

## Lunacy and Labouring Men: Narratives of Male Vulnerability in Mid-Victorian London

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This chapter will argue that Victorian labouring men in London who were sent to the Middlesex County Asylum at Hanwell during 1845–50 suffered from intense fear of poverty and deep anxiety about their economic future. Such fear and anxiety were not given prominent place in the writings of middle-class social commentators or psychiatric authors at that time, but were reported by the patients' families to be the major cause of each man's insanity. I suggest that these fears and anxieties were the psychological price of the new working-class respectability and the concomitant notion of manhood.

### Introduction

What kind of mental disease did Victorian working-class men suffer from? We do not have a ready answer, although we know they were confined *en masse* in public asylums when they became insane.<sup>1</sup> No iconic disease exists for Victorian working-class men to parallel the examples of the melancholia of male elite in the Renaissance, the demonic possession of young women during the Reformation and the 'English disease' of the prosperous class during the Enlightenment. Victorian middle-class women had hysteria as the disease that symbolized their place in the separate spheres, while middle-class and well-educated men in the late nineteenth century had neurasthenia, 'shattered nerves' or even male hysteria.<sup>2</sup> If one proceeds to the early twentieth century, shell-shocked soldiers and officers on the Western Front played the most prominent part in the present historiography of mental diseases. Perhaps because of this difference, less educated men's experience of mental diseases in the nineteenth century so far have been left unexplored.<sup>3</sup> Here I begin to fill this historiographical blind spot to reframe our chronology of mental diseases of men.

Psychiatric treatises and annual reports of county asylums certainly refer frequently to the experience of the working-class male patients. Such sources tell us more about the views of medical superintendents than about those of the patients and their families. In order to examine the perspectives of lay people, I have used different sources, namely the casebooks of the Middlesex County Asylum at Hanwell.<sup>4</sup> Although written by the asylum physician, they contain rich information about lay people's understanding of madness: from 1846 the doctors on the male side of the asylum assiduously and systematically interviewed the patients' families who visited the asylum. Almost certainly this practice was an idea of John Conolly, the asylum's most famous superintendent, who at that time held the office of visiting physician.<sup>5</sup> He conducted this time-consuming survey in order to find the cause of the disease in the life-history of the patients, as reported by their families. Thanks to painstaking record-keeping, we now possess detailed information about the lives of almost all male patients during the period under consideration. For analysis I have selected the casebooks written between October 1845 and September 1850, which contain 197 interviews. Through the examination of these narratives, I have identified patterns of lay interpretation of insanity.<sup>6</sup>

### Domestic economy and madness

The lay narratives of insanity which emerged from the Hanwell are extremely diverse and defy simple characterization.<sup>7</sup> Certainly, there existed stereotypical figures from the stylized portrait gallery of nineteenth-century madness: hard-drinking labourers, over-proud maniacs, love-sick Werthers, religious fanatics, bankrupt businessmen, and so on.<sup>8</sup> Most representations in the casebooks did not, however, conform to such stereotypes. This is unsurprising: the stereotypes did not so much reflect reality as allay fears by drawing a fictional line between the normal and the abnormal, between the Self and the Other.<sup>9</sup> The sources consulted here have a different origin and purpose, for they contained the view of those who had to live with the madness of their family member. While stereotypes of madness gave the images of insanity seen from outside, these are representations of madness seen from inside and experienced intimately. From the viewpoint of those close to the patient, things were more complex, and occasionally completely different. The Hanwell narrators were directly involved in the unhappy situation of the patients' mental disturbances for a considerable period, and experienced directly the patients' unstable, unpredictable and troublesome behaviour. Moreover, as members of the family, the narrators were co-sufferers of the hardships to which the patients' mental diseases were attributed. Thus narrators looked for the cause of insanity through the framework of *their own* present calamity. Consequently, the lay and domestic exercise of psychiatric aetiology was less about applying a ready-made stereotypical

Table 9.1 Types of causal attributions

			Number %	
Internal	Mental	Defective characters	43	21.8
External	Mental	Grief	106	53.8
	Mental	Anxiety	96	48.7
	Mental	Distress	26	13.2
	Somatic	Illness	74	37.6
	Somatic	Drinking	35	17.8
	Somatic	Injury	24	12.2
	Somatic	Fatigue	22	11.2

\* The total number of patients = 197

pattern of the causation of madness, and more about searching for a particularized account of the hardship which the patient and the narrator shared.

Table 9.1 shows that two broad frameworks existed in which the narratives were told. One is an 'internal' model, which placed a premium on the individual's power to control his own behaviour and saw madness as a natural continuation of the defective personality. Madness conceived in this model traces the disease to the troublesome character of the individual. Forty-three narratives (21.8 per cent) used this model. Here, I will not discuss narratives employing this framework. Suffice it to say that they register the family's criticism of the patient himself. The other is an 'externalist' model, which was used by the majority of narratives. It emphasized the impact of circumstantial forces on the mind in the causation of madness. Individuals became insane according to this model because the mind could not endure shocks, stresses or mishaps that assaulted it from outside. Those patients conceived of in accordance with this model had become insane passively. These two approaches apparently coexisted in the popular understanding of madness in early Victorian period. Indeed, condemnatory and sympathetic feelings towards the patient often coexisted in a single narrative, for the line between madness that deserved sympathy and that which did not was fine and ambiguous. Tocqueville's dictum on English pauperism applied to insanity, too: '[Nothing] is as difficult to distinguish as the nuances that separate unmerited misfortune from an adversity produced by vice.'<sup>10</sup> Below I focus on these externalist accounts. They are central as the dominant explanatory mode, as well as for their historiographic import.

Table 9.2 further divides the 'external' attributions of the cause of madness. The number of cases in which psychological causes were mentioned is greater than cases in which somatic causes were given, a common finding in statistics of insanity at that time.<sup>11</sup> Among psychological causes, issues related

Table 9.2 Types of causal attributions: external and mental

Category	Subjects	No.	%
Grief	Economic loss	42	21.3
	Unemployment	37	18.8
	Bereavement	27	13.7
	Total	106	53.8
Anxiety	Poverty	40	20.3
	Work	23	11.7
	Domestic	20	10.2
	Others	13	6.6
	Total	96	48.7
Distress	—	26	13.2

\*The total number of patients = 197

to economy and domestic situations were by far the most prominent factor in the family narratives of madness. Anxiety rooted in poverty and work, and grief over economic losses and unemployment, loomed large, as did the psychological strains caused by stressful domestic situations.<sup>12</sup> The two major categories of economic concerns and domestic anxieties were naturally intertwined, for unemployment affected the entire household and domestic concerns frequently led to inability to work. Lay attributions of madness in labouring men were thus framed round the intersection of a man's work and economy and his domestic and emotional life. Here, I focus on the former, although I will necessarily touch on some issues related to the latter.

Among the stereotypes of 'economic' madness, the most firmly established was that of madness caused by excitement at huge gains and shock at huge losses.<sup>13</sup> The rapid industrialization and economic growth beginning in the late eighteenth century brought about opportunities for large-scale capital investment, exposing many to the morbid excitement of economic speculation. Particularly from the 1830s, the sudden and immense expansion of the railway as well as foreign government loans attracted frenzied investors, many of whom were to lose heavily.<sup>14</sup> These two types of investment were mentioned by Benjamin Skipper's wife as the causes of her husband's madness: Skipper had become insane, his wife told the asylum, because he had lost all his savings in speculative investment in Spanish bonds and railways, as well as in heavy gambling.<sup>15</sup> Skipper and many others were perceived by their families as psychiatric casualties of the boom-and-burst cycles of the early phase of the Industrial Revolution. What is remarkable here is how widespread this concept was in the social spectrum: proof that the oscillating economy affected not just a handful of wealthy investors or the social elites, but a great many individuals in the lower-middle and working classes.

Stories of the speculator gone mad are, however, minorities in my sample. Much more common were accounts of chronic poverty. Rather than the sudden swings of fortune, the endless struggle to earn enough was prominent in family narratives of madness. The wife of Henry Allison, a Methodist shoemaker with five children, told a typical story: 'though he worked hard from an early hour in the morning to a late one at night he was extremely poor and found it very difficult to support his family.' Allison's mental breakdown finally came with the abject failure of a desperate attempt to earn money:

[One] evening he took out a pair of boots which he had made hoping to sell them, he called at several ready made boots and shoe shops but could not dispose of them, he wandered about the streets till after midnight (it was unusual for him stay out late) came home told his wife that he had got employment in the city which would yield him half a guinea a day.<sup>16</sup>

This fairy tale ending turned out to be untrue. One cannot tell whether his story of getting a good job was a delusion or a desperate attempt to please his wife, who must have waited for him with anxiety and expectation. The next day, his madness was expressed in a most spectacular fashion: 'the following day (Sunday) he went to Chapel, when the service was concluded he stood up said he was going abroad to preach the Gospel to the heathen nations, [and said] that he could be absent for six years and that on his return he should have a large congregation in London.' The picture emerging from his wife's narrative is clear: an honest, sober and hard-working man, who rarely stayed out late (note well the emphasis on this sign of his respectability in the passage quoted above), cracking under the pressure of poverty, anxiety and disappointment.

Likewise prominent in many narratives was the psychological risk of overwork and exhaustion. Many families attributed the madness of their male family member to his physical and mental exhaustion. Here lies the greatest discrepancy between madness seen from the inside and madness seen from the outside. The effect of hard labour on mental health was a blind spot in the contemporary middle-class discourse on disease and the hazard of working-class life. Although much had been written on the wretched bodily/physical state of the overworked urban poor since the early 1830s, the *psychiatric* risk of overwork was rarely discussed.<sup>17</sup> Few social commentators, even when sympathetic to the poor, considered the possibility of labourers working themselves into lunacy. Somatic diseases such as consumption came to symbolize poverty and exhaustion (think of Dickens' Little Nell and Engels' *Condition of the Working-Class in England*), but mental diseases were notable for their absence from contemporary analyses of the plight of labouring men.<sup>18</sup> When sanitary reformers did talk about what can be called the mental health of poor workers, they discussed the prevention of moral depravity

through environmental means.<sup>19</sup> Indeed, idleness, not overwork, was seen as the major risk to the 'moral health' of the workers: as Gareth Steadman Jones has argued, middle-class concern over the degeneration of the moral health of the London poor focused on the alleged lack of will to work due to the debilitating effects of indiscriminate charity.<sup>20</sup>

Authors of psychiatric treatise, on the other hand, had long been acquainted with the danger to the mind of overwork. In the pages of medical treatises, however, it was middle-class men and women who usually monopolized the privilege of possessing vulnerable psyches subject to damage from overwork.<sup>21</sup> Over-exertion of the brain, rather than the muscles, was understood by psychiatrists to be a major cause of psychiatric diseases. The division between brain work and manual work thus underpinned a theoretical psychiatric epidemiology of the middle and working classes: middle-class occupations were psychologically high-risk activity, while manual labour was physically demanding but psychologically wholesome. It thus makes sense that intemperance was one of the most commonly invoked cause of working-class lunacy by psychiatric authors. The contrast in the aetiology enabled middle-class doctors to sympathize with their social peers and blame their social inferiors: middle-class mental patients were regarded as too sincere followers of a rigorous work ethic, faulted only for their zeal, while their working-class counterparts were explained as abusers of their leisure time.

The picture of physical labour/working-class life was very different when seen from the other side. The family narratives told at Hanwell clearly demonstrate that working-class families often ascribed the insanity of their menfolk to (blameless) toil. Indeed, narrators often expressed resentment or anger against the employers. Robert Taylor's wife, for instance, cast her insane husband as a victim of his employer's decadent lifestyle:

12 y[ea]rs ago whilst coachman to the Duke of Somerset, he was much out at night driving his Grace's daughters to balls and waiting in the street for them till four or five o'clock in the morning. [Want] of sleep and exposure to cold brought on nervousness and despondency, in which he attempted suicide and inflicted a wound in his throat with a razor.<sup>22</sup>

Here is a potent resentment against the aristocratic frivolity that put working men's physical and mental health at risk. John Blake's wife similarly conveyed barely concealed resentment at his intolerable workload:

he had the care of a large garden, a lawn, two green houses, also a horse and gig, his master was out everyday in the gig on business, and having married lately he went out in the gig with his wife in the evening also, this caused the patient additional trouble in cleaning the horse and gig.

Accordingly, Blake 'was constantly occupied from morning till night, and had scarcely any time to himself even on a Sunday'. His wife told doctors succinctly: 'overwork and anxiety to please his master in the performance of his work so as not to be out of employment again are supposed to be causes of his malady.'<sup>23</sup> In these cases, the madness of a family member provoked a protest against his employer, framing the patient as a victim of a vicious industrial relationship. Madness induced by overwork was an idea woven into working-class consciousness of their place in society, not the nonentity that appeared (only to be dismissed) in the writings of middle-class social commentators and psychiatric authors.

If overwork was the major physical cause of madness cited by families, anxiety was the major psychological cause. Among the sources of anxiety, matters related to the economy and particularly to employment were again the most significant. Numerous families described how anxiety about chronic poverty 'preyed on' the minds of the patients.

Relatively well-off working men might have been exempt from physically debilitating overwork and the corrosive psychological effect of long-term distress, but they too faced devastating anxiety, their families told at the asylum. Labouring men were well aware how easily things could go wrong and were vigilant for possible danger of economic ruin.<sup>24</sup> The narratives at the Hanwell Asylum reveal that working-class people lived in constant fear of ruin. Stories were repeatedly told about anxiety and morbid fear of ruin eventually leading to madness. The madness of Bartholomew Joseph, a well-off tailor who took lodgers to supplement his income, was traced to the frequent difficulties he had had from not having enough lodgers to pay 'heavy rent and taxes'.<sup>25</sup> James Knowles ran a hotel-cum-tobacconist's and was modestly well-off. However, when his business suffered a downturn, his anxiety eroded his sanity: '[he] was afraid he should become bankrupt, his rent and taxes being heavy, not being able to pay off some little money'. Consequently, he grew 'greatly depressed, could not take pleasure in anything', while his appetite failed and he grew thin and pale. As if to prepare for the worst to come, he entertained a delusion that he was a king and would 'reform the hospitals and workhouses, and benefit the poor'.<sup>26</sup>

Lower-middle-class occupations were by no means free from similar risk and anxieties. Many men of lower-middle-class occupations were reported to have become insane due to business failure. Edward Benjamin Shawe failed as a school teacher and became dependent on his mother, which drove him into madness.<sup>27</sup> John Newman was driven to insanity from disappointment and anxiety after the Lunacy Commissioners withdrew his licence to keep a private madhouse.<sup>28</sup> Edward Fuller's case exemplifies how precarious the job of a clerk was, and what it was like to live under the fear of losing one's position. Fuller was a copying clerk with 'constant employment and good earning', but he started to worry when his firm appointed another clerk and his own income diminished. This 'preyed upon his mind and irritated him

greatly, [and he] expressed fears that he should lose his situation altogether and be in distress'.<sup>29</sup>

Even with secure employment, there were numerous other sources of economic anxiety.<sup>30</sup> Among them, household expenditure was a major concern for a labouring man. An intemperate and extravagant wife seems to have been a common source of male anxiety at that time, although we are much more familiar with the opposite pattern. William Garnham was greatly troubled by 'his wife's extravagance and fondness for dress', which contributed to his downfall and insanity.<sup>31</sup> 'Grief at difficulties arising from the extravagance and intemperance of his wife' was the reported cause of John Langford's madness.<sup>32</sup> Likewise, Richard Thomas Jones lost his mind with worry over his household members' alleged lack of financial discipline: his wife was addicted to drink and his cat ate too much.<sup>33</sup> His sanity was corroded by the fear that his female and feline companions would eventually bring him to economic ruin.

The most unavoidable risk of all was old age. Naturally enough, old age and the attendant reduction or loss of income loomed large in the mental landscape of working-class men. William Frederick Kilsby had had good employment as a compositor, but age and the cumulative effects of attacks of paralysis eventually rendered him incapable of work, which preyed on his mind.<sup>34</sup> John Mahon, too, was getting poorer due to his age; and his anxiety over his reduced circumstances was the reported root of his mental disease.<sup>35</sup> With 'his strength [beginning] to fail' in his mid-fifties, Samuel Hyde 'expressed fears that he should not be able to keep his situation [as a waiter], appeared over-anxious about his duties, got up 3 o'clock in the morning to clear knives, forks, etc.'.<sup>36</sup>

The narratives at the Hanwell thus tell the story of lives rife with fear and anxiety of ruin. Behind these stories, one can clearly sense the dark shadow of the New Poor Law and its stigmatization of poverty.<sup>37</sup> Economic ruin, destitution and the stigma of pauperism were now something to be avoided *at any cost*. The workhouse in particular, that dreaded stigmatizing space for the poor, was the centre and source of enormous anxiety for London's labourers. The image of the workhouse as English 'bastilles' firmly established itself immediately after the introduction of the New Poor Law. Carlyle's criticisms, Dickens' caricatures (as in *Oliver Twist*), the widely publicized and revolting starvation of inmates at Andover – all painted a picture of grim horror. Admittedly, these stereotypes do not comprehensively reflect the realities of the New Poor Law: research has revealed regional differences, oppositions at the local level and the survival of outdoor relief.<sup>38</sup> Nevertheless, cases from the Hanwell demonstrate that *fear* of the workhouse was genuine for the labouring poor in London, and even for relatively well-off working men.

Take the example of Richard Godwin, a 48-year-old house painter. He was greatly disturbed by the prolonged illness of his wife and 'abscess of the face' of his daughter. He feared his wife's death and the loss of his daughter's

job. His spiralling anxiety culminated in his morbid fear that 'he himself would be overwhelmed by pecuniary embarrassments and obliged to go with his family into the workhouse'. These fears made him 'pass sleepless nights and cry like a child'.<sup>39</sup> Cases in which the fear of the workhouse was a prominent part of the narrative abound. John Blake became 'dull, taciturn, [had] sleepless nights, dread of being destitute and of being in a workhouse'.<sup>40</sup> Another patient remarked that 'he would rather drown himself than go to the workhouse'.<sup>41</sup> The workhouse was often the centre of horrible delusions, too. George Wilson had long been tormented by ill-health and unemployment; finally, he called on his sister and asked her to hide him, stating that 'they wanted to send him to the workhouse to smother him between two beds'.<sup>42</sup> The workhouse was among the most frequently mentioned symbols of anxiety and fear of economic ruin which led to the mental diseases of those sent to the Hanwell Asylum.

### Conclusion

Seen from inside, the picture of the madness of working-class men was much more nuanced than, and sometimes significantly different from, that conceived by middle-class social commentators and psychiatric practitioners. Narratives told at the Hanwell were, more often than not, sympathetic accounts of the economic hardships which had befallen the patient and which were shared by his family members. According to these narratives, most labouring male patients at Hanwell in the mid-nineteenth century were driven mad by their anxious concern for economic independence. Such interpretations differed markedly from the perceptions of distant middle-class observers, who were haunted by the cost of pauperism and conceptualized the psychiatric risk of labouring men more in terms of idleness, moral depravity and lack of will. Indeed, overwork and anxiety over poverty, two major causes attributed by the family, were mocked as vulgar errors by a leading alienist in the nineteenth century, who instead emphasized hereditary predisposition:

Taking up the first hospital report within reach, and turning to the table of causes, I find in it hard work, fear of poverty, and jealousy, to mention no others. . . . But dropping, if possible, all former impressions, and looking upon the matter afresh, by the light of sure and unquestionable knowledge, we shall scarcely find any warrant, I think, for believing that the incidents here named can, in the nature of things, exert a morbid effect on the brain.<sup>43</sup>

Doctors and families thus clearly used very different interpretative models. The interpretative schism between the classes has so far prevented us from recognizing a widely held framework for understanding madness, which

traced the disease to the deep-rooted anxiety about poverty, loss of independence and the failure to live up to the ideal of respectability.

My sources suggest the historical psychiatric records, when used with caution, are useful for investigating the mind-set of the people in the past. We cannot know how scientifically correct were the family's attributions of madness to those socio-psychological causes. We can be reasonably sure, however, that the anxiety reportedly felt by the male patients was so intense that it induced the family to see a causal link with the disease. An analysis of the sources of anxiety thus helps to throw light on the structure of expectation and fear of working-class men in the mid-Victorian period.

I should like to argue that fear of poverty and destitution, and anxiety about unemployment or ruin, were closely related to a newly forged code of behaviour for labouring men. To begin with, one needed the capacity of *foresight* to be anxious about one's future economic state. Those living only for the pleasure of the moment would not worry about impending economic ruin. Foreseeing economic troubles was the ultimate basis of the new virtue of responsible prudence preached by both middle-class social commentators and working-class reformers such as Francis Place.<sup>44</sup> For the former, economic prudence in working-class men would secure a more orderly workforce, reduce pauperism and bring about more stable society. For the latter, it would empower the working class to achieve independence and self-respect. It should be noted that this new pattern of behaviour was driven by optimism for improvement on the one hand and dark fear of destitution on the other. My sources illustrate that aspirations for respectability made people deeply, and sometimes morbidly, anxious over their futures. The anxiety must have been intense, for economic prudence was still a virtue easier to praise than to practise without considerable psychological stress: the economy was still unstable; incomes for many were still too low to enable forward planning; the welfare state was still to come.<sup>45</sup> Many of the patients at the Hanwell Asylum, who were reported to have become insane due to economy-related anxiety, were thus paying the psychological price of the capacity of economic foresight. 'The rise of respectable society' took its psychological toll in the form of worry over one's economic future.<sup>46</sup>

Another historical factor that lay behind the anxiety-driven cases of madness is the new working-class notion of manhood. From the early nineteenth century, a notion gained ascendancy which dictated that the male head of the family should take economic responsibility of supporting his dependants on his shoulders alone. The rise of the concept of a 'breadwinner's wage' and the notion of domesticity in the early and mid-nineteenth century restructured the working-class family in terms of the responsibilities and expected behaviour of each member. Generally speaking, married women relegated themselves, often but not always willingly, to the subservient role of a housewife, although they continued to contribute to the family economy in various ways.<sup>47</sup> Men enjoyed the privileges due to



the master of the family, but at the same time were expected to bring a stable income to the family. The responsibility of keeping the family from ruin was now squarely on his shoulders, and many men felt the burden of this responsibility acutely. The breadwinner ideal thus brought both self-respect and vulnerability. The new manhood assured a working-class man the status of master of his home, which he was no longer able to find in his subservient status of employee. At the same time, he was under constant pressure to live up to the ideal, and the fear of failure to provide for his family, and the dread of stamping the stigma of pauper on himself and his family, tormented his psyche.<sup>48</sup>

The iconic mental disease of Victorian working-class men, as perceived by their families and peers, was rooted in and caused by their new quest for respectability, independence and manhood. That interpretation was tightly enmeshed with a new consciousness of working-class men. The fact that this widespread lay aetiology was not properly noticed, or even dismissed by psychiatrists, suggests a wide gap between the working and middle classes in the mid-nineteenth century, as well as between patient and caregiver in Victorian psychiatric provision. It also reinforces arguments that for proper understanding of history of medicine, the viewpoint of 'medical history from below' is indispensable, a lesson which will remain the most enduring legacy of Roy Porter.

## 10 'Arrows of Desire': British Sexual Utopians and the Politics of Health

*Lesley A. Hall*

Sexual utopia has been a recurrent, if often marginalized, tradition within British radical and socialist thought. Conceptualizing sex as a benign and creative force, such thinkers regarded its negative aspects (possessiveness, jealousy, exploitation, violence) as distortions produced by oppressive social institutions and economic inequality. In their ideal imagined state, sexual associations would no longer be contained within restrictive parameters enforced by repressive institutions, but would be a matter of free and equal choice, continuing only as long as desired by both parties. Such relationships might not even be confined to conventional monogamy, although the underlying utopian vision was quite antithetical to promiscuous libertinism, itself identified as yet another manifestation of inegalitarianism.

This chapter considers in particular Edward Carpenter, Havelock Ellis and their younger contemporary Stella Browne, all active in the late nineteenth and early twentieth centuries: the three combined a commitment to this tradition of sexual utopia with passionate concern for bringing about a society healthier in all respects. They saw liberation from conventional constraints on sexuality as not merely desirable and beneficial to the individual, but an integral part of a vision of public health that extended far beyond better sewers, vaccination programmes and similar interventions.

They were part of a longer tradition, going back at least to the ideals of sexual equality and free liaisons expressed by thinkers such as William Godwin and Mary Wollstonecraft, and in the works of Romantic poets such as Shelley.<sup>1</sup> These ideals were often associated with an interest in issues of health and a critical attitude towards conventional medicine. M. L. Bush's account of the early nineteenth-century radical Richard Carlile illuminates a persisting milieu of free thought, free love and alternatives to accepted authority in matters of health and personal relations as well as the political sphere. Carlile argued that sexual activity was healthy and desirable for both sexes. But his arguments remained largely based on concerns over individual well-being rather than public health.<sup>2</sup>