

Dr George Bodington

1799-1882



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

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Chapter One

BODINGTON THE PHYSICIAN

Introduction

Tuberculosis (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)

George Bodington's international reputation as a physician is based upon his pioneering treatment of patients suffering from TB (Pulmonary Consumption), described his classic *Essay* written in 1840. It is unfortunate that medical historians have largely ignored other very significant aspects of his life and work. Typical is a comment by Richard Cyriax, who was a TB Treatment Officer in Warwick and Coventry. In a very well researched and informative article about Bodington's treatment of TB, Cyriax ended with the comment that "*little needs to be said of the remainder of Bodington's life after 1840.*" (2)

This statement was quite wrong, but it reflects a commonly held view that Bodington's later career does not merit investigation. Even his 1882 *Obituary* gives only a passing reference to his long career caring for mentally ill patients. (3) For thirty years, Bodington worked with compassion and ingenuity, treating patients in his *Driffold House Lunatic Asylum*. This was a period in history when few physicians had the knowledge or the inclination to specialise in treating mental illness and when there were frequent allegations of profiteering and abuse among owners and managers of asylums.

Bodington should also be recognised for his energy and commitment to public service. For more than thirty years, during a time of intense social, economic and political change, he found time to serve as a magistrate and as a leading member of Sutton Coldfield's historic governing body, the Warden and Society.

George Bodington
1799-1882

(Sutton Coldfield Library
Archives)



Early Life and Education

George 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 greatest benefactor in Tudor times).



Magdalen College School in the early 1800s
(From R S Stanier: Magdalen School 1958)

English public schools were in a general decline at this time, prior to widespread reform later in the Century. 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 advanced literary skills indicate that he must have received a very effective education.)

In the early 1800s, it was common for aspiring physicians to arrange their own training, usually by seeking practical work experience. They had to work this way because there few structured medical training opportunities. Trainee physicians basically learned by observing and assisting those already in practice.

Bodington was first apprenticed at the age of seventeen to Mr Syer, a surgeon in Atherstone, Warwickshire and later to Mr Wheelwright, a City of London surgeon.

Bodington's search medical training led him to St Bartholomew's Hospital, London, which was not at that time a recognised medical school and did not grant formal qualifications. Like other would-be physicians, Bodington would have paid doctors for allowing him to "walk the wards," observing them at work and taking 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" in crowded halls.

These "trainee physicians" did not generally receive enough practical bedside experiences or the necessary degree of structured preparation to meet the demands of general medical practice. (6) However, the evidence of Bodington's later career suggests that he possessed the motivation, intelligence and curiosity to rise above these serious flaws in 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 individual, competent and thoughtful care to his patients.

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. At that time, the numbers of unqualified people practising as physicians causing concern to the government. It thus gave the College powers to "regulate the practice of apothecaries." It was necessary for physicians to have this minimum qualification since they frequently had to prepare as well as prescribe medicines for their patients. 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."



Copy of Bodington's Apothecary Certificate
(University of Erlangen Archives)

He did not obtain his medical doctorate (MD) until 1843 (see below), and was not awarded the Licentiate of the Royal College of Physicians (Edinburgh) until 1859, at 60 years of age. (7)

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*

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 frequently harmed, rather than cured, the patient, because they were too harsh. During an Asiatic cholera epidemic in 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 rather than being weakened by the consequent draining of their bodily fluids. By 1839, he was making the same point about scarlatina. He wrote to *Lancet* claiming to have successfully treated five patients with stimulants and pain relief ("*mild anodynes*"), instead of what he graphically described as "*scouring out*" and mercury-based potions. (9)

In 1840, George Bodington published his medical *Essay*, "*Bodington on the Treatment and Cure of Pulmonary Consumption.*"(10) In later years, this document was been recognised as a classic text in the history of medicine. It described a quite different way of treating patients with TB. Bodington administered a wholesome diet, exercise and a healthy environment (later known as the "*fresh air*", or "*sanatorium*" methods). Bodington also laid out his ideas for specialist treatment centres, which were closely similar to practices that were routine fifty years later and on to the middle years of the Twentieth Century.

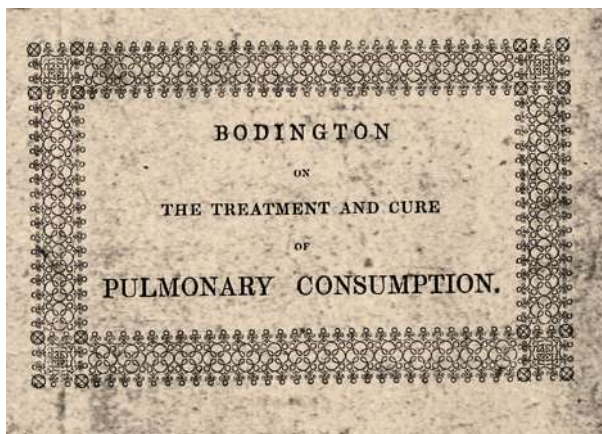
Despite the praise given by later generations of physicians, the reaction of the medical world to the *Essay* was overwhelmingly unfavourable and often scathing. *Lancet* wrote about Bodington's "*very crude ideas and unsupported assertions*" and said his suggestions were "*far above the range of our 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) His relatively unknown and provincial status as a "country physician" also went against him. He was openly condemning long-accepted treatments that were being used by the most eminent and respected physicians of his day. These included the young Queen Victoria's own physician, Sir James Clark who took a special interest in TB treatment. One of his patients was the poet Keats, who unfortunately died from TB. (12)

Bodington's *Essay* was a very bold and confident document. He virtually dismissed any discussion of the "*causes, origins and nature*" of TB, feeling that these were either fully known or not relevant to treatment. His overriding interest was treating the patient's symptoms by "*natural, rational and successful methods.*"(13) Bodington pointed out 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 gave the opposite result to what was intended. *Digitalis* (extracted from dried foxglove leaves) did not, despite medical claims, regulate the heart and arteries. It was also 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 physician interested in treating TB. 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 longer than 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 main 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 that were *"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)



Title Page of Bodington's 1840 Essay

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 country 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 open environment contrasted sharply with conventional practice, where patients with TB were confined within warm rooms without ventilation. Bodington vividly described this as *"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 in a *"dry and high"* area where the cold *"is never too severe."* (In essence, he seems to be describing 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)

It is not known where Bodington treated patients with TB prior to 1836. In that year, he came to live at *Driffold House*, Maney, Sutton Coldfield, and he also purchased the private Lunatic Asylum that had been opened there in the 1790s. (24) He wrote that he had *"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 to 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 *Lancet’s* reviewer, who severely criticised Bodington’s “*limited scope of evidence.*” In fairness, this was a weakness in Bodington’s otherwise well-argued case. He had only described the treatment of six patients suffering from TB in as many years. *Lancet* went on to concede (in a rather 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

There is no evidence that Bodington treated more than six patients with TB or that his claims were externally validated. However, within thirty years, other physicians had begun to use very similar fresh air, exercise and dietary strategies. This supports the probable accuracy of Bodington’s claim to have achieved success.

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 in the 1930s
(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, most GPs had neither the time nor 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. He encouraged early rising, and, as the patient improved, daily walking. The patient 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 toolmaker was not completely cured. His symptoms returned at intervals. Bodington described his need to train 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 considerable suspicion in some quarters. He was not readily consulted until patients or relatives had lost all hope of recovery and had lost faith in 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 opposition from her family, Bodington’s treatment was delayed by two months. After initial setbacks, she responded well. She began to ride a donkey, which helped build up her strength and by June 1836 she was recovering. 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 treatment of 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)

There is strong evidence for identifying the niece as Hannah Fowler, from Birches Green, Erdington, who was the daughter of William Fowler (brother of Bodington’s wife, Ann). Many years later, Miss M Fowler of Streetly wrote that Bodington “*practised in Erdington first, and on cousin Hannah MacKay (a Hannah Fowler), then moved to Sutton...*” In 1928, A H Saxton, a local historian, wrote 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. Her age and details of treatment match those of “Mrs E M.”(34)

Another patient’s experiences enhance the credibility of Bodington’s reports, and also show his caution in claiming complete 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)

There was also “*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 described, Bodington revealed that he did occasionally use leeches, but 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 unprecedented specialist facilities to treat TB patients. These proposals 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 that 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 condemned the poor quality of urban environments in the 1830s, where there was extreme industrial pollution. Patients who recovered should not return to their former, polluted neighbourhoods. He suggested that these people should work in open-air jobs, for example, on farms or gardening. (40)

At the conclusion of his *Essay*, Bodington gave a resounding 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 very 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, *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 proposing what later became the accepted treatment for TB. (*Lancet*’s review may have shaken him even more than other comments because a young, radical surgeon, Thomas Wakley, had founded that journal. As a reforming Member of Parliament, Wakley devoted his life to attacking established views and promoting medical and social improvements.)

In attempting to understand Bodington’s critics, we cannot ignore his own status. He was relatively young and 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 own family, when he wanted to treat his niece, showed the strength of hostility to his ideas, even from close relatives. He had presented his *Essay* without independent verification and his conclusions were based on the treatment of only six patients. *Lancet* was too 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)

Eventual Recognition

In a curious and rather paradoxical way, it can be argued that Bodington's later fame, and his honoured place in the history of medicine, was *helped rather than destroyed* by the publicity and even the scathing reviews. If the *Essay* had not been published and widely reviewed, the details of his discoveries and successful treatments would probably have been ignored and forgotten. By the mid 1850s, when others were beginning to develop fresh air treatment strategies (probably independently). 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 the late 1850s, Bodington's *Essay* was rediscovered and republished. (45) When later years, Robert Koch, a German microbiologist claimed to have pioneered the "sanatorium" method of treating TB, Bodington's friends destroyed his claims by sending a copy of his *Essay* to The Times newspaper. (46)

The quality of Bodington's *Essay* had been recognised in Bavaria in as early as 1843. In that year, 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 a Thesis to support the application. He also enclosed a number of 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 Bodington 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.*" (47)



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

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 not visited or 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.

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.*” (48)

By 1902, Dr A T Tucker Wise, wrote a well-publicised article in the *British Medical Journal*, which did much to confirm Bodington’s place in history as an outstanding early pioneer of TB treatment. Tucker Wise wrote “*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.*” (49) Tucker Wise also noted 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

Why did George Bodington decide to abandon his treatment of TB patients after 1843? Not only did he give up his “*White House*” sanatorium, he also largely withdrew from general medical practice. (50) 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.” (51)

The confidence and certainty expressed in his *Essay* indicate that Bodington had expected the medical world to recognise both his advances in treating TB, and his detailed proposals for specialist facilities to combat and treat the disease. Possibly, he could not cope with further damage to his reputation among patients and medical colleagues through his apparent use of unorthodox methods. These laid him open to allegations of being a “quack doctor.” Perhaps he could no longer attract enough patients to sustain the running costs to keep “*The White House*” sanatorium open.

On the positive side, Bodington was increasingly busy in other directions. Since 1836, he had been proprietor and medical superintendent of his *Driffold House Lunatic Asylum*. This had become a demanding responsibility in the years before he stopped treating TB patients. Bodington devoted much of the remainder of his professional life treating mentally ill patients at the Asylum. (52) 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 desirable. (53)

Subsequent Medical Career

There are some indications that Bodington did continue to treat some patients after 1843, but in a private capacity and not on an organised basis, except to perform his very demanding mental health role at *Driffold House*. In her diary, Sarah Holbeche mentions Bodington being present in 1865 at “*the removal of Mr Addenbrooke’s tumour.*”⁽⁵⁴⁾ 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.*”⁽⁵⁵⁾

He continued to submit numerous articles to medical journals well into the 1860s, showing a particularly strong interest in the treatment of cholera. During the severe cholera outbreak in 1853, Bodington wrote to *Lancet* recommending treatment by using 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 surprisingly praised 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.*”⁽⁵⁶⁾

Chapter Two

DRIFFOLD HOUSE ASYLUM

*“As kind and candid a person as any holding a licence for an asylum”
John Connolly, Resident Physician, Hanwell Asylum, 1853*

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 and has overshadowed his other important achievements. In particular, his thirty years as proprietor and medical superintendent of the *Driffold House Lunatic Asylum*, Sutton Coldfield has often been ignored, or dismissed with a brief comment by subsequent writers. Bodington’s role in treating many patients with mental illness is not mentioned on the memorial plaque erected in June 1953 by Sutton Coldfield Borough Council, in Bodington Gardens on the corner of The Driffold and the Birmingham Road. Even the well-publicised *Obituary* of Bodington’s life (1882), contains only a passing reference to his mental health career. 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 30 years.

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 area of treatment. These sources include Census information between 1841 and 1871, Bodington’s 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 references in a published works, local diaries and estate plans. Within limitations, it is possible to build up a broad, if patchy, view of the quality and type 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 illness (still almost universally called "lunacy" or "madness" during most of the Nineteenth Century) developed when this was gradually becoming a recognised medical discipline. From the later years of the Eighteenth Century, coinciding somewhat with public concern over the so-called "madness of King George III," the concept of mental illness was gradually displacing centuries of ignorance about "moon mad" lunatics and possession by evil spirits. Governments were starting to intervene, for example, initially to require that only a recognised physician could certify insanity. Another reform in 1828 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 (known as "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 huge 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 some time it 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* made 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 managed to run the Asylum at the same time as attending to his general practice and treating TB patients. It probably stretches coincidence to suggest a connection with the Dean of Erlangen University's Medical School. This was Johan Michael Leupoldt, who presented Bodington's MD certificate in 1843 and also possessed a signed a copy of his *Essay*. Leupoldt 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. Is it credible to speculate about possible links with Bodington, whose own writings rarely gave any clues as to the sources of his ideas and practices?

Driffold House: A Small, Privately Owned Asylum

When Bodington moved into *Driffold House*, he took on the joint roles of asylum proprietor and resident medical superintendent. This contrasted with the position in many private asylums, where absentee owners would employ staff to live on site and take full day-to-day 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 privately owned asylums. 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 a kindly ethos in these institutions, which promoted personal and caring regimes. 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 large public asylums, Bodington described the experiences of some patients who had been removed from these and transferred to *Driffold House*. Some of these patients 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 that was 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. 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.*” It outlined further reports of abuse. As examples, the Commissioners described the use of solitary confinement,

forced feeding, whips and manacles, and sundry other methods of intimidation. (8) These abuses had continued on a wide scale, despite the introduction of annual inspection of Asylums and “Madhouses.”

Inspection and Licensing

As required by law, Sutton Coldfield’s *Warden and Society* arranged annual inspections 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

“...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)

Until 1844, it had been a requirement that Driffold House Asylum should admit up to five parish paupers. From that time, publicly funded places were becoming available for these unfortunate people in the county asylums.

Three Justices of the Peace (JPs) were appointed annually as visitors to the Asylum. They were accompanied by Sutton Coldfield’s Deputy Steward and Clerk of the Peace (Vincent Holbeche in 1844). They presented annual reports of their findings. Unfortunately, it has not yet been possible to trace these. Nationally, it was noted that 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 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 category of mental illness. In many cases, what was thought to be insanity in Bodington’s time would be considered today as treatable, or even routine medical conditions. These include symptoms of diabetes, depression, industrial poisoning, epilepsy, syphilis, alcohol abuse, and heart and kidney diseases.

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 often diagnosed temporary depression or apparent signs of hysteria as “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 towards the boundary of the later Digby Road. ⁽¹²⁾

The Lunacy Commissioners examined the quality of the buildings and accommodation at *Driffold House Asylum* in 1862. 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 could show an obstinate attitude, in spite of repeated criticism, towards improving aspects of patients’ living conditions.

Residents, Staff and Patients

Census returns describe the people living in *Driffold House*. In 1841, Bodington was living with his wife, Ann, and their six children (aged between 3 and 12 years). Ann’s sister, Elizabeth, was also there at the time. Apart from Josiah Dale (Keeper), there were six residential staff, but it is unclear which of these exclusively worked for the family, cared only for patients, or perhaps 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 about short-term treatment or the possibility of non-resident patients. Bodington included a table in *The Lancet* (December 1838), analysing the treatment of 18 patients (see p18 below). ⁽¹⁵⁾

In 1841, patients were named in the Census. From 1851, patients were recorded only by initials to prevent 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 certainly not cured at *Driffold House Asylum* 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.*” The man’s friends had removed him from the Asylum, after Bodington had “*declined the responsibility.*” (Possibly, Bodington had formally requested his removal, since he confessed to “*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. It is possible that some local non-residential staff were employed and would not have been included in the Census returns. The residential staff members were not of local origin, being variously born in Shropshire, Warwick and Worcester. (18)

Name	Relationship	Sex	Age	Occupation	Place of Birth
George Bodington, L.S.A.	Husband	Mar.	61	Physician, L.S.A. & R.C.P. Edin.	Salop.
Ann Do.	Wife	Mar.	60		Warwick
Ellen A. Do.	Daughter	Un.	27		Do.
Mary E. Do.	Daughter	Un.	22		Do.
Elizabeth Fowler	Sister-in-law	Un.	80		Do.
Thomas Lloyd	Attendant	Mar.	41	Head Attendant on Male Inmates	Salop. Sh.
James Overton	Asst. Do.	Un.	16	Assistant attendant	Warwick
Mary A. Price	Matron	W.	41	Matron	Do.
Elizabeth Lovatt	Serv.	W.	37	Cook	Salop.
Elizabeth Saylor	Serv.	Un.	21	Housemaid	Warwick
Mary Boyle	Serv.	Un.	21	Head Attendant	Do.
Mary Pearson	Serv.	Un.	18	Kitchen Maid	Worcester
M. M. ✓	Patient	Un.	56		
M. C. ✓	Patient	W.	54		
M. A. A. ✓	Patient	Un.	35		
E. E. ✓	Patient	Un.	53		
J. J. ✓	Patient	Un.	29		
A. M. M. ✓	Patient	Un.	22		

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 decide upon her husband’s sanity. In December 1864, Francis Barlow, so-called

“*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 the 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. Residents’ former positions included farmer’s daughter, sister of a mine agent, button manufacturer, annuitant widow of a Presbyterian minister, portrait and landscape painter, 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*.⁽²⁰⁾

An Internet search yielded the details of another named patient, although these have not been securely verified. 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 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 his family in Whitehouse Common, Sutton Coldfield.

Symptoms and Strategies for Treatment

In 1838, Bodington published evidence about 18 of his patients’ symptoms, treatments and results in *The Lancet*.

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)

The table indicates that seven patients seem to have recovered successfully and that Bodington was hopeful about the recovery of another two – apparently a 50% rate of success.

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 (which matched to those at *Driffold House*), with those experienced by patients “*incarcerated in a large urban system.*”

Bodington again revealed his consistent preference for mild medication. 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 patient 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, as “*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 took him to the milking parlour on the *Driffold House* estate, so that Mr J could witness milk being directly drawn from a cow, 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 persuaded 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 enough evidence of the range of Bodington’s treatment methods to indicate his patience, caring nature and professional expertise. He was willing to use innovative and unusual strategies, carefully matched to the individual needs of patients. He stressed the benefits of the rural environment, including walking, riding and country sports. Bodington’s style of treatment closely linked the importance of developing both physical and mental health. To a significant degree, these strategies matched the methods Bodington had 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 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 referred to *melancholic patients* being immersed in cold baths, epileptics who were subjected to 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 involved physical force that was “*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 wrote “the instrument of restraint, properly adapted, is the most efficacious, merciful way of meeting the difficulty.”

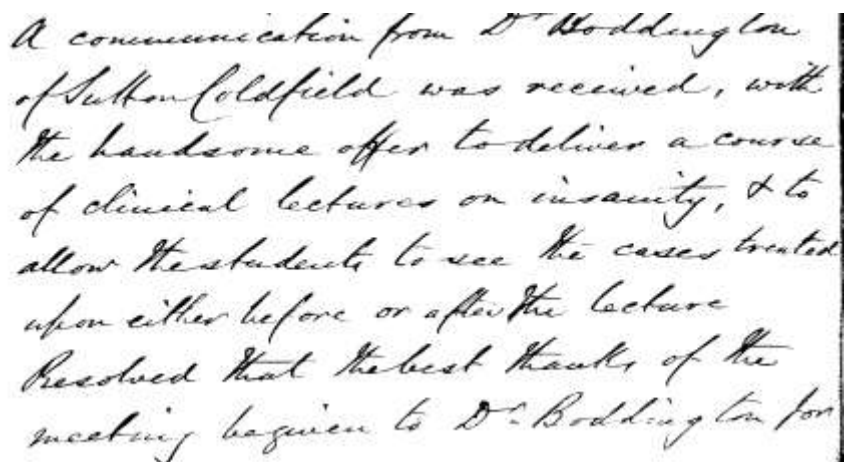
Bodington mentioned patients, who “will not keep their beds, but will be up even all through the night, and in severe weather are in danger of being frost-bitten. No personal efforts of an attendant can be effectual.” He supported use of a “mild and judicious application of mechanical restraint.” (28)

These comments attracted a vigorous reply from John Connolly, famous as the 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 *Lancet’s* review of his 1840 *Essay*.

Connolly noted that *Driffold House Asylum* 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)

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, remains limited to some furnishing and accommodation shortcomings near to the end of Bodington’s tenure and never about poor 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 *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

Toward the end of his career, Bodington showed a strong interest in one of Victorian England’s most notorious murder cases. In August 1864, George Victor Townley, from Wirksworth, Derbyshire, 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 debate 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 commuted the sentence to life imprisonment. Bodington argued that Townley's behaviour, before committing the murder, was not that of an insane person. He wrote that 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 p17 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 explainable motive, no hatred, and no preparation for the attack. 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 judges should look for evidence of premeditation and preparation when considering the merits of a plea of insanity. These factors would indicate a sound, calculating mind. They should also examine the defendant's background for any history of impulsive and motiveless violence. He also 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 wrote at a time when Darwinist theories of inherited behaviour patterns were becoming popular. (32)

Retirement and Transfer of the Asylum

During 1866, Bodington prepared to retire. He is recorded that year as being Co-Owner of *Driffold House Asylum*, 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) This was only short stroll from the Asylum.

George Fowler Bodington was the most accomplished of Bodington's six children. He had higher qualifications and even wider 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 had 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, where he was reputed to have hunted enthusiastically for wild game. He returned as a physician to his uncle's general practice in Kenilworth, Warwicks. Soon afterwards, he served as a GP near Middlesbrough, before returning to Sutton Coldfield and 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 Fowler Bodington became President of the *Birmingham and Midland Institute* and also held office at the Birmingham Branch of the *British Medical Association*. He eventually relocated the Asylum to Kingswinford, Staffs, 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. He became the Medical Superintendent of 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"



Seal of Sutton Coldfield's
Warden and Society

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*" (the 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 seventies, 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.

Through the influence of Bishop Vesey, the Corporation was established in 1529. It was composed of 25 men to govern the Town. They selected their own replacements and also chose a Warden annually, who chaired their proceedings and was effectively the Town's first citizen, or mayor. The Corporation had functioned adequately in that manner for over 300 years. By the middle of the Nineteenth Century, it was increasingly challenged, and eventually swept away, by 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. Third, despite a few periods of temporary revival, the Corporation generally did not have the vision to understand and adapt to the needs of the 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 show some of his special concerns. These included the use and regulation of Sutton Park, the building and impact of local railways, and his reactions to 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 niggling cause of dissension among Park users. (4)

In 1862, the first railway link from Birmingham to Sutton Coldfield opened and, for the first time, crowds of urban day-trippers were able to visit Sutton Park. While the Corporation had previously been concerned with “*squabbles about game*” there was now a real threat of 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 protect the surrounding woodlands and game habitats from being damaged by the visitors. He also campaigned unsuccessfully for a municipal swimming pool in the Park



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

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

Bodington as Warden of Sutton Coldfield

After only four years as a member of the Corporation, Bodington was appointed Warden of Sutton Coldfield in November 1852. He was subsequently appointed for a second term, which expired in 1854. His period of office began with local mourning for the death of the Duke of Wellington, national 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.



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

Towards the end of Bodington’s time as Warden, the very old Moot Hall was declared structurally unsafe and the Corporation decided to build a new Town Hall in Mill Street, covering the cost from penalty money extracted from the London Northern and Western Railway, which had defaulted on a pledge to build a local line. 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.



**Sutton Coldfield’s “new” Town Hall
opened in 1859
(Sutton Coldfield Library Archives)**

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 proposal for a 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, the proposed railway became a passionately divisive issue because the route was planned to run across Sutton Park. The whole issue left bitter feelings for years afterwards. As late as 1904, the local historian W Midgley described the line, as *“the dreadful scar...cut across the fair face of Sutton Park.”* ⁽⁸⁾ Even George Bodington was accused (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 to its own industrial interests in the East Midlands and with the wider national railway networks. There was powerful industrial and commercial support, and even some local people felt that the railway would bring trade and visitors to Sutton Coldfield, as well as cheaper coal. It was the Railway Company’s insistence upon routing the line across the Park that ignited local opposition. Initially, Sutton Coldfield’s residents were assured that the Corporation was united against the proposals and that members would strongly challenge the Railway Company’s Parliamentary application for permission to build the line.

On 17th February 1872, George Bodington had supported a resolution to oppose the project, which was passed unanimously. 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 it away from 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 successful outcome of the scheme. ⁽¹⁰⁾

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 financial or property interests in the matter. It seems likely, given his wider political and economic views, that he genuinely believed the railway would bring prosperity to the locality. Bodington had not been born in Sutton Coldfield. Unlike so many natives of the Town, he had not been brought up from early childhood to look upon the Park as a precious birth right, to be protected from all incursions.

Bodington revealed his open and active support of 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 ... 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.”* ⁽¹⁰⁾

The Corporation went on to approve Bodington’s actions and passed the three resolutions two days later. ⁽¹¹⁾ 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 the 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.



Unspoilt Sutton Park in Victorian times
by Alice Bracken
(Sutton Coldfield Library Archives)

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

Bodington's concluding years as a Corporation member were dominated by pressure for local government reform. Sutton Coldfield's *Warden and Society* was one of the few remaining "unreformed municipal corporations." It had escaped abolition in 1835, when most of the nation's unelected local authorities had been reformed. This meant that Sutton Coldfield's Corporation had not been given important new responsibilities. It had little power, for example, to deal with vital issues like 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 on-going rise in Sutton Coldfield's population, these concerns had become critical. There had been only 1821 inhabitants in 1811 but the population had accumulated steadily to 7737 in 1871. (By 1881, Census returns showed a further increase of 1800 people).

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

There was a growing threat that the neighbouring local authority (Aston Union) would be requested to tackle these issues, at unacceptable financial cost 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, still pleading for extended municipal powers to be granted to the Corporation, despite its unreformed and undemocratic status). Meeting little sympathy, Bodington and his colleagues finally 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, the 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⁾

"being no longer able through age and infirmities to fulfil the duties of membership" having been read
 Ordered that the same be accepted with an expression of the sincere regret-entertained by this Body that, having regard to the fact of his having for upwards of 33 years so actively and faithfully fulfilled the duties of a Member, he should for the reasons stated in his letter find it necessary to terminate his connection with this Corporation

Edwin Minchin

Extract from Bodington's Retirement Letter and the generous tribute expressed in return by 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!)

CERTIFIED COPY  of an ENTRY
 Pursuant to the Births and Deaths Registration Act 1953

FE 112986

DEATH

REGISTRATION DISTRICT Aston

1882. 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.
83	5 th Feb 1882 Brookhall, Sutton Coldfield R. 19.	George Bodington	Male	62 years	M.R.C.P.	Senile Decay Progressive. Certified by #32mcclp M.R.C.P.	Ellen Ann Bodington Daughter present at the Death Brookhall Sutton Coldfield	Month February 1882	Jed Crampf Registrar

Copy of Bodington's Death Certificate 1882

In the same year, the future of the historic Warden and Society was at last decisively settled, when the Municipal Corporations Act abolished all "unreformed corporations." Elected local authorities, with powers to tackle the challenges of a rapidly changing society, replaced these. In 1886, Sutton Coldfield gained Borough status, within Warwickshire County Council.

Bodington's last major political activity had been futile. As a deeply conservative man, he fought to defend the traditional, paternal, local government arrangements. On several occasions during the 1870s, local residents had petitioned the Corporation to hold elections for its members and for the reform of its powers. Bodington was not in favour of these proposed reforms and had tried to obstruct the introduction of a much more representative and effective local authority. (15)

Only four members of the old Corporation were able to win 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 largely unsuccessful participant in national politics.

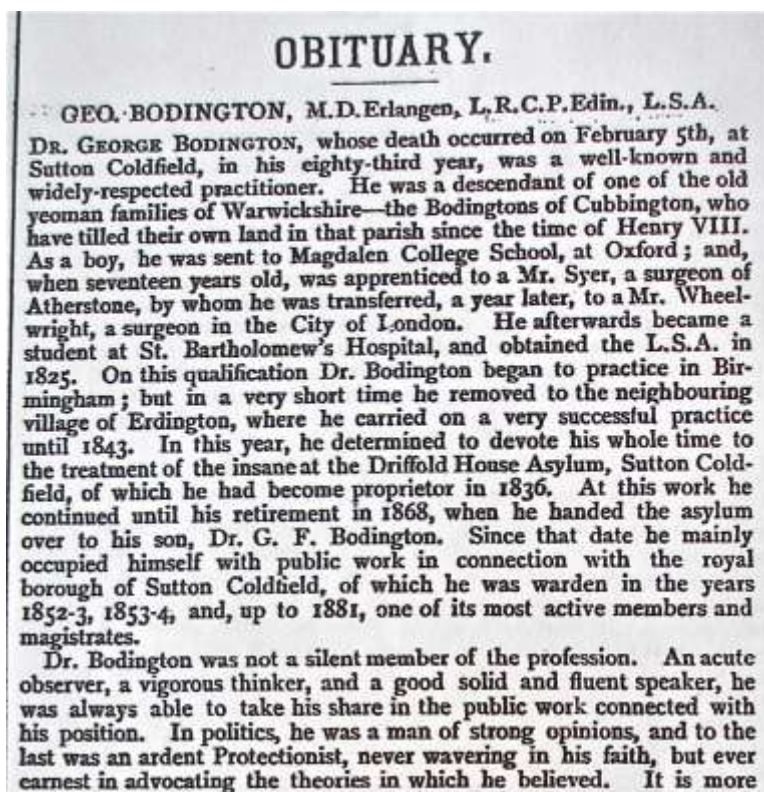
His views reflected a traditional country upbringing and were out of sympathy with the liberalism and democratic aspirations of the Mid-Victorian age. Richard Holbeche called Bodington "*a great Conservative ... which in the days I speak of seemed preposterous.*"⁽¹⁶⁾ He apparently spoke powerfully at large public meetings, in a voice that was "*strong, deep, of great range.*"⁽¹⁷⁾

Bodington could not accept the Mid-Victorian passion for free trade. With his traditional, rural background, he was opposed to Robert Peel's determination to repeal of the Corn Laws. For many years these had kept corn prices high and protected the farming community from overseas competition. During the 1840s, Bodington frequently spoke at large "Protectionist" rallies.⁽¹⁸⁾ In many respects, he could not accept Peel's aim to transform the old-style Tory Party into new Conservatives, able to deal with rapid social and industrial changes.

In the 1859 General Election, Bodington stood as a candidate in Birmingham. He received a derisory review from the "*Birmingham Journal*" which stated: "*The political creed of the new candidate is rather peculiar, we shall not say incoherent.*"⁽¹⁹⁾ Rev W K Riland Bedford, who knew him very well, wrote an epitaph on his campaign, noting "*these ideas did not commend themselves to any body of electors.*"⁽²⁰⁾

Bodington's Obituary

Bodington's *Obituary* was widely published in medical journals and local newspapers. It emphasised his contributions to medicine and his devotion to local civic affairs. However, there was very little mention, of his long service providing humane treatment and care for the mentally ill.



British Medical Journal

The Bodington Family

In addition to their oldest son, George Fowler Bodington (see p21 above), Bodington and his wife Ann had three younger sons and two daughters. All survived them, apart from their second son, Richard. Like his older brother, Richard travelled widely and became a Land Surveyor, working for 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 their stings. (21)

Richard Holbeche visited Richard's grave in 1871, when he was on army service in India. (22) His sister, Sarah, commented rather strangely in her diary that "*God willed it.*" (23)

There is virtually no mention of religion in George Bodington's surviving writings nor apparently in his public life, so it may be surprising that his two younger sons both 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. (24)

Rev Charles Bodington attracted some national notoriety due to his strong sympathy for Anglo-Catholicism, which severely divided the Church of England in the later Nineteenth Century. As Rector of St James Church, Wednesbury, Charles published High Church literature and introduced ceremonies and religious artefacts of a Roman Catholic nature within his Church. He was tried for contravening the Public Worship Regulation Act 1874. This legislation sought to halt the spread of Anglo-Catholicism within the Anglican Church. Charles Bodington was only allowed to keep his position after making a solemn statement withdrawing some of his previously stated views and practices. (25)

We know little about George Bodington's wife, Ann, or about his daughters, except for a few references in the diaries written by Sarah and Richard Holbeche. The two daughters, Ellen and Mary, remained at home and never married. They apparently used to decorate Holy Trinity Church at Christmas and organised very popular tea parties at the Town Hall. (26) There is an indication in the 1871 Census that Ellen was for a time "Superintendent of Household" at *Driffold House*, working with her brother, George Fowler Bodington. Census information also shows that both sisters continued to live with their father after the death of their mother, Ann. Together, they ran a private girls' school at "*Rocksall*" in the 1880s. (27)

Bodington's Will favoured his sons George and Charles. They were appointed as his executors and he left them property in Ratcliff Curley (near Atherstone) and also his Sutton Coldfield interests, including his home, "*Rocksall*." Alfred was permitted access to the proceeds of rents and investments during his lifetime but not given any land, money or material items. Bodington arranged for his daughters to receive an income and gave them the right to live at "*Rocksall*" for the rest of their lives. (28)

Key to References Quoted in the Text

Abbreviations:

SCRL	Sutton Coldfield Reference Library
BRL	Birmingham Reference Library (including Special Collections)
W and S Minutes	Minutes of the Sutton Coldfield Warden and Society (stored at S C R L)
BMJ	British Medical Journal

Chapter One

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