failure of the Poor Law, whereby epileptics were punished as a result of the least eligibility principle, yet even when skilled labourers, resorted to the workhouse due to an unwillingness for employers to provide suitable work.⁵¹ Therefore, it confirmed the awkward position: that when provided with work in a socially constructed environment away from stigma, and when medical care, training and further education was provided, people with epilepsy would no longer fall through the welfare gaps and swell the ranks of the unemployed. The colony solution, which had failed for the unemployed, would be successful in this context as it incorporated elements of the workhouse, the infirmary and the specialist hospital, yet would be funded and administered by charity.

Opened in 1896, the Chalfont Colony, now a major epilepsy research centre, fully implemented existing ideas of work, scientific management and special education which was at the forefront of the COS's social work. Full managerial control over housing, medicine, education and work practices of the colony allowed for the COS's particular brand of self-help, thrift and discipline to be fully implemented on a smaller scale, thus enabling the colony to act as a social experiment. In part, this was due to the fact that the social conditions of people with epilepsy embodied not only the failures of the workhouse system and the unskilled labour market, but also the unwillingness of those arguing for greater state control to focus on individual family units or on the voluntary nature of charity. Unlike inmates of an asylum, colonists were not certified, and as a result were able to leave at any point and for the most part had to pay to become a resident. This enabled the COS to argue that in order to be alleviated from poverty, an individual had to be willing to undertake any work available and to adhere to personal discipline, thrift and a wider ideology of self-sufficiency.

Correspondence between the National Christian Union for Social Service and the Charity Organisation Society demonstrate a distinct difference in opinion regarding both the

⁵¹ *Ibid.*, p. 98.

theoretical basis of the colony and the day-to-day running. COS visitors were unimpressed with the 'general laissez faire air of the place' and drew attention to the fact that a boy of their acquaintance had arrived at the colony where he subsequently had a seizure which 'the officials said they had not bargained for in a colonist'.⁵² Reports by National Society for the Employment of Epileptics visitors further reveal that in many cases, referrals to Lingfield came through the local Poor Law Unions, and in doing so undermined the COS's monopoly in many areas of London not only of the Boards of Guardians but of established charities. It is no surprise, therefore, that secretary of the COS, C.S Loch, outright refused to accept that Lingfield could be a success and declined any invitation to visit. In this way, epileptic colonies can be seen to reflect competition between charities not only for colonists and workers but for income through patrons, and the differences in approach reflect a need to appeal to a different audience of patron and subscribers.

There was further support for the colonies not only from charities, but from the state. In 1897, a report was published in the Poor Law Officers' Journal by John Milson Rhodes and Alexander McDougall, the latter of which would later become the medical superintendent of the David Lewis Epileptic Colony in Alderly Edge, near Manchester. They identified a growing movement within the medical community arguing for colonies as the preferred form of care for the mentally disabled, largely as a result of the belief in the benefits of open air and meaningful occupation.⁵³ Rhodes and McDougall were impressed with Bielefeld, noting that for the most part its inhabitants were happy. Inhabitants were grouped into families, cared for by a House Mother or a House Father, whose responsibility was the welfare of patients. Rhodes and McDougall argued that the success of Bielefeld was down to the care and supervision of its

⁵² LAM, Correspondence National Society for the Employment of Epileptics Fulham Branch regarding Lingfield Colony.

⁵³ J.M Rhodes, C.C., and A McDougall, J., P., *Treatment of Epileptics and Imbeciles: Report*, Cholton and Manchester Joint Asylums Committee, Manchester Poor Law Officers Journal, Queen Street. Accessed through https://archive.org/stream/39002086344828.med.yale.edu/39002086344828.med.yale.edu_djvu.txt

attendants, whose work was voluntary rather than specialist. Furthermore, the work undertaken at the colony was of great contrast to the previous monotony of the asylum and workhouse.⁵⁴

Henry Mayhew's described his study of the London poor as a 'cyclopaedia of those that *will* work, those that *cannot* work and those that *will not* work.' Yet, those with epilepsy fitted wholly into none of these three categories. Epilepsy present a unique situation, both in its historiography and in the history of its institutional care. Despite significant medical advances of the nineteenth century, epilepsy and epileptic patients were viewed by institutions as intractable, occupying the space between sane and insane, between 'deserving' and 'undeserving' poor. This unique situation has allowed for it to act as means for enacting large-scale social experiments, not only in terms of segregation, but in poverty, education and social investigation.

Due to epilepsy's awkward position, patients usually fell into the 'submerged tenth'. If able to secure a position, the economic stability of a person with epilepsy was difficult to maintain. This was due to prevailing stigma and fear of seizures, which often led to the sufferer being the last hired and first fired. In addition, the nature of epilepsy was variable. A sufferer could go some months without experiencing a seizure, or a few days or weeks, but experience a higher frequency at other times. Therefore, epileptics often occupied the casual workforce which was at the centre of discussions around social policy change. Poverty and epilepsy were therefore significantly interlinked; however, where seizures could not be controlled or stopped all together, the economic situation of the person could be altered through work, training and a permanent position being obtained. Colonies therefore offered an escape from urban poverty, without the imprisonment of an asylum. Freedom, therefore, was what the colony appeared to offer: not only freedom from poverty and stigma, but also freedom of movement and individuality.

⁵⁴ *Ibid.*, p. 19.

It can be seen that economic and social pressures, such as urban poverty and casual labour, became the focus of social policy discussion in this period. Because of its relationship to both environmental and individual factors, epilepsy embodied this: it was an environmental fact that epilepsy forced those who were capable of work into poverty; yet, it was also argued that a lack of discipline rendered those physically capable of work unwilling to do so. The colony experiment merged several schools of social policy discussion, largely by remaining voluntary and under the control of medical officers whilst simultaneously allowing for individual freedom of movement, meaningful work and long-term education and training. An important epigraph to the colony movement can be seen in the development of special education for children with epilepsy, on which further research needs to be undertaken.

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