

Dr George Bodington

1799-1882



**A Victorian physician ahead of his times
Pioneer in treating Tuberculosis
Provided humane and positive care
for those with Mental Illness
Twice Warden of Sutton Coldfield**

Andrew MacFarlane

Chapter One

INTRODUCTION

Overview

TB is one of the worst of all diseases to have afflicted humanity. At least 20% of the English population died after contracting TB in the early Nineteenth Century. Very few sufferers expected anything but a hopeless decline. Although the disease was known from prehistoric times, the accepted medical treatments, developed over many hundreds of years, were harsh, unpleasant and rarely successful. They also weakened the bodily strength needed to resist its advances (1)

In 1840, George Bodington, a relatively unknown general practitioner from Sutton Coldfield, startled the medical world by publishing an *Essay* claiming dramatic success in treating patients with TB. He described methods that differed sharply from conventional treatments. Today, Bodington's *Essay* has a very special mention in the history of medicine. He was the first recorded physician to use the "fresh air" or "sanatorium method" to treat TB patients. At the time, most critics greeted Bodington's *Essay* with scorn. He was so stunned by harsh and humiliating reviews that he eventually gave up treating patients with TB and also retreated from general medical practice. In later life, he did gain some satisfaction from knowing that his ideas and treatment strategies for combatting TB were being accepted and practised. By the 1860s, other pioneering physicians began to adopt the "sanatorium" method, which became the accepted means of treating patients with TB, until the discovery of antibiotics.

The playwright George Bernard Shaw was aware of Bodington's work and the medical establishment's harsh rejection of his TB treatment strategies. In Act One of "*The Doctor's Dilemma*" (1906), Sir Patrick Cullen states:

There was my father's old friend George Bodington of Sutton Coldfield. He discovered the open-air cure in eighteen- forty. He was ruined and driven out of his practice for only opening the windows; and now we won't let a consumptive patient have as much as a roof over his head.

As late as 1941, Richard Cyriax, who was a TB Treatment Officer in Coventry, Warwickshire, write that "*little needs to be said of the remainder of (Bodington's) life*" after 1840. (2) He was quite wrong and so was Shaw. Bodington was neither ruined nor driven out. He successfully refocused his considerable energies, developing a long career in treating patients with mental illness at his Driffold House Lunatic Asylum, Sutton Coldfield.

Bodington's fame as a pioneer in the treatment of TB has overshadowed his equally humane, thoughtful and pragmatic approach to the treatment of mental illness. This contrasted very sharply with the ignorant, inappropriate, or sometimes brutal lack of care which were widely reported in the mid Victorian period, in public and private asylums.

Bodington's third major preoccupation lay in his public life, where he served as a magistrate and a was a member of Sutton Coldfield's historic local governing body, *The Warden and Society*, which he served with devotion during its concluding years. He also campaigned tirelessly (but with



George Bodington
(Sutton Coldfield Library Picture Archive)

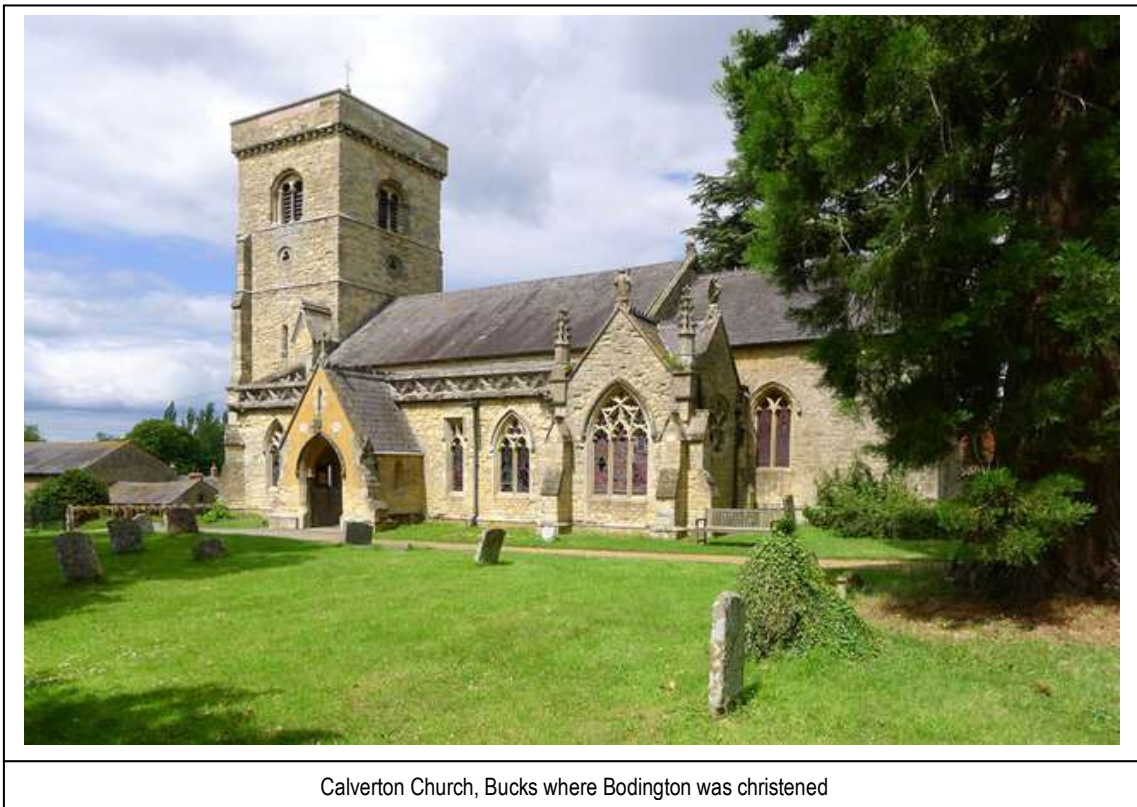
conspicuous lack of success) in national politics and was once a candidate in a Parliamentary general election.

Bodington's obituary, written in March 1882, described him as “...*an acute observer and vigorous thinker ... strong opinions ... earnest in advocating the theories which he believed ... tendency to reason and think for himself ...*” (3)

Bodington combined these characteristics with a compassionate nature, and a vigorous self-belief that fuelled his unconventional and sometimes unpopular views. He was never unafraid to challenge eminent experts, and popular beliefs, whether about medical practice, the care of the mentally ill, or political and civic issues.

EARLY LIFE AND EDUCATION

Bodington was born at Calverton, Bucks in 1799. He came from a large family, closely related to the Warwickshire Bodingtons, who owned considerable landed estates near Kenilworth. (4)



He was the seventh of his parents' eleven children. This possibly explains his decision to take up a profession, rather than competing to manage the family's rural estates (an older brother also became a GP.)

Bodington was sent to Magdalen College School, Oxford, one of England's oldest public schools, dating from 1448. He was almost certainly one of the College's "pay boys" and not one of the 16 choristers whose education was wholly funded by the School's foundation. By coincidence, this was also the School which educated John Harman (Bishop Vesey) who was Sutton Coldfield's strongest benefactor in Tudor times).



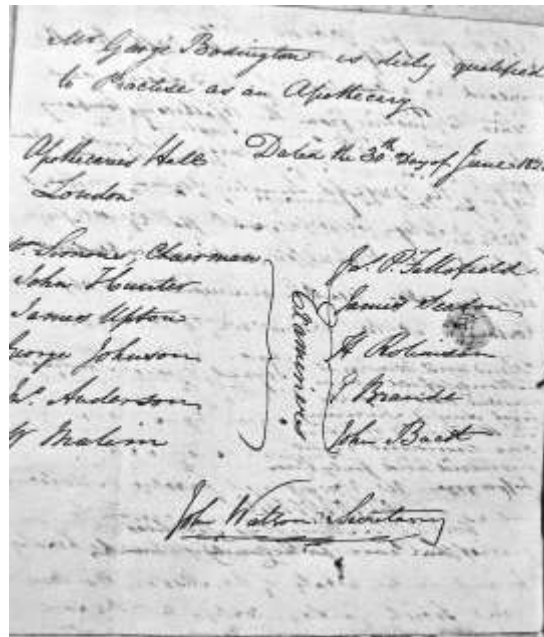
It was period of general decline among public schools in England, before widespread reforms. There is evidence of some very harsh discipline, as well as occasional violent conflict between the School's pupils and local youths in Oxford. (5) (None of this seems to have affected Bodington, whose successful career, public service and literary skills indicate that he received a very effective education.)

It was common in the early 1800s for a young prospective physician to seek practical work experience as a means of training. There were few structured, formal medical training opportunities and physicians basically learned by observing and assisting those already in practice. Bodington was apprenticed at the age of seventeen to Mr Syer, a surgeon in Atherstone, Warwickshire and later to Mr Wheelwright, a City of London surgeon. (6)

His search for practical training led Bodington to St Bartholomew's Hospital, London, which was not at that time a formal medical school and did not grant qualifications. Like other aspiring physicians, Bodington would have found doctors who took payment for allowing him to "walk the wards", observing them at work and looking for opportunities to give practical assistance. Contemporaries wrote of some "*casual, episodic and uneven teaching*" at St Bartholomew's, often consisting only of "*written compositions, read to students*". These "trainee physicians" did not generally receive enough practical bedside experiences nor the necessary degree structured preparation for the demands of general medical practice. (7) However, the evidence of Bodington's later career suggests that he possessed the dedication, intelligence and curiosity to been entraining to rise above serious deficiencies in the quality of medical training. Throughout his career, he showed high degrees of advanced and original thinking, and, according to testimonials from other physicians and the evidence of his own writings, seems to have given his patients individual, competent and thoughtful care.

Bodington gained only one professional qualification before commencing his career in general practice. He was awarded the Licentiate of the College of Apothecaries in 1825. Concerned by the numbers of unqualified people practising as physicians, the government had given the College powers to "*regulate the practice of apothecaries*". It was necessary for physicians, who frequently had to prepare and dispense their own medicines, to have this minimum qualification. Bodington's certificate declared that he "*had been by us carefully and deliberately examined as to his skills and*

abilities in the Science and Practice of Medicine and as to his fitness and qualification to practise as an Apothecary “ (6)



University of Erlangen Archives

He did not gain a medical doctorate (MD) until 1843 and only became Licentiate of the Royal College of Physicians (Edinburgh) in 1859 (6)

BODINGTON THE PHYSICIAN

General Practice and Treatment of Tuberculosis

“He (Bodington) is an observing and discreet practitioner ... most fully qualified to discharge the difficult duties of his calling with credit to himself and to the satisfaction of the sick and afflicted”

*Testimonial from J T Ingleby MD FRCP (Edin) 13th January 1843
Lecturer at the Royal School of Medicine, Birmingham*

Bodington's Early Career

By 1827, Bodington had established a general practice in Hillaries Road, Erdington and married Ann Fowler, who came from a prosperous local family. The couple set up home nearby at 165 Gravelly Hill. Their first child, George Fowler Bodington, was born in 1829. (8)

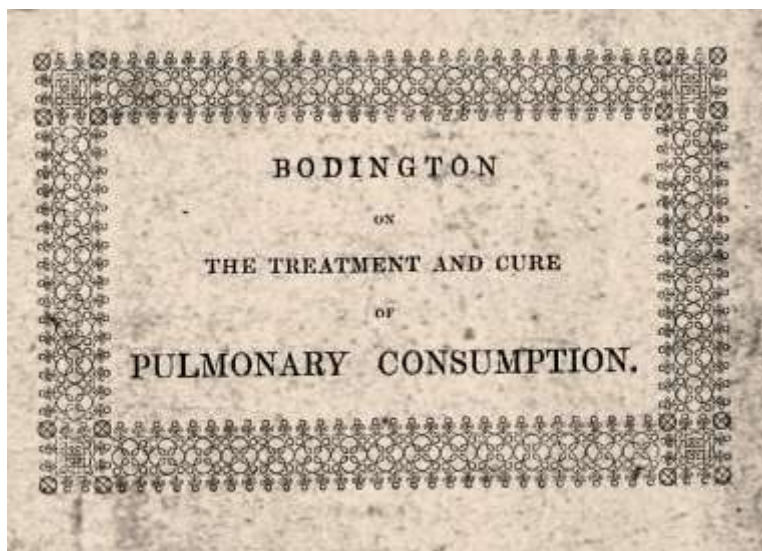
Even at this early stage in his career, Bodington was keen to publish his views in national medical journals, writing frequently, for example, to *The Lancet*. He consistently argued that traditional and conventional ways of treating diseases were too harsh and frequently harmed, rather than cured, the patient. During the Asiatic cholera epidemic of 1831, he noted that sufferers were being regularly bled with leeches and given medicines based on mercury (calomel). Bodington insisted that they needed to have their resistance strengthened, not weakened, by the consequent draining of bodily fluids. By 1839, he was making the same point about scarlatina. He wrote to *The Lancet* claiming

to have successively treated five patients who had been given stimulants and pain relief (“mild anodynes”), instead of what he graphically described as “*scouring out*” and mercury-based potions. (9)

Treatment of Tuberculosis (TB): Bodington’s “Essay”

In 1840, George Bodington published his medical *Essay*, “*Bodington on the Treatment and Cure of Pulmonary Consumption*”. (10) In later years, this document has been recognised as a classic text in the history of medicine. It described positive treatment of patients with TB by means of a wholesome diet, exercise and a healthy environment (later known as the “fresh air”, or “sanatorium” method”). Bodington also laid out his ideas for specialist treatment centres, which anticipated later developments by many years.

Despite the praise given by later generations of physicians, the reaction of the medical world to the *Essay* was overwhelmingly unfavourable and often scathing. *The Lancet* wrote about Bodington’s “*very crude ideas and unsupported assertions*” and said his suggestions were “*far above the range of our limited powers of comprehension*”. The reviewer was “*at a loss to conceive upon what hitherto unobserved facts Mr Bodington has built up his castle*”. (11) We must recognise that Bodington was a relatively unknown provincial GP and was using uncompromising language to demolish long-accepted treatments which we practised by the most eminent physicians of his day. These experts included the young Queen Victoria’s personal physician, Sir James Clark, who took a special interest in TB treatment (including caring for Keats, until the poet’s untimely death from the disease). (12)



Title Page of Bodington’s “Essay” 1840

The *Essay* was a very bold and confident document. Bodington virtually dismissed any discussion of the “causes, origins and nature” of TB, feeling that these were either fully known and not relevant. His overriding interest was to treat the patient’s symptoms by “*natural, rational and successful methods*.” (13) Bodington lamented that “*one fifth of the deaths annually in England are from consumption, whilst cures are scarcely ever heard of, and never expected*” (14)

He condemned almost all treatment strategies in common use, declaring that these often had the opposite impact to that which was intended. Digitalis (extracted from dried foxglove leaves) did

not, despite medical claims, regulate the heart and arteries. It was harmful to use leeches to draw blood, and to administer drugs like *calomel* and *tartarised antimony*. These contained mercury and were used either as emetics or to “*purge and revitalise the bowels*”, since conventional medicine emphasised the need to remove “*impurities*” from the body. Bodington called these treatments “*helpless and meagre.*” (15)

Bodington’s criticisms echo those made by Dr James Hamilton, a Scottish pioneer of TB treatment. Hamilton wrote in 1819 that the “*use and abuse of mercurial medicine*” was causing “*an upsurge in numbers of deaths from TB.*” (16) A recent author wrote that “*purgatives and emetics, alongside enemas and bloodletting, were all highly prized means of 'purifying' the organism, to 'wash away' the 'putrid matter' within the body ...*” They “*held an almost magical hold*” over medical practice for over a millennium. (17)

The patient’s ability to resist disease was not improved by “*the sparse diet*” of vegetables, rice and water often prescribed for them. Bodington attacked the physical conditions (warm, unventilated rooms) in which patients suffered and were confined. By contrast, his fundamental aim was to *build up* the patient’s bodily strength and thus improve the capacity to resist the “*wasting disease.*” He wanted to stimulate appetite, preserve and restore the nervous system, and combat the contraction of lungs “*impaired by tuberculous deposits*”. (18) To this end, patients should eat plenty of fresh meat, potatoes and vegetables and drink “*a good sherry or Madeira*” (with some wine permitted after evening dinner). After a few days, there would be “*a reduction in pulse,*” assisted at night by taking a “*sleeping sedative*” (usually based upon morphine). (19)

As for the sick room, patients should “*live in and breathe freely the open air ... the only gas fit for the lungs ...*” Bodington drew upon his countryside background to describe how “*farmers, shepherds and ploughmen are rarely liable to consumption, living in the open air.*” (20) The victims were usually townspeople who lived in closed rooms and smoke-filled environments. Bodington wanted to treat his patients in rural surroundings. They should sleep at night in a cool, ventilated room. In the day, they should have “*free use of a pure atmosphere*” and as much exercise, especially riding and walking, “*as the patient’s strength allowed.*” (21)

This environment again contrasted sharply with the conventional practice, where patients with TB were confined within warm rooms without ventilation. Bodington picturesquely described this “*forcing them to breathe over and again the same foul air, contaminated with the diseased effluvia of their own persons.*” (22)

Bodington wrote that the ideal location for treating TB should be “*dry and high*” where the cold “*is never too severe.*” (In essence this seems similar to Sutton Coldfield in the 1830s!) He saw no special advantage in a coastal location. Cold air was “*most powerful ... for healing and closing cavities*” and reducing “*ulcers of the lungs*”. He stressed the need to “*keep the surface of the body warm by sufficient clothing ...*” (23)

We do not know where Bodington treated patients with TB prior to 1836, when he came to live at Driffold House, Maney, Sutton Coldfield, where he also assumed control of the Lunatic Asylum operating from that residence. (24) He wrote that he had also “*taken for the purpose a house in every respect adapted, and near to my own residence*” for the benefit of patients. (25) This was “*The White House*” at Maney Corner, Sutton Coldfield, later demolished in the 1930s to make way for a cinema and shops. Historians of TB treatment regard “*The White House*” as first known building in the world which can be recognised as a sanatorium for treating patients on open-air principles. (26)

With remarkable confidence for a physician practising in 1840, Bodington asserted that he had “*met with signal success, and scarcely an instance ... wherein the consumptive symptoms have not gradually yielded, and the patients restored to complete health.*” (27)

This statement was not accepted by *The Lancet*’s reviewer, who criticised Bodington’s “*limited scope of evidence.*” In fairness, this was a weakness in Bodington’s otherwise well-argued case. He had only described treating six TB patients in as many years. *The Lancet* went on to concede (in a mocking tone) that Bodington’s case would be proved if there was clear, verified evidence of consumption being reversed and that he would be “*entitled to national rewards equal, nay, superior to those conferred on the illustrious Jenner.*” (28)

Bodington’s Treatment of TB Patients: Case Studies

We do not know if Bodington treated more than six patients with TB. There is no evidence that his claims were externally validated. However, within thirty years, other physicians were reporting success, using very similar treatments, using very similar fresh air, exercise and dietary strategies. This does reinforce the probable accuracy of Bodington’s claims.

The White House, Maney

The first recorded “sanatorium”
for the treatment of patients with Tuberculosis
This building stood close to Maney Corner
and was demolished when the former “Odeon Cinema” was built
(Sutton Coldfield Library Archives)



In his *Essay*, Bodington used remarkably clear and powerful language to describe the treatment of four female and two male patients between 1833 and 1839. While this seems a small number, he pointed out that, like most GPs, he had neither the time nor, in the first instance, suitable premises to treat “*their consumptive patients.*” (29)

The first patient was a tool maker (“awl grinder”) from Erdington, several of whose relatives had died from TB. Bodington starkly described his condition. He was “*fair, florid, spare and slender*”, had a high heart beat, feelings of suffocation, was exhausted, had no appetite, and expected a rapid death. His “*frame collapsed.*” Bodington gave him wholesome food and a programme of exposure to the open air, early rising, and, as the patient improved, daily walking. He was “*a very determined man*” and was soon taking a daily return walk to Welshman’s Hill (New Oscott). Doses of hydrochloric morphine induced sleep, while port wine was given at repeated intervals – Bodington’s remedy to reduce blood pressure. (30)

In common with some later patients, the tool maker was not completely cured. His symptoms returned at intervals. Bodington described training his patients to “*know themselves*” and to re-apply natural treatments. “*They employ these means effectually to ward off any fresh attack.*” (31)

Bodington’s methods seem to have been regarded with suspicion in some quarters, and he was not readily consulted until patients or relatives had lost all hope of success with conventional treatment. Bodington described a “*young lady of about 16 years of age*” who “*came under my care*” in 1835. She was emaciated, had a violent cough and very poor breathing. Her chest “*rattled and gurgled*”

and she produced mucous and blood. Due to severe parental opposition, Bodington's treatment was delayed by two months, but after initial setbacks, she responded well. She began to ride a donkey, which helped to build up her strength and by June 1836 she was responding well. Three years later she was *"still in perfect health."* (32)

Bodington does not reveal that *this patient was his own niece*. This was not apparently known, outside of his family, until 1902, when Dr A T Tucker Wise, who ran a sanatorium in Switzerland, was researching Bodington's work in treating TB. He was amazed to receive a letter from "Mrs E M", an 81-year-old resident of Cheltenham. She had been informed by her cousin, Dr George Fowler Bodington (eldest son of George Bodington), that Tucker wanted *"to hear from me any details respecting his father's treatment of my case ... when many long years ago, I was supposed to be hopelessly ill in an advanced stage of pulmonary consumption ..."*

"Mrs E M" told him about *"the strong opposition of my dear parents and other relatives, whose prejudices were too strong to be overcome."* Her description of Bodington's treatment confirms his own account, including the initial donkey ride! She ended her letter by assuring Dr Tucker Wise that *"in my 81st year, I am in the possession of fairly good health ... on the whole I have enjoyed remarkably good health."* She also confirmed *"There is no doubt that the mischief in my lung was entirely healed under the skilful treatment of my uncle"* (33)

Bodington's older brother William was a surgeon and GP in Kenilworth during this period and was conceivably among the relatives who opposed the treatment. However, there is stronger evidence that the opposition was much more local, from Bodington's in-laws in Erdington. A H Seaton, writing in 1928, remarked that Bodington's TB treatment was "ridiculed and tabooed by local doctors. They refused his repeated offers to treat his niece who lived at birches Green, but when they had given up hope of her recovery, he so successfully treated her that she married and lived for over 70 years.

The 1841 Census records Hannah Fowler aged 20, living in Birches Green with her parents, William and Hannah Fowler. Writing many years later, Miss M Fowler of Streetly, Sutton Coldfield, noted that Bodington "practised in Erdington first, and on cousin Hannah MacKay (a Hannah Fowler), then moved to Sutton"(34)

Another patient's experience enhances the credibility of Bodington's reports and his reluctance to claim 100% positive and long-term success. There was a 19 year old man, *"the most difficult case I have hitherto encountered, and the most doubtful."* The case was complicated by various previous illnesses. Bodington persisted with *"three or four glasses of wine daily ... and a good supply of fresh animal food, sedatives ... early rising, and going daily out of doors or sitting for the most part with the window wide open and without a fire."* The last mention of this patient indicated that the disease *"still appears arrested in its progress"* but the pulse rate was dangerously high. (35)

Another case concerned *"a lady from Birmingham ... brought to me as a forlorn hope..."* in 1836. Initially, she progressed well, also responding to donkey-riding exercise. She relapsed during an influenza epidemic early in 1837, returned for treatment and *"remains tolerably well."* (36)

In the last case he describes, Bodington revealed that he did have a use for leeches, although not to drain the patient's blood. He treated *"Mrs L, the wife of a tradesman"* who was *"pale and bathed in ... perspiration."* She had a bronchial abscess, an internal tumour and could hardly breathe. *"8 or 10 leeches were quickly applied ... her mouth became suddenly filled with matter of a purulent character, which she ejected; the breathing became free..."* The leeches were clearly successful. Bodington reported that he had later met her *"riding several miles from home."* (37)

Recommendations for Specialist TB Treatment

After describing these cases, Bodington used his *Essay* to argue for quite unprecedented specialist facilities to treat TB patients. These anticipated, with extraordinary accuracy, many of the developments that became standard practice in the later years of the Nineteenth Century, and beyond. He recommended specialist treatment of TB by “*a certain class of practitioners who should exclusively pursue this practice as a distinct branch.*” (38)

These physicians would work in dedicated, specialist TB hospitals (very similar to the later “sanatoria”). “*The common hospital in a large town is the most unfit place imaginable for consumptive patients.*” (39) He proposed these hospitals should be sited in rural, inland locations, with “*airy and dry*” conditions. Bedrooms should be kept cool and ventilated. There should be ample provision for exercise (carriage, horse, donkey, walking). The premises should be regularly inspected by people “*unbiased by former medical practice ...*” He vigorously criticised the quality of urban environments of the 1830s, which were polluted by heavy industry. Recovered patients should not return to their former, polluted neighbourhoods. He suggested that recovered working people should be employed outdoors, as agricultural workers or gardeners. (40)

At the conclusion of his *Essay*, Bodington gave this solemn pledge:

***“For my own part, from a decided conviction of the benefit to be derived,
I shall continue, if I have opportunity...to receive patients into my house ...”*** (41)

Rejection

The pledge was soon to be broken. Copies of Bodington’s *Essay* were widely distributed to medical publications. With few exceptions, his ideas were rejected, often with scorn. As previously noted, The *Lancet* led the way, quoting large sections of the *Essay* in order to mock its content. “*Mr Bodington’s theory of consumption is altogether novel, and far above the range of our limited powers of comprehension.*” (42) The *British and Foreign Medical Review*, the leading medical journal of its time, said Bodington had “*betrayed utter ignorance of pathology, therapeutics and the English language*” and accused him of writing an “*elaborate advertisement of his establishment for tuberculosis patients*” (43)

It is hard in the modern age to credit the hostility that Bodington received for outlining what later became the accepted treatment for TB. (The *Lancet*’s review may have shaken him even more than other comments because a young, radical surgeon, Thomas Wakley, had founded that journal. A radical reforming MP, Wakley devoted his life to attacking established views and to promoting medical and social reforms.)

In attempting to understand Bodington’s critics, we cannot ignore his situation. He was relatively young and, as we have noted, did not have a higher medical qualification at this time. In the 1830s, Sutton Coldfield was a relatively unknown and mainly rural area with a population of less than 4,000. It was not difficult to write Bodington off as merely “*a village doctor.*” He also seems to have worked on his own, without any known support from other medical associates. The reaction of Bodington’s family in the case of “Mrs M E” (see above) showed the degree of hostility to his ideas, even from those close to him. He had presented his *Essay* without independent verification and his conclusions were based on the treatment of only six patients. The *Lancet* was easily able to complain that “*we are ... at a loss to conceive upon what hitherto unknown facts Mr Bodington has built up his*

castle.” (44) (Is it so impossible to imagine similar circumstances today? It is not hard to imagine the reaction if a young, unknown GP, working on his own, in a small community, and without substantial evidence, claimed to have conquered various forms of cancer?)

Eventual Recognition

In a curious and paradoxical way, it can be argued that Bodington’s later fame, and his honoured place in the history of medicine, may have been assured, rather than destroyed, by the scathing reviews. If the *Essay* had not been published and widely reviewed, the details of his discoveries and successful treatments would most probably have gone unrecorded and forgotten. By the mid 1850s, others were beginning to develop fresh air treatment strategies (probably independently) and Bodington’s work was eventually rediscovered. In Germany, Herman Brehmer was pioneering sanatorium treatments, as was Dr Edward Trudeau at Saranac Lake, New York in the 1890s. Both men operated on recognisably the same principles as Bodington. In later years, his *Essay* was rediscovered and publicised. (45)

The quality of Bodington’s *Essay* was recognised in Bavaria in as early as 1843, when he wrote to the University of Erlangen, stating that “*after a period of eighteen years, I am now desirous to take a degree in Medicine ... I am also the author of a treatise on the treatment and cure of Pulmonary Consumption, also of various papers on general subjects in some of our medical publications ...*” He attached the *Essay* as his *Thesis* to his application. He also enclosed a number of very complimentary testimonials, which showed that some colleagues in the West Midlands held him in very high esteem. For example, J D Hodgson, Surgeon to Birmingham General Hospital wrote that he was “*a man of unexceptionable moral character and great professional attainments*” and J T Ingleby MD, FRCP wrote that he was “*an observing and discreet practitioner ... most fully qualified to discharge the difficult duties of his calling ... to the satisfaction of the sick and afflicted.*” (46)

As a result (and subject to a fee of £20, payable “through “the Banking House of Mr Rothschild in London”), the University of Erlangen awarded Bodington his Doctorate of Medicine (MD) in 1843. He had neither visited, nor studied at, the University. (The current Archivist reports that this manner of gaining awards was unusual, and mainly confined to English physicians during that period.)

It was not until the middle of the 1850s that medical journals in England began to rediscover Bodington’s *Essay*, and showed a belated generosity by admitting that his ideas were soundly based. *The Journal of Public Health* in 1857 was the first to publish a very positive analysis of his TB treatment. It may also be no coincidence that this was also the year when Bodington was awarded the Licentiate of the Royal College of Physicians (LRCP) by Edinburgh University.



*Bodington's Doctorate in Medicine 1843
(University of Erlangen Archives)*

In 1865, the *British Medical Journal*, responding to a letter from Bodington, finally reversed the damage done by the scathing reviews of 1840: “Dr Bodington’s *Treatise ... is a most sensible and practical essay. The rational principles of the treatment of the disease, which are accepted as orthodox at the present moment, will be found there, laid down in it twenty years ago.*” (47)

By 1902, Dr A T Tucker Wise, wrote a well-publicised article in the *British Medical Journal*, which did much to establish Bodington’s place in history as an outstanding early pioneer of TB treatment. Tucker Wise wrote that “*nothing of importance in the routine treatment of pulmonary consumption has been added since his book appeared ... he was the originator of the modern method.*” (48) Tucker Wise added that the only noticeable change (perhaps not a surprise!) was that Bodington’s “*liberal use of alcohol*” was no longer part of the treatment process.

Bodington's Motives for ceasing to treat TB Patients

So, why did George Bodington abandon treatment of TB patients after 1843? Not only did he give up his “*White House*” sanatorium, he also largely withdrew from general medical practice. (48) In later life, he did express regret, but gave no reasons. He wrote in 1866 to his son, Dr George Fowler Bodington:

“*I often think when I am dead and buried, perhaps the Profession will be more disposed to do me some justice, than whilst I live There can be no doubt I ought to have made more earnest efforts in the Consumption question than I have done.*” (49)

The confidence and certainty expressed in his *Essay* indicates that Bodington had expected the medical world to recognise his advances in treating TB, and also his detailed proposals for future specialist arrangements to combat the disease. Possibly, he could not cope with further damage to his reputation among patients and medical colleagues, through his apparent use of extremely unorthodox methods that laid him open to allegations of being a “quack doctor”. Perhaps he could no longer attract patients to sustain the expense of maintaining “*The White House*” sanatorium, which he gave up in 1843.

On the positive side, Bodington was increasingly busy in other directions. Since 1836, he had been proprietor and medical superintendent of the *Driffold House Lunatic Asylum*. This was already a very demanding role in the years before he discontinued treating TB patients. He devoted much of the remainder of his professional life treating mentally ill patients at the Asylum. (50) In this connection, he was required to apply to Sutton Coldfield's Corporation (*Warden and Society*) for an annual licence to practice in this way. He could not afford loss of reputation in these circumstances. Bodington was also a man of strong political views and civic ambitions. He cherished a dream (never achieved) to become an MP but even in those times, a respectable public image was necessary. (51)

Subsequent Medical Career

There are some indications that Bodington did continue to practice medicine after 1843, but in a private capacity and not on an organised basis, except in to perform his very demanding mental health role as resident physician at Driffold House. In her diary, Sarah Holbeche mentions Bodington being present at “*the removal of Mr Addenbrooke's tumour.*” (52) Richard Holbeche, born in 1851, wrote somewhat drily about “*Dr Bodington, who brought me into the world and frequently reminded me of it, once at a public dinner.*” (53)

He continued to submit numerous articles to the medical journals well into the 1860s, with a particularly strong interest in the treatment of cholera. During the severe cholera outbreak in 1853. Bodington wrote to *The Lancet* recommending the use of diluted sulphuric acid together with compounds of ether and laudanum. He characteristically wanted to provide “*great a circulation of pure air*” to revive the patient's resistance.

Bodington was interested in broader public health issues, some of which he supported as a member of Sutton Coldfield's Corporation (*Warden and Society*). In contrast to other polluted cities (for example, “*the cellars and close working places*” of the Lancashire towns), Bodington (somewhat surprisingly?) commended the Birmingham region's healthy environment. He suggested that there was a comparative local immunity from Asiatic cholera and other epidemic diseases, due to Birmingham's “*elevated situation,*” and its efficient sewage disposal arrangements. He also thought that local chemical works helped by giving off sulphuric acid fumes, claiming that the “*constant*

infusion of mineral gases” minimised the harmful spread of “*epidemic poisons.*” But he did also warn that good health in Birmingham was being threatened because its “*celebrated ale*” was being “*eclipsed with unhappy success by the opening of gin palaces.*” (54)

Chapter Two

DRIFFOLD HOUSE ASYLUM

<p><i>“As kind and candid a person as any holding a licence for an asylum ...”</i> <i>John Connolly Hanwell Asylum, Middlesex 1853</i></p>
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Since the late 1850s, there has been regular interest in Bodington’s pioneering strategies for treating patients with TB. This work, although vastly significant, took place within a short period of his career. However, it has overshadowed other important achievements. In particular, his thirty years as proprietor and medical superintendent of the *Driffold House Lunatic Asylum*, Sutton Coldfield has been ignored or dismissed with brief comments. Bodington’s role in treating many patients with mental illness is not even mentioned on the memorial plaque erected in June 1953 by Sutton Coldfield Borough Council. This can be seen in Bodington Gardens on the corner of The Driffold and Birmingham Road. Even the detailed *Obituary* of Bodington’s life (1882), contains only a passing reference. Perhaps these omissions reflect past and changing attitudes towards mental illness and also the difficulties of locating sufficient evidence about the major preoccupation of Bodington’s working career, which spanned 41 years.

Despite these omissions, there are a number of sources that help to develop a picture of Bodington’s contribution to the care of mentally ill patients, at a time when there was limited expertise in this field. These sources include a degree of Census information between 1841 and 1871, Bodington’s own letters and articles in medical journals, reports from the national *Commission in Lunacy*, minutes of Sutton Coldfield’s local governing Corporation (Warden and Society) and some references in other published works, local diaries and estate plans. It is possible, within limitations, to build up something of a credible picture about the quality of provision (medical, physical and social) for some of the people residing at *Driffold House* in the middle years of the Nineteenth Century.

Bodington’s interest in mental health (still almost universally called “lunacy” or “madness” during most of the Nineteenth Century) was shown when this was gradually becoming a recognised medical discipline. From the later years of the Eighteenth Century, enhanced somewhat by public concern over the so-called “madness of King George III”, the concept of mental illness was gradually displacing centuries of misconceptions and ignorance about “moon mad” lunatics and possession by evil spirits. Governments were starting to intervene, initially to require that only a recognised physician could certify insanity. One reform It required asylums to be licensed and annually inspected by magistrates on behalf of local government bodies. Localities also had to provide free asylum places for those unable to pay fees (“pauper lunatics”), who were otherwise being placed in workhouses. The *Commission in Lunacy* was set up in 1845 to regulate and inspect public and private asylums. The Commissioners arranged inspections of asylums, publishing informative annual reports and clear guidance that had a vast influence on the evolution of improved mental health treatment.

In 1836, George Bodington purchased the *Driffold House Lunatic Asylum* in Sutton Coldfield, from Richard Horton and William Terry (both described as “surgeons” in the 1830 Directory of Sutton Coldfield’s inhabitants). The Asylum had been opened in 1793 and for a long time was the only private “madhouse” in Warwickshire. It was licensed “*for the reception of Insane persons, 25 in number, male and female, whereof 5 to be parish pauper patients.*” (1) As well as providing accommodation and facilities for patients, Driffold House provided a spacious and comfortable home for Bodington’s growing family.

It is not clear why Bodington became interested in mental health treatment. For several years he even managed the combined burden of running the Asylum at the same time as his general practice and overseeing TB treatment. It is probably a coincidence that the Dean of Erlangen University’s Medical School, who presented Bodington’s MD certificate was Johan Michael Leupoldt. He was one of the most eminent early pioneers of mental health treatment and gained international fame for his work in opening the first hospital for mentally ill patients in Bavaria. Does it stretch credibility to speculate about possible links with Bodington, whose own writings rarely gave any clues as to the sources of his theories and practice?

Driffold House: A Small, Privately Owned Asylum

Bodington moved with his family into *Driffold House*, and took on the joint roles of asylum proprietor and resident medical superintendent. This contrasted with the position in many private asylums, where owners paid staff to live on site and take responsibility. This practice was condemned by Lord Ashley, one of the great reformers of the Victorian age who called “*the whole system of private asylums....abominable and indefensible.*” Others spoke of the “*struggle between principle and self interest*”. (2) With his characteristic vigour and clear language, Bodington entered the “private versus public” debate, promoting *Driffold House* as an example of good practice among small asylums and refusing to recognise faults in the private sector. He described the large public asylums as “*formal, cold, forbidding ... too much in the barrack style*” and complained of “*evil mingling pell-mell together under one roof ... masses of lunatics who are often ... injurious to one another.*” (3)

Bodington praised smaller asylums. He described the kindly ethos in such houses which permitted a more individual and caring regime. He said that he admitted “*a patient as a visitor, or a friend, and practising on him the praiseworthy deceit that he is come to take up a temporary abode ...*” He also described caring for the insane as “*the most arduous and frequently unthankful office of managing, soothing and controlling the deranged mind.*” (4)



Driffold House
Sutton Coldfield Library Archives

To illustrate his arguments against the larger, public asylums, Bodington described the experiences of some patients who had been taken away from these and transferred to Driffold House. Some of these had recovered under his care. In 1838, he had admitted a 30-year-old gentleman from a large asylum. He had been *"frequently witness of detestable crimes ... wholly at the mercy of keepers who were chosen for their strength and size"* and *"abused the authority reposed in them"*. (5) He also referred to an *"idiotic"* patient who had been removed from a county asylum after being fastened to a bed in a straitjacket. A 59 year old lady had *"experienced horrors"* in an asylum that seemed to be *"a place of punishment"*. She had been successfully treated at Driffold House and had become *"a sincerely attached friend to the female part of my family."* Another former patient was the *"wife of a medical practitioner of considerable eminence ... (who) recovered ... (and later) visited with handsome presents for all my children (and had) warmest feelings of gratitude to those ladies in this establishment who had watched over her and consoled..."* (6)

These and other writings give a picture of Bodington as a physician of considerable humanity, dedication and expertise, who came to view his patients as part of a family-based community, devoted to their care and possible recovery. Nevertheless, Bodington continued to attract severe criticism. Another correspondent, under the pseudonym of "Looker On", sharply attacked him for his *"temper, style and habits"* in arguing his case (perhaps with some justification?). Dr James Hitch MD, resident physician at Gloucester County Asylum wrote to *"object in principle to controversial correspondence on medical subjects"* and said that Bodington had lost his argument by using extreme and vigorous language. (7)

Bodington's defence of smaller licensed houses tended to overlook the malpractices and scandals that were reported in more than a few asylums. As late as 1854, the Commission in Lunacy reported that *"medical attendants of many ... smaller licensed houses are non-resident (and) visit them only periodically"* and outlined continuing reports of abuse. The Commissioners gave examples of solitary confinement, forced feeding, use of whips and manacles, and sundry other intimidation. (8) Defects had thus continued, in spite of the introduction of legislation requiring local inspection of Asylums and "Madhouses" from 1828.

Inspection and Licensing

As required by law, Sutton Coldfield's *Warden and Society* ensured that annual inspections were made at *Driffold House*. Their Minutes record annual applications from George Bodington (and his predecessors) for the renewal of their Licence to operate the Asylum. For example, the Licence in 1844 recorded that:

"...at these sessions, George Bodington of The Driffold aforesaid Surgeon is licensed to keep a house within the Royal Town, Manor and Lordship of Sutton Coldfield and within the jurisdiction of this Parish for the reception of 12 male and 8 females, the whole to be private patients, and the males to be kept in a part of the building having no internal communication with that part in which the females are kept and in which house George Bodington now resides." (9)

From 1844, licenses no longer required that five parish paupers must be included among the patients. By then, publicly funded places were becoming available for these unfortunate people in the county asylums.

Three JPs were appointed as annual visitors to the Asylum, to be accompanied by Vincent Holbeche, Sutton Coldfield's Deputy Steward and Clerk of the Peace. They presented annual reports of their findings. (Unfortunately, it has not been possible to trace these, either locally or nationally.) One author has noted that, in general, visitors were often well known to proprietors and lacked expertise in mental health issues. Nationally, there were frequent contradictions between the reports of the local visitors (who generally knew and were sympathetic to the owners) and those of national inspectors sent by the *Commissioners in Lunacy* (who were generally rigorous and independent.) (10)

Until 1861, there was little control over the qualifications of people running asylums. In that year, the Lunacy Commissioners brought in a ruling that licenses to operate asylums would only be granted to "*medical men or persons with high character and repute*".

Some Classifications of Insanity in the 1840s

In 1844, the Metro Lunacy Commissioners drew up categories of mental illness, these being:

Mania
Dementia
Melancholia
Monomania
Moral Insanity
Idiocy
Congenital Imbecility
General Paralysis of the Insane

Some categories are easily identifiable and can be translated into modern terms. Several would not be considered today to fall within the range of severe mental illness (eg depression, obsessive behaviour, special educational needs). In many cases, what was thought to be insanity in Bodington's time would be considered today as treatable, even routine, medical conditions. These include diabetes, depression, industrial poisoning, epilepsy, syphilis, alcohol abuse, heart and kidney diseases and many more.

Source: Catherine Arnold, writing in her book "*Bedlam: London and its Mad*"(2008). She also claimed that female patients were almost always treated by male physicians, who tended to mis-diagnose temporary depression or indications of signs of hysteria as long term "madness".

Accommodation and the Quality of Care at Driffold House

Coming from a landed background, Bodington never lost his affection for rural life and he used the pleasant surroundings of his Driffold House estate to assist in treating his patients. The 1862 *Commission in Lunacy* Report mentions that “*the proprietor holds a farm which can be made available for the occupation of male patients*” and that “*the house stands on rising ground with an airy and cheerful situation.*” (11))



Driffold House (lower right in the plan) was the residential part of the Asylum complex, which included surrounding gardens and farmland. Bodington's other holdings were mainly rented from Lord Somerville and the greater part lay in an approximate rectangle between the Driffold, Wyndley Lane, Wyndley Pool and near the boundary of the later Digby Road. (12)

The Lunacy Commissioners examined the quality of the buildings and accommodation at *Driffold House* in 1862. Apparently not for the first time, they criticised the quality of the physical accommodation. They confirmed that their Reports had “*in the past been favourable*” and “*no complaints of harshness, ill treatment or indifferent food have been made*”..... “*they have, however, had occasion to complain very frequently of the condition of the house, especially the male side and of the want of furniture and general neatness.*” They noted that the female patients had “*no airing court*”. (13) The Report seems to show a clear contrast between Bodington, as a kind, pragmatic and caring physician, and Bodington the asylum proprietor, who showed an obstinate attitude, in spite of repeated criticism, towards improving the patients' physical living conditions.

Residents, Staff and Patients

Census returns give reliable but limited evidence about the people living in *Driffold House*. These show that in 1841, Bodington was living with his wife, Ann, and their six children (aged between 12 and 3 years). Ann's sister, Elizabeth, also lived there. Apart from Josiah Dale (Keeper), there were six residential staff, but it is unclear which of these exclusively worked for the family, cared for patients, or served both groups.

Bodington had declared that “*no one superintendent can properly undertake the charge of more than twelve patients ... I limit my asylum.*” (14) The 1841 Census records only four female patients and two males, with an average age of 36. However, the information is valid only for the one Census day in ten years. The Census does not help in discovering information short-term or, possibly, non-residential treatment. Bodington included a table in *The Lancet* (December 1838), analysing the treatment of 14 patients, which indicated some successes in treating and discharging patients. It also recorded long term patients and deaths, as well as others who were withdrawn from the Asylum for some reason. (15)

In 1841, patients were named in the Census. However, from 1851, patients were recorded only by initials. This protected their identities from becoming generally known. One patient recorded in 1851 with the initials MM, is probably Mary Matthews, who was named in the 1841 Census. The

initials and age more or less correspond and MM continued to be recorded, with her age rising by ten years, in every Census up to 1871, when she was described as “*an annuitant*”, denoting the means by which her payments were financed.

Richard Holbeche, a local resident who wrote a colourful and informative diary, identified one patient as “*Mr Fisher*”, who may have been the male “FF” listed in the 1861 and 1871 Census returns. He reported that the “*patients used to interest us very much. More particularly one, Mr Fisher, who wore a great tail coat covered with button and a white beaver hat*”. (16)

Although George Bodington had previously claimed a “cure rate” of 70%, six patients recorded in the 1861 Census had the same initials (and ages ten years older) as those recorded in 1851. In 1871, when Bodington’s son (George Fowler Bodington) was proprietor, there were nine patients with the same initials, and appropriate ages, as those shown on the 1861 record. Again, it is important to stress that these statistics do not show the number of patients who may have been treated and discharged (or died) between the 10 year “benchmarks”.

One patient who was decidedly not cured at Driffold House subsequently attempted to murder his young wife. Bodington wrote of a man who “*had been discharged from my own establishment, in which he had been treated for mania.*” His friends had removed the man from the Asylum, after Bodington had “*declined the responsibility.*” (This may imply that Bodington had formally requested his removal, since he confesses to having “*an opinion that he was an unsafe man.*”) The former patient soon afterwards married a lady who had regularly visited him at Driffold House “*and knew all about his malady.*” Before long, he had attacked his wife in the night with a razor, “*inflicting upon her many wounds.*” He was convicted and detained as a madman “*at Her Majesty’s Pleasure.*” (17)

In 1861 residential members of the Asylum staff are recorded. Thomas Lloyd, aged 41, was shown as Head Attendant (Male Inmates), assisted by James Overton, who was only 16 years old. Mary Price, a widow aged 41, was Matron, assisted by a Cook. There is some evidence in Bodington’s various letters that his two unmarried daughters, Ellen and Mary, assisted and even befriended patients. (17) It is possible that some local non-residential staff were be employed and would not have been included in the Census returns. The residential staff members were not of local origin , having been variously born in Shropshire, Warwick and Kenilworth. (18)

Henry N. Walcott	Head	Mar.	61	Physician, L.S.A. L.R.C.P. Edin.	Do.
George Bodington L.S.A.	Wife	Mar.	60		Do.
Ann L.S.A.	Daughter	Un.	27		Worcester
Ellen A. Do.	Serv.	Un.	22		Do.
Mary E. Do.	Sister in law	Un.	80		Do.
Elizabeth Fowler	Attendant	Mar.	41	Head Attendant on Male inmates	Worcester
Thomas Lloyd	Matron	Un.	16	Assistant attendant	Worcester
James Overton	Wife	W.	41	Matron	Do.
Mary A. Price	Serv.	Un.	37	Cook	Salop.
Elizabeth Lovatt	Serv.	Un.	31	Housemaid	Worcester
Elizabeth Saylor	Serv.	Un.	21	Indoor attendant	Do.
Mary Boyle	Serv.	Un.	18	Kitchen maid	Worcester
Mary Pearson	Patient	Un.	56		
M. M. ✓	Patient	W.	54		
M. C. ✓	Patient	Un.	35		
M. A. A. ✓	Patient	Un.	53		
E. E. ✓	Patient	Un.	49		
J. J. ✓	Patient	Un.	42		
A. M. M. ✓	Patient	Un.	42		

Extract from the 1861 Census Returns
Patients are recorded only by initials, age and marital status

The 1871 Census records a patient aged 80, with the initials “FW”. He was described as an *Annuitant and Chancery Lunatic*. He was almost certainly Frederick Whitmore, whose wife, Jane, had appealed in 1862 to the Court of Chancery to hold an enquiry to decide upon her husband’s sanity. In December 1864, Francis Barlow “*Master in Lunacy*” found that Whitmore “*a patient in an Asylum called Driffold House... is a person of unsound mind ... not fit for the government of himself, his manors ... lands, tenements, goods and chattels*”(19) As a “Chancery Lunatic”, Whitmore’s estate was overseen by Commissioners, to safeguard the assets for his family and ensure payment of fees for his care. Family members often resorted to the Court of Chancery if someone (usually wealthy) was no longer considered to be sane and responsible.

Because Driffold House was private and fee-paying, residents had to be supported, either by their relatives or other private means. Looking beyond Bodington’s tenure to the 1871 Census, descriptions of patients’ “*former positions*” were recorded for the first time. These included nine patients with the same initials as those recorded in 1861. The list includes MM, already mentioned above. Of the others, there was a farmer’s daughter, a sister of a mine agent, a button manufacturer, an annuitant widow of a Presbyterian minister, a portrait and landscape painter, a Chancery lunatic with a landed estate and an annuitant who was formerly a midshipman. We do not know Bodington’s scale of charges, but the costs of residential accommodation, competent staff and specialist medical care would be high. Driffold House was later described as “*a prosperous asylum*” in George Fowler Bodington’s Obituary.

An Internet search yielded possible details of another named patient, although these have not been securely verified. It seems that on the 24th June 1854, Thomas Parks aged 50 “*drowned at Driffold Lunatic Asylum, Sutton Coldfield, while in a state of temporary insanity*”. (21) The report notes that the incident was reported by “*Dr George Bodington, Warden and Coroner, Driffold Lunatic Asylum*”. Bodington was the also, coincidentally, Warden of Sutton Coldfield between 1852-4, and this position included acting as the local Coroner. (*Whether he actually officiated, as Coroner, in a case that involved one of his own patients, and occurring on his own property, is an interesting*

question.) The 1851 Census records a Thomas Parks, a farmer of the appropriate age (46), living with a family in Whitehouse Common, Sutton Coldfield.

Symptoms and Strategies for Treatment

Bodington's own written evidence gives some information about his patients' symptoms, treatments and results. In 1838, he published a table recording the treatment of 18 patients, as shown:

Condition	Male	Female	Total	Remaining under Treatment	Died	Removed not cured
Monomania	7	4	11	3 (2 curable, 1 incurable)	0	2
Mania	4	1	5	4 (1 incurable)		
Dementia	1	1	2**	2		
Totals	12	6	18	7	2	2*

** GB stated that these were "paralytic when admitted"

* One removed to die at home", the other for "economic reasons" (22)

In the same article, Bodington stressed the importance of healthy surroundings for the treatment of patients. They needed " ... *the healthiest spots in the county with thousands of acres to roam over ... pursuit of game, amusements varied and untiring scenes of farming operations ...* " He contrasted these conditions with those experienced by patients "*incarcerated in a large urban system*".

Bodington again revealed his consistent preference for milder medication than was often given. He described "Miss M" aged 30, "*suffering under mania and a total incoherency of ideas ... deranged for five years*" who had suffered at a County Asylum from severe constipation. He made up a preparation of herbal remedies and Epsom salts as a gentle alternative to the invasive purging that she had previously experienced and her general physical and mental health improved. (23)

His patience and his pragmatic strategies were also shown in the treatment of "*Mr J, a single gentleman about forty years of age, possessed of a competent fortune*". Bodington drew a colourful picture of Mr J: "*boisterous, joyous and somewhat domineering ... too freely in drinking...*" who enjoyed a voyage to Boulogne but was suddenly seized with mental panic. He fled home, deluded with severe mania, imagining that enemies were following and trying to poison him. "*From a hale and competent man he had become thin, of a dirty, yellowish complexion, with an expression of anxiety and melancholy.*"

Mr J refused to eat, drink or take medication because of his delusion. Bodington devoted much time and ingenuity to gain his trust. He began by taking him to the milking parlour on the Driffold House estate, so that Mr J could witness milk being directly drawn from a cow and free from human interference. Mr J drank this, and then ate rhubarb picked from the ground in his presence. Eventually, he trusted Bodington enough to extend his diet, regulate his digestive functions, and take some medication. He was also induced to take exercise, when "*he was accustomed to accompany me in a long walk ... a horse belonging to him was kept here ... in about fifteen months he was fully recovered.*" (24)

There is, therefore, at least enough evidence of the range of Bodington's treatment methods that give an indication of patience, a caring nature, professional knowledge and a willingness to use innovative and unusual strategies, according to individual needs. His stress upon the benefits of the rural environment, including walking, riding and country sports was aimed at developing trust and well-being. To a significant degree, these strategies echoed the methods Bodington used when helping patients with TB to build up their resistance to disease.

The Debate about Restraint

In the middle years of the Nineteenth Century the concept of "*madness*" was very slowly being displaced by that of "*mental illness*". "*Medico psychology*" was becoming a recognised term. *The Commission in Lunacy* continually emphasised the need to eradicate harsh and cruel treatment in asylums and to promote humane alternatives. In 1847, the *Commission's* Annual Report wrote about *melancholic patients* being immersed in cold baths, epileptics who were subjected to being harsh purgatives and those with paralysis being given shock treatment in the form of creosote and other "stimulants".

In 1854, the *Commission* made a survey of medical superintendents' views about the methods used to restrain difficult patients particularly where these included methods "*greater in degree, more severe in character, or longer in duration than is necessary for the security and care of a lunatic*" (25)

The Commissioners had recorded the following maltreatments:

- Seclusion and solitary confinement
- Revolving chairs
- Force feeding
- Excessive degrees of restraint – whips, manacles, strait jackets, chains, straw beds, violent bathing – intimidating physique of some attendants
- Purgatives and other "medication", including bleeding and use of opiates and emetics

These methods were mainly used to keep staffing costs down and to cope with increasing numbers of patients. One proprietor said that failure to use restraint was like a soldier "*who shrinks from his duty from personal fear.*" (26) It was argued that restraint was a final weapon, regrettable but essential, to protect patients from suicide or self-harm. In some asylums, notably the ancient *Bethlem* ("Bedlam") in London, restraint was completely abolished for several years, although it was restored in the 1860s. (27)

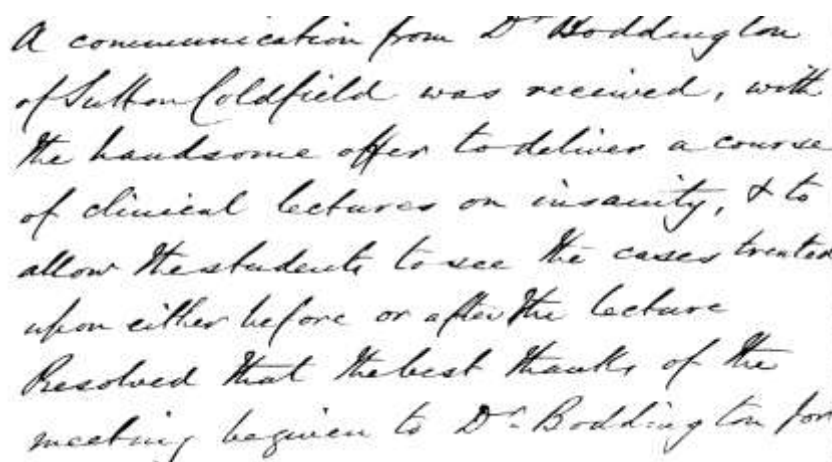
Bodington wrote to the Commissioners, stating that he "*never professed or practised out and out the system which is called and known as the non restraint mode of treatment*". He described it as "*like all imperfect theories ... overshoots the mark and goes beyond the truth.*" He remarked that "*the instrument of restraint, properly adapted, is the most efficacious, merciful way of meeting the difficulty.*" Bodington mentioned patients, who "*will not keep their beds, but will be up even all through the night, and in severe weather are in danger of being frost-bitten. No personal efforts of an attendant can be effectual.*" He commended a "*mild and judicious application of mechanical restraint.*" (28)

These comments attracted a vigorous reply from John Connolly, the famous, reforming Medical Superintendent of the large Hanwell Asylum, Middlesex, where physical restraint had been abolished. Connolly began by paying an enormous tribute to Bodington, describing him to be ... "as

kind and candid a person as any holding a licence for an asylum,” and praised Driffold House as “a fair example of respectable asylums.” Despite this praise, Connolly went on to attack Bodington’s opinions in rather similar terms to those used in The Lancet’s review of his 1840 Essay. Connolly noted that Driffold House only served twelve patients and that Bodington’s arguments were based on “the experience of a village dispensary.” He also asked why “in small asylums in country places, twelve insane patients cannot be managed without the straitjacket ... (when) in a large asylum near London, 1200 patients are admitted, and there is not a straitjacket in the house.” He called for private asylums to “set their homes in order ... (or) the good and the bad may be swept away together.” (29)

It should be noted that, despite Bodington’s public support of mechanical restraint as a strategy of last resort, the only known criticism of Driffold House over a thirty year period, was limited to those furnishing and accommodation defects at the end of Bodington’s tenure - never about treatment of patients. (30)

In 1851, Bodington was thanked for his services by the new, but short-lived Sydenham College, which operated in St Paul’s Square, Birmingham, for about ten years. Founded by physicians who were unhappy with standards of training at at Birmingham General Hospital, the College promoted courses of lectures on clinical approaches to insanity between 1851 and 1866, taught by “George Bodington of Sutton Coldfield who kept an asylum”. (31)



A communication from Dr Bodington of Sutton Coldfield was received, with the handsome offer to deliver a course of clinical lectures on insanity, & to allow the students to see the cases treated upon either before or after the lecture. Resolved that the best thanks of the meeting be given to Dr Bodington for

Extract from Sydenham College Board Minutes 1851

The Plea of Insanity – The Townley Case

Towards the end of his career, Bodington took a strong interest in one of Victorian England’s most notorious murder cases. In August 1864, George Victor Townley, from Wirksworth, violently killed Elizabeth Goodwin, his former fiancée. He admitted responsibility but pleaded that he was insane at the time of the murder. The case aroused great public interest in Britain and abroad. There were intensive and widely reported legal arguments about the validity of the insanity plea. Townley was eventually found guilty of the murder, but the Home Secretary, swayed by the public debate, ordered a review and committed the sentence to life imprisonment. This fanned discussion and argument about merits of the “the plea of insanity”. Bodington argued that Townley’s behaviour, before committing the murder, was not that of an insane person. Townley “*having his senses about him, prepares his weapon, forecasts the time, fixes the meeting, and, to sum up, prepares himself for the final blow, by swallowing several glasses of brandy and soda.*” He went on to conclude that “*the madman type of murderers... never dream of the necessity of such a stimulus in aid of such a crime.*”

He quoted the case of his own former patient who had attempted to murder his wife (see above), as a good example of “*mad impulse,*” brought on by insanity. He also told of an occasion when he had attended “*a large private asylum kept by a layman*” in Birmingham. Two “*maniacal patients*” were

placed in confinement in the room, one of them being placed in a 'restraint chair' where he was viciously and suddenly attacked." The other man had a "maniacal impulse" and broke the chair over the other's head. Bodington noted that there was no explicable motive, no hatred, and no preparation for the attack, from which, fortunately, the patient recovered. He concluded that Townley's supposed insanity was a "convenient plea, indeed, for a criminal to set up, if he can succeed in it ... the law has been flustered and frustrated..."

Bodington argued that, when judges were considering a plea of insanity, they should look for evidence of premeditation and preparation. These factors indicated sanity. They should also examine the defendant's background for any history of impulsive and motiveless violence. He rejected the growing trend to link lunacy with heredity and family background. "*The blood of his great grandmother or other remote ancestry ... can have but little to do with the matter.*" Bodington was writing at a time when "Darwinist" theories of inherited behaviour patterns were becoming popular. He strongly rejected pleas of insanity being used by criminals or their friends to reduce the degree of their personal responsibility.

Retirement: **Transfer of the Asylum to George Fowler Bodington**

During 1865, Bodington prepared to retire. He is recorded that year as being co-Owner of Driffold House, in partnership with his eldest son, George Fowler Bodington, who took sole responsibility in 1867. The ever-observant Sarah Holbeche noted in her diary that: "*GB the younger became MD – those boys have aimed high and by their own merit have obtained much to be desired.*" (33) She also wrote in 1869 that "*Dr Bodington bought a house, 'Rocksall', in Manor Drive.*" (34)

George Fowler Bodington was the most accomplished of Bodington's six children. He had higher qualifications and even greater medical experience than his father, and was a Fellow of the Royal College of Surgeons. He was described as "*a man of magnificent physique and fine presence.... a hardy fame and adventurous disposition*" He seems to have been somewhat restless and travelled widely, working in a succession of medical posts. In early years, he was a ship's surgeon sailing between South Africa (Natal) and India. He later became a GP in Pietermaritzburg, South Africa and was reputed to have hunted enthusiastically for wild game. He returned as a physician to his Uncle William Bodington's general practice in Kenilworth, Warwicks. Soon afterwards, he served as a GP near Middlesbrough, before returning to Sutton Coldfield to take on "*the management of a prosperous asylum established by his father*". He soon departed from his father's limit of twelve patients. Twenty were recorded in the 1871 Census.

While at Driffold House Asylum, George became President of the *Birmingham and Midland Institute* and also held office at the Birmingham Branch of the *British Medical Association*. He decided to relocate the Asylum to Kingswinford, apparently because the lease had expired. He gave up the Asylum in 1884, apparently due to his second wife's illness. "*After wandering for a year or two*" he emigrated to British Columbia, where he became famous for pioneering mental health provision in Vancouver and was the Medical Superintendent of the British Columbia's first Lunatic Asylum. He retired to Paris and died in 1902. (35)

Chapter Three

CIVIC AND POLITICAL AFFAIRS
Member of Sutton Coldfield's "Warden and Society"



The First Rose. Seal of the Old Corporation.

On 7th April 1848, "*George Bodington did take and subscribe the Oath of Allegiance, Supremacy and Abjuration.*" Bodington was thus accepted as a member of Sutton Coldfield's ancient local governing body, after two previously unsuccessful nominations. (1) Membership of "*The Warden and Society*" (Corporation) was for life and he served for nearly 33 years until failing health forced his resignation. The Minutes show that Bodington served the Corporation with great devotion, rarely missing meetings, until his final years. Whenever special committees or working parties were established, Bodington was almost always included. Even into his late 70s, he was travelling to London on Corporation business. With his noted independence and clarity of thought, he was not afraid to promote unpopular causes, even when in a small minority. However, Bodington served in the dying days of the Corporation, when its outlook and powers were no longer fit to meet the changing needs and expectations of a rapidly growing local population.

Established by Bishop Vesey, by Royal Charter in 1529, the Corporation comprised 25 men (including the annually-chosen Warden) who governed the Town. They selected their own replacements. The Corporation had functioned adequately in that manner for over 300 years, but was increasingly challenged and eventually swept away by the force of the political, social and economic changes of the Victorian age.

There were three major sources of discontent among Sutton Coldfield's residents during Bodington's term of office. First, the Corporation was unelected and not accountable to the Town's growing population. Second, its membership was largely dominated by wealthy, landowning men who sometimes laid themselves open to accusations of self-interest. Last, despite a few periods of temporary revival, the Corporation generally did not have the vision to understand and adapt to the needs of a rapidly expanding population. Little wonder that, eighteen years after its abolition, one local author wrote off the Corporation as "*that curious self-elected anachronism*". (2)

Bodington's contributions in debate revealed some of his special concerns. These included the use and regulation of Sutton Park, the building and impact of local railways, and pressures for municipal reform. His name appeared regularly in the Minutes whenever Sutton Park was discussed. With his love of rural life, he wanted to retain sporting rights for local people, and condemned agreements that restricted hunting to a privileged few. (3) He successfully promoted a set of "Game Rules" to prevent damage to young tree plantations from "*overstocking of rabbits*", thus removing a serious cause of dissension among Park users. (4)

In 1862, the first railway link from Birmingham to Sutton Coldfield suddenly brought crowds of day-trippers to Sutton Park. While the Corporation had previously been concerned with "*squabbles about*

game” there was now a real threat of large scale disorder at weekends (*“indecent behaviour and depredation”* in the words of Sutton Coldfield’s Rector). (5) As a member of the Sutton Park Committee, Bodington keenly supported the appointment of resident park keepers and admission charges for visitors living outside Sutton Coldfield. The construction of the large Crystal Palace entertainment centre, close to Wyndley Pool, increased these difficulties and Bodington promoted measures to protecting the surrounding woodlands and game habitats from adventurous visitors. He also campaigned unsuccessfully for a municipal swimming pool in the Park



*“The Moot Hall” Sutton Coldfield’s
Ancient Civic Meeting Place
Replaced in 1859
(Sutton Coldfield
Library Archives)*



**After 1862, Sutton Park became popular
Scene is Wyndley Pool
(Sutton Coldfield Library Archives)**

Another major threat to the Park was avoided in 1865. The Birmingham Water Works Company had applied to build a plant for extracting large quantities of water. Bodington was one of a three-man delegation thanked for their *“unwearied attention and invaluable assistance”* after working hard to persuade Members of Parliament to vote down the Water Company’s Bill. (6)

Bodington as Warden of Sutton Coldfield

After a relatively short period, Bodington was appointed Warden of Sutton Coldfield in November 1852, and reappointed for a second term, which expired in 1854. His term of office began with local mourning for the death of the Duke of Wellington, hero of the Napoleonic Wars and victor at Waterloo. Other significant events included the installation of gas lighting for the first time, at the Moot (Town) Hall, and in local main streets.

1820	Edward Lambley	1844	Baron Lichfield Webster
1821	Edward Lambley	1845	<i>Joseph Pimlott Oates</i>
1822	Rev. William Riland Bedford	1846	<i>Joseph Pimlott Oates</i>
1823	George Harry William Fleetwood Hartopp	1847	<i>Solomon Smith</i>
"	Sir Edmund Cradock Hartopp, Bart.	1848	James Eccleston
1824	John Smith	"	<i>Rev. Richard Williamson</i>
1825	John Smith	1849	<i>Robert Garnett, jun.</i>
1826	Charles Cooper	1850	Robert Garnett, jun.
1827	Charles Cooper	1851	Robert Garnett, jun.
		1852	<i>George Bodington</i>

NOTE.—Those whose names are printed in italics are still living.

Extract from List of Wardens published in 1852

Towards the end of Bodington's time as Warden, the ageing Moot Hall was becoming structurally unsafe and the Corporation decided to build a new Town Hall in Mill Street, covering the cost from money the sale of land to the Midland Railway. At the same time, local residents were making strong appeals for a new Municipal Charter, to replace the old Corporation with a reformed and more representative body. Their request was unsuccessful, but this issue pursued Bodington for nearly thirty years, until his eventual retirement.



The Great Park Railway Controversy

Bodington's most crucial role in local politics was played out during a bitterly fought campaign to build a railway link between Walsall and Water Orton. The proposed railway was first raised with the Corporation in 1865 and was welcomed in principle, being seen as a "*very great benefit to the parish at large*". (7) However, because the line was planned to run across Sutton Park, this became the most significant and divisive issue for Sutton Coldfield's residents. There were lingering recriminations for years afterwards. The historian W Midgley described the line, as late as 1904, as "*the dreadful scar...cut across the fair face of Sutton Park*" (8) George Bodington was accused, perhaps with some justification, of deceptive behaviour when he eventually declared his support for the project.

The Midland Railway wanted to link the coalfields and manufacturing areas of the Black Country with the wider national railway networks. There were powerful supporters among industrial and commercial interests, and many locally, who felt that the railway would bring trade and visitors to Sutton Coldfield, as well as cheaper coal. The Railway Company's insistence upon the route across the Park was the crucial factor that ignited local opposition. Initially, Sutton Coldfield's residents had been informed that the Corporation was united against the proposals and would strongly challenge the Midland Railway Company's Parliamentary application for permission to build the line.

On 17th February 1872, George Bodington had supported a unanimous resolution at a Corporation meeting to oppose the project. A Committee of five Corporation members was appointed, apparently to lead the opposition. Bodington was a member of this group. Later events revealed that three of the five members, including Bodington, actually favoured the proposed line, and believed that it was impossible to divert the railway line outside of Sutton Park. It was also discovered that a number of Corporation members and officers, including two members of the Railway Committee, had personal interests (financial and professional) in the scheme.

Why did Bodington apparently change sides, when he had an exemplary record of support for measures to conserve Sutton Park? It has not been alleged that he had any potential financial or property interest in the matter. Is it likely, given his wider political and economic views, that he really did believe the railway would bring prosperity to the locality? He had not been born in Sutton Coldfield and, unlike so many natives of the Town, he had not been brought up to look upon the Park as a precious birth right, to be protected from all incursions.

Bodington showed his open support for the Midland Railway Company's proposals when he organised a large public meeting on 5th April 1872 to promote the project. He was almost certainly the author of three resolutions that were discussed and overwhelmingly approved. These confirmed support for the railway as being "*necessary for the further development and prosperity of Sutton Coldfield*". They also confirmed that "*passage through Sutton Park cannot be properly avoided ... injury to the pasturage or beauty of the Park is imaginary and cannot be put in comparison with its benefits ...*" Finally, "*the meeting pledges itself to do all in its favour to promote the passage of the said Bill through Parliament and that Dr G Bodington and others be appointed to a Committee for the purpose.*" (9)



**Unspoilt Sutton Park in Victorian times
(Sutton Coldfield Library Archives)**

The Corporation went on to approve Bodington's actions and passed the three resolutions two days later. ⁽¹⁰⁾ Opponents of the Parliamentary Bill vigorously continued the struggle, despite some violent scenes at one public meeting. They were strongly supported by Joseph Chamberlain in Birmingham, and also by that City's MPs: John Bright and George Dixon. However, the erosion of the Corporation's opposition and the impact of Bodington's public meeting ensured that the railway would be constructed as planned.

There was bitter criticism of the Corporation's decision within Sutton Coldfield. The "*Ratepayers, Commons and Inhabitants of Sutton Coldfield*" sent a strong petition to the House of Lords. They alleged improper behaviour, corruption and deception on the part of Corporation members and their officials. Bodington was not exempt from this hostile criticism, and some critics alleged that his previous, apparent opposition to the railway scheme had been deceitful. In 1894, Rev W K Riland-Bedford wrote that the railway controversy destroyed public confidence in the Warden and Society and contributed significantly towards the ancient Corporation's abolition. ⁽¹¹⁾



**Sutton Park Railway Line, carving between Bracebridge and Blackroot Pools
From W Midgley "Sutton Coldfield Town and Chase" 1904**

Pressure for local government reform dominated Bodington's concluding years as a Corporation member. Sutton Coldfield's Warden and Society was one of the few remaining "unreformed municipal corporations", having escaped abolition in 1835, when most traditional local bodies had been reformed. Thus, Sutton Coldfield's Corporation had not been given important new responsibilities for dealing with vital issues like building controls, refuse collection, drainage and sewage disposal. The Corporation also had few legal powers to regulate planning of new buildings and limit their impact upon the environment. With the consistent rise in Sutton Coldfield's population, these concerns had become critical. From only 1821 inhabitants in 1811, the population had accumulated steadily to 7737 in 1871, with Census returns showing another 1800 people by 1881.

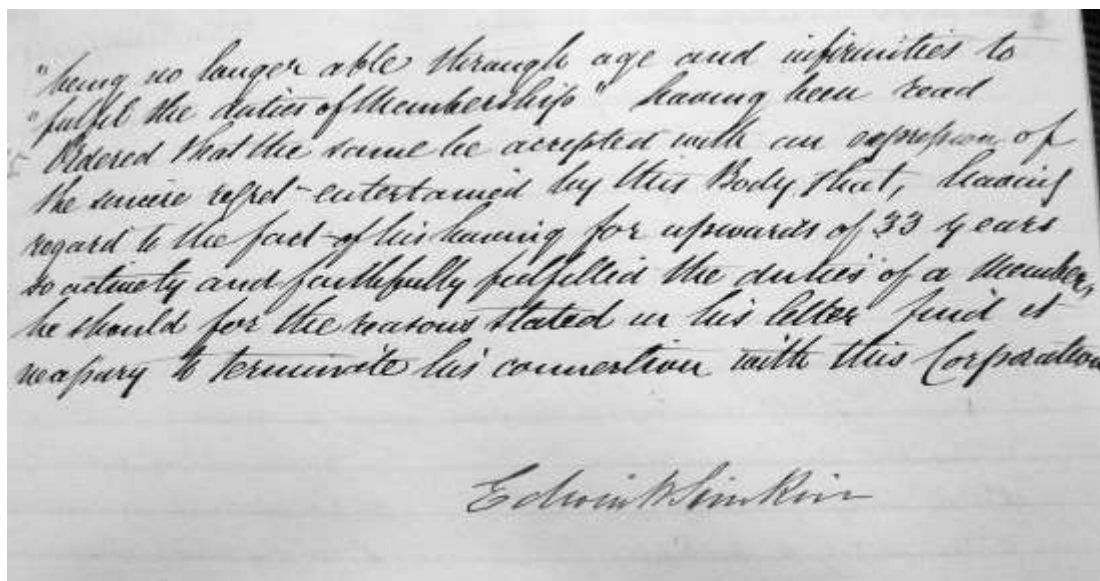
The Plants Brook carried away the bulk of the Town's sewage outflow. Its course across the New Hall Valley, from Sutton Coldfield to the River Tame at Minworth, was described as by Rev W K Riland-Bedford as "*an overflow of malodorous matter*" (12). Refuse pits and other methods of sewage disposal were overwhelmed. But still the population relentlessly grew and building continued, almost without regulation.

There was eventually a serious threat that the neighbouring local authority (Aston Union) would be requested to tackle these issues, at unacceptable expense to the people of Sutton Coldfield. Bodington was appointed to yet another Committee to "*devise best means to return the municipal powers and duties heretofore exercised by the Corporation*" (13). As late as 1876, when he was 77, Bodington was travelling to Parliamentary hearings in London, pleading for extended municipal powers to be granted to the Corporation, despite its unreformed and undemocratic status). Meeting little sympathy, Bodington and his colleagues lost patience, withdrew from negotiations, and started a search for other remedies.



George Bodington in his later years
(Sutton Coldfield Library Archives)

This was Bodington's last struggle. On 2nd May 1881, the Corporation Minutes recorded his resignation from the Corporation *"being no longer able through age and infirmity to fulfil the duties ..."* In response, members passed a resolution in the warmest of terms, expressing the *"sincere regret entertained by this Body, that having regard to the fact of his serving of upwards of 33 years, and so actively and faithfully fulfilled the duties of a member, he should ... find it necessary to terminate his connection."* (14)



Extract from Bodington's Retirement Letter to Sutton Coldfield's Warden and Society

Bodington died on 2nd February 1882. His daughter Ellen reported his death. The cause was Senile Decay (not TB, as recorded in some speculative Internet biographies!)

In the same year, the future of the historic Warden and Society was mercifully terminated, when the Municipal Corporations Act abolished all *"unreformed corporations"*. These were replaced by elected local authorities, which were given powers to tackle the challenges of a rapidly changing society. Sutton Coldfield was granted Borough Council status within Warwickshire County Council. Bodington's final, major political activity had really been rather futile. As a deeply conservative man, he fought to defend the traditional, paternal, self-interested local government arrangements.

On several occasions during the 1870s, local residents had petitioned the Corporation to permit election of members and for reform of its powers. Bodington was not in favour of these proposed reforms and had been quite an obstacle to the introduction of a much more representative and effective local authority. (15 Only four of the members of the old Corporation won seats on the new elected Borough Council.)

Other Political Activities

In addition to his medical, mental health and civic commitments, Bodington had been a keen (but significantly unsuccessful) participant in national politics. His views reflected his traditional country background and were out of sympathy with the prevailing liberalism and demands for democratic reforms in the Mid Victorian age. Richard Holbeche called Bodington “*a great Conservative ... which in the days I speak of seemed preposterous*”. (16) He apparently spoke powerfully at large public meetings, in a voice that was “strong, deep, of great range.” (17) As in other aspects of his life, Bodington had conviction and clarity, and may have found it difficult understand why anyone should see issues in a different light!

During the 1840s, he was a frequent and powerful speaker at “Protectionist” rallies, aiming to opposing the repeal of the Corn Laws, which had for many years protected the farming community from overseas competition. (18) Coming from a deeply rural background, Bodington could not accept this Mid Victorian passion for free trade. In many respects, he could not accept the changing nature of his own Party. He opposed Robert Peel’s drive to regain public support in an age of rapid social and industrial change, by converting old-style Tories into new Conservatives.

In the 1859 General Election, Bodington was a candidate in Birmingham. He received a very derisory review from the “*Birmingham Journal*” which stated: “*The political creed of the new candidate is rather peculiar, we shall not say incoherent.*” (19)

He was keenly interested in trying to resolve the “Irish Question”, writing several pamphlets calling for the abolition of the Act of Union between Ireland and Great Britain. Even Bodington, alas, could not solve this perpetual issue! Rev W K Riland Bedford, who knew him very well, wrote an epitaph on his national political aspirations noting “*these ideas did not commend themselves to any body of electors.*” (20)

George Bodington’s Obituary

Bodington’s Obituary was widely published in the medical journals and local newspapers. It emphasised his contributions to medicine and to his devotion to local civic affairs, but gave sparse and inadequate attention to his long career pioneering humane treatment and care for the mentally ill.

OBITUARY.

GEO. BODINGTON, M.D. Erlangen, L.R.C.P. Edin., L.S.A.

DR. GEORGE BODINGTON, whose death occurred on February 5th, at Sutton Coldfield, in his eighty-third year, was a well-known and widely-respected practitioner. He was a descendant of one of the old yeoman families of Warwickshire—the Bodingtons of Cubbington, who have tilled their own land in that parish since the time of Henry VIII. As a boy, he was sent to Magdalen College School, at Oxford; and, when seventeen years old, was apprenticed to a Mr. Syer, a surgeon of Atherstone, by whom he was transferred, a year later, to a Mr. Wheelwright, a surgeon in the City of London. He afterwards became a student at St. Bartholomew's Hospital, and obtained the L.S.A. in 1825. On this qualification Dr. Bodington began to practice in Birmingham; but in a very short time he removed to the neighbouring village of Erdington, where he carried on a very successful practice until 1843. In this year, he determined to devote his whole time to the treatment of the insane at the Driffold House Asylum, Sutton Coldfield, of which he had become proprietor in 1836. At this work he continued until his retirement in 1868, when he handed the asylum over to his son, Dr. G. F. Bodington. Since that date he mainly occupied himself with public work in connection with the royal borough of Sutton Coldfield, of which he was warden in the years 1852-3, 1853-4, and, up to 1881, one of its most active members and magistrates.

Dr. Bodington was not a silent member of the profession. An acute observer, a vigorous thinker, and a good solid and fluent speaker, he was always able to take his share in the public work connected with his position. In politics, he was a man of strong opinions, and to the last was an ardent Protectionist, never wavering in his faith, but ever earnest in advocating the theories in which he believed. It is more especially, however, as a forgotten medical author that we would speak of Dr. Bodington. His first medical essay was *A Letter on a Case of Asiatic Cholera, addressed to the President and Council of the Central Board of Health, London*, and published in 1831. This pamphlet was a vigorous protest against the use of bleeding and calomel, and displayed the same tendency to think and reason for himself which made his later *Essay on the Treatment and Cure of Pulmonary Consumption*, 1840, so very noteworthy. In this little book, Dr. Bodington anticipated by many years the modern views on the treatment of phthisis. In 1840, consumptives were closely and carefully confined, from a fear of the evil influence of cold fresh air. Against this, Dr. Bodington earnestly protested, as "forcing them to breathe over and over again the same foul air contaminated with diseased effluvia of their own persons". Arguing against the value of antimony, calomel, and bleeding, he urged the free administration of nutritious food and stimulants, with plenty of exercise in pure air, and, if possible, dry "frosty air". He did not value sea-air highly, but contended for the drier air of inland districts. His great specific was cold dry air, which, he said, had a most powerful influence in "healing and closing of cavities and ulcers of the lungs". It is remarkable that a village doctor should have arrived, in 1840, at these conclusions, which anticipate some of our most recent teachings. He was severely handled by the reviewers, and so discouraged from pursuing observations which might have been of the greatest value.

In 1857, some years after he had given up general practice, a writer in the *Journal of Public Health* unearthed Dr. Bodington's treatise, and did him tardy but ample justice. We are glad again to claim for a general practitioner the high credit of having been the first, or among the first, to advocate the rational and scientific treatment of pulmonary consumption. Dr. Bodington was for many years a member of the Birmingham and Midland Counties Branch of the British Medical Association.

CERTIFIED COPY
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of an ENTRY
Deaths Registration Act 1953

FE 112986

DEATH

REGISTRATION DISTRICT Aston

18 52. DEATHS in the Sub-District of Sutton Coldfield in the County of Warwick

No.	When and Where Died.	Name and Surname.	Sex.	Age.	Rank or Profession.	Cause of Death.	Signature, Description, and Residence of Informant.	When Registered.	Signature of Registrar.
63	<u>Fifth February 1882</u> <u>Rockhall, Sutton Coldfield R.D.</u>	<u>George Bodington</u>	<u>Male</u>	<u>52 years</u>	<u>M.R.C.S.</u>	<u>Senile Decay</u> <u>Progressive</u> <u>Certified by</u> <u>H. Duncanson</u> <u>M.R.C.S.</u>	<u>Ellen Ann Bodington</u> <u>Daughter</u> <u>present at the death</u> <u>Rockhall,</u> <u>Sutton Coldfield</u>	<u>With February 1882</u>	<u>Jas. Cramp</u> <u>Registrar</u>

Copy of Bodington's Death Certificate
Courtesy of Birmingham Registry Office

POSTSCRIPT:
BODINGTON'S FAMILY

In addition to their oldest son, George Fowler Bodington (see above), Bodington and his wife Ann had three younger sons and two daughters. All survived them, apart from their second son, Richard. He shared his older brother's yearning to travel and became a Land Surveyor, attached to the Great Indian Peninsular Railway Company. In October 1859, while working on a railway project in India, he was attacked by a swarm of hornets (or possibly wasps) and was tragically drowned in the Nerbudda River, near Jubbulpore, having jumped into the water in a vain effort to escape these. (1)

Richard Holbeche visited Richard's grave in 1871, when on army service in India. (2) His sister could only comment in her Diary that "*God willed it*". (3)

There is virtually no mention of religion in George Bodington's surviving writings or apparently in his public life, so it may be surprising that two of his sons became Anglican clergymen. Rev Alfred Bodington seems to have avoided controversy and spent much of his career as Vicar at Marchington, Staffordshire, until his death in 1902. (4)

Rev Charles Bodington attracted some infamy because he was a strong supporter of Anglo-Catholicism, which divided the Church of England from the mid Nineteenth Century onwards. As Rector of St James Church, Wednesbury, Charles published High Church literature and introduced ceremonies and religious artefacts of a Catholic nature. He was tried for contravening the Public Worship Regulation Act 1874, which sought to halt the spread of Anglo-Catholicism within the Anglican Church. After recanting somewhat, he was allowed to retain in his position. (5)

Ann Bodington and the two daughters

We know little about George Bodington's wife, Ann, or about his daughters, except for a few references in the *Holbeche Diaries*. The daughters remained at home, unmarried. They apparently used to decorate Holy Trinity Church at Christmas and organised very large tea parties at the Town Hall. (6) There is an indication in the 1871 Census that Ellen was "Superintendent of Household" at Driffold House. Census information also shows that both sisters lived with their father after the death of their mother, Ann. Together, they ran a private girls' school at "Rocksall" in the 1880s. (7)

Bodington's Will indicated greater confidence in his sons George and Charles, as opposed to Alfred and his daughters. They were his executors and he left them his properties in Ratcliff Curley (near Atherstone) and his Sutton Coldfield property, including "Rocksall". Alfred was permitted access to the proceeds of rents and investments but not given any land, money or material items. Bodington bestowed income upon his daughters and the right to live at "Rocksall" for their own lifetime. (8)

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Chapter One

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- 2 George Bodington 1799-1882 by Richard J Cyriax. Published by the *British Journal of Tuberculosis* April 1941 (Sutton Coldfield Reference Library Archives SCRLA)
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- 21 p16 Bodington’s *Essay*
- 22 p3 Bodington’s *Essay*
- 23 p17 Bodington’s *Essay*
- 24 J F W Shrewsbury’s “Address to Birmingham Civic Society” 20th April 1956 Handwritten Copy in SCRLA
- 25 p viii Bodington’s *Essay*
- 26 Prof B H Bass “*George Bodington: The Sage of Sutton Coldfield*” West Midlands Physicians’ Association 1984
- 27 p19 Bodington’s *Essay*
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- 29 p44 Bodington’s *Essay*
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- 31 p44 Bodington’s *Essay*
- 32 pp26-30 Bodington’s *Essay*
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- 34 A H Seaton p102 *Bygone Erdington* 1928 ; 1841 Census: Aston, Warwicks (Birches Green); Biographical Information provided by Miss M Fowler of Streetly (SCRLA)
- 35 p40 Bodington’s *Essay*
- 36 pp30, 34 Bodington’s *Essay*
- 37 p41-42 Bodington’s *Essay*
- 38 p44 Bodington’s *Essay*
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- 4 P 131 Joseph Jackson Howard op cit
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SCRLA: Denotes documents held in Sutton Coldfield Reference Library’s Local History Archives (SCRLHA)

BRL: Birmingham Reference Library

W and S Minutes: Minutes of the Sutton Coldfield Warden and Society (kept at SCRLHA)

BMJ British Medical Journal (All copies available on the British Medical Association’s *website*)

Lancet The Lancet (Birmingham University Library Special Collections)

Acknowledgements

Numerous people and organisations have given invaluable assistance, locating source documents and illustrations, and offering information, encouragement and advice. I would like to express special gratitude to:

- Members of the Sutton Coldfield Local History Research Group, in particular, Roger Lea and Marion Baxter
- Librarians at:
 - Birmingham Reference Library and the Special Collections Section
 - University of Birmingham Library and Special Collections Section
 - University of Birmingham School of Medicine Library
- Archivists at:
 - Magdalen College School, Oxford
 - St Bartholomew’s Hospital, London
 - University of Erlangen, Bavaria, Germany
 - Edinburgh University School of Medicine
- Len Smith University of Birmingham Research Fellow, author of works on the history of mental health provision, including histories of asylums