From Bad to Mad:

Reexamining Victorian Madwomen

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[1] "The Road Murder," Pall Mall Gazette, (British Library Newspapers, *Gale,* April 26, 1865).

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Introduction

The history of mental illness is plagued by cruelty, neglect, persecution, and ignorance. The "madwoman" has taken many forms throughout history: in ancient civilization, she was an intermediary between gods and humans, in the middle ages, she was possessed by the devil or burned as a witch, and in the pre-modern times, she was an inconvenience to society, who needed to be locked away. Some forms of madness have been exalted, but women have not occupied that status in many instances. That is why I intend to shed light on her story from the second half of the nineteenth century in England when medical and academic studies of madness were truly attempting to achieve some relative diagnostic legitimacy. However, an examination of the scientific study of madness that emerged in the late eighteenth and early nineteenth centuries is of critical importance to be able to understand how the conceptualization of the pre-modern madwoman developed.

This thesis will focus specifically on how medical and social understandings of madness developed to the point of infanticidal puerperal mania being the most revealing form of female madness in the second half of the nineteenth century in England - it encapsulated the full essence of an imagined female identity. Through reexamining cases about women, we can see that the medical, scientific, judicial, and social understandings of madness were largely influenced by deeply gendered beliefs. The notion of the "madwoman" was influenced by these factors, and the madwoman simultaneously influenced them as well. This is a specifically gendered issue

because studies and understandings of madness grew out of beliefs of women's inherent insanity to the point that madness itself came to be feminized in the nineteenth century.

My interested in this topic originally grew out of my personal history of mental illness. I have long struggled to understand it and given my own lack of knowledge even in modern times, I grew curious about how mental illness was understood and treated in the past. As I explored this history, I was overwhelmed by sadness, anger, and shock. I began to see how gendered silences greatly shaped the development of psychiatry - a field we now understand as objective. I saw that these gendered silences were actually magnified in environments intended to treat and understand mental illness, and that the history of psychiatry is the history of systematically silencing women. My goal is to attempt to give voices to these women who were silenced and wronged by the male medical authorities.

My first chapter is made up of three main sections: what madness once was, what changed the understanding and treatment of madness, and what madness becomes. In the first section, I discuss the how madness was understood and treated right before the dawn of the lunacy reform. In the second section, I go on to detail the social, political, economic, religious, philosophical, and scientific factors that influence the development of the lunacy reform movement in the first half of the nineteenth century. In a third section of chapter I, I explore the conceptualization of madness after the lunacy reform movement and how it changed. The three sections of chapter one work to demonstrate how stereotypes about deviant female behavior were integral to the development of the treatment of mental illness.

In Chapter II, I examine what was believed to be the most severe manifestation of madness in women in the second half of the nineteenth century, infanticidal puerperal mania. In this chapter, I detail the contemporary medical, judicial, and social understandings of this

diagnosis by using two case studies, which demonstrate how the diagnosis of infanticidal puerperal mania changed in the last half of the nineteenth century. These case studies ultimately reveal how infanticidal puerperal mania was a diagnosis used in attempt to reconcile deviant behavior with traditional gender ideology.

Historiography

This thesis relies heavily on primary sources from medical authorities of the Victorian Era in England. The digitized archives of British medical publications and newspapers accessible through the Barnard College and Columbia College libraries have been invaluable to my work. Given the wealth of resources available, there is not one specific author or newspaper that dominates my thesis. In choosing which medical texts to use, I aimed to draw from the most prominent figures of authority to be able to represent the mainstream understandings of the time. I largely determined which newspapers to incorporate based on how popular the newspaper outlet was. For example, I draw heavily from *The Times* and the *Pall Mall Gazette.* However, I also used articles from those two main papers to compare to other less popular papers in order to examine potential disparities in the details available about specific cases. The newspaper articles included regard my specific case studies, but also opinion pieces on the general phenomenon of infanticidal puerperal maniacs in the second half of the nineteenth century.

The secondary sources I utilize primarily deal with the topic of female madness in England in the eighteenth and nineteenth centuries. While there are many secondary sources on this topic, there were three scholars in particular who were critical to the development of my thesis. Elaine Showalter's *The Female Malady* was largely influential in the development of my

foundational understanding of the topic. She argues that madness was feminized, and "hysteria" was a diagnosis that essentially used to shame and to justify the institutionalization socially rebellious women. Furthermore, I drew upon Andrew Scull's *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900,* which details how treatment for mental illness changes over two centuries. His work did not focus on women specifically, but it did extensively cover hysteria, and was still helpful in establishing my understanding of madness in Britain in general.

While hysteria has been extensively written about by prominent scholars such as Showalter and Scull, infanticidal puerperal mania has been neglected in historical examinations of female madness in the nineteenth century. The main secondary source text I used which discussed puerperal mania was Hillary Marland's *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain.* She was unique in focusing her academic work on puerperal mania; however, she does not examine the phenomenon of the *infanticidal* puerperal maniac. In order to contribute to a fuller understanding of female madness in England, I seek to examine the diagnosis of infanticidal puerperal mania in the time period of 1850 to 1885, with a specific focus on the press. This specific time period is of critical importance to examine because it was when England was plagued with an "epidemic" of infanticidal puerperal maniacs which English society desperately attempted to reconcile through the media and judicial system. While I am greatly indebted to these three scholars, my thesis builds off the foundational understandings they provided to be able to fill a significant gap in literature on female madness.

Chapter One:
The Making of Madness

"…all was consistently bad. The patients were a defenseless flock, at the mercy of men and women who were habitually severe, often cruel, and sometimes brutal… Cold apartments, beds of straws, meagre diet, scanty clothing, scanty bedding, darkness, pestilent air, sickness and suffering, and medical neglect – all these were common… there was so much security and concealment that the aggravations of loathsome dirt, of swarming vermin, and of the keeper's lash….No mercy, no pity, no decent regard for affliction, for age, or for sex, existed. Old and young, men and women, the frantic and the melancholy, were treated worse, and more neglected, than the beasts of the field..."[2]

The madman was once seen and treated as a beast. The usage of the word "man" as a suffix is critical here because in the seventeenth century up until the mid-eighteenth century in England, the majority of those deemed "mad" were men. The dehumanizing treatment of the mad was encapsulated in the ideology that "in becoming crazy, the lunatic had lost the essence of his humanity, his reason."[3] For dealing with such beasts, mad doctors used fear tactics and physical restraints, which were indiscriminately applied to all patients. Such treatment was not

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[2] Lyttleton Forbes Winslow, *Manual of Lunacy; a Handbook Relating to the Legal Care and Treatment of the Insane in the Public and Private Asylums of Great Britain, Ireland, United States of America, and the Continent* (London : Smith, Elder, 1874), 77-81.

[3] Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (Yale University Press, 2005), 92.

only believed to be both effective and useful in making it easier to manage patients. Despite the supposed efforts not to be cruel simply for the sake of being cruel, the treatment was still driven by beliefs that

> the emotion of fear is the first and often the only one by which they can be governed. By working on it one removes their thoughts from the phantasms occupying them and brings them back to reality, even if this entails inflicting pain and suffering. It is fear too which teaches them to judge their actions rightly and learn the consequences.[4]

Given the reliance on mechanical restraint for the purpose of convenience and the prevention of patients' resistance to unimaginably painful "treatments," the architecture of these institutions was designed to ensure the *imprisonment* of the patients. At this time, mad doctors did not see a connection between the physical space a patient was in and the potential of curing them, which further contributed to the acceptance of such brutal treatments and conditions.[5] Therefore, straight-waistcoats, manacles, chains, fetters, hobbles, leather muzzles, handcuffs, muffs, body straps, stocks to prevent biting, coercion chairs, and crib-beds were standard tools of the trade - which is what the treatment of the mad was in the seventeenth and eighteen centuries.

The business aspect of the confinement provided the guiding principles of managing the insane. In all cases of confinement in asylums, the admission process merely required a fee and the superintendent's signature. However, there were not any established qualifications to become a superintendent, nor were there any rules on their conduct in the seventeenth and eighteenth centuries. The management of a private madhouse was typically a family business, so those who held the position simply emulated the supposedly effective techniques of those who came before them, which further contributed to the perpetuation of the notion of cruel treatment as effective.

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[4]Anon., 'Détails sur l'établissement du Docteur Willis, pour la guérison des aliénés', *Bibliothéque Britannique, Littérature*, 1, 1796, pp. 759-73, quoted in I. MacAlpine and R. *Hunter George III and the Mad-Business*, p. 275 as quoted in Scull, *The Most Solitary of Afflictions*, 69-70.
[5] Andrew Scull, *Solitary Afflictions*, 22.

The private madhouse was a particularly flourishing aspect of this sector of the economy, and such madhouses were mostly used as a dumping ground for wealthier individuals whose "eccentricities" pushed their relatives to the edge. On the other hand, the public madhouse was largely used as a dumping ground for members of the middle classes who could not afford to be in a private madhouse and for members of the lower classes who would not be useful in a workhouse. Regardless of one's financial background, confinement in a madhouse was easily attainable. Given the ease with which someone could be locked away in an asylum and the convenience of doing so as a means to dispose of a "difficult person," many patients were wrongfully confined.

The Start of Reform

The discovery of specific cases of wrongful confinement in asylums in the late eighteenth century was the impetus for the lunacy reform movement, a movement dedicated to treating the mad in a more humane way. The discoveries of wrongful admittance were the immediate and arguably most influential cause of reform; however, a variety of intellectual, political, social, and economic factors also contributed to the changing attitudes towards the mad and resulting change in treatments. A critical element of the acknowledgements the unjustified confinements that stirred movements for reform was that the victims were *women*. For example, the first law passed by Parliament regarding the regulation of madhouses, the Madhouse Act of 1774, was established after the wrongful institutionalization of Mrs. Hawley, a wealthy woman whose family discovered that she was locked up solely on account of her unfaithful husband's word. This act required all private madhouses to be licensed by a committee of the Royal College of Physicians, a license that had to renewed each year, and the eligibility for this renewal was on

the grounds that the madhouse was inspected once a year and the proprietors kept a central register of all confined lunatics.

Unfortunately, this act was largely ineffectual for a variety of reasons. Paupers were excluded from this act even though they were the demographic most vulnerable to abuses in unregulated madhouses because most of the proprieties of these institutions "were attempting to extract a profit from the pittance which the parish overseers allowed for their maintenance."[6] Furthermore, those in private madhouses, whom this legislation was largely intended to protect, gained very little. The continued abuses can be attributed to the fact that although licensing was required for the first time, the licensing authority did not have the power to reject applications, and the Royal College of Physicians was solely in charge of conducting the inspections, but was hesitant to report any abuses.[7] Since this formal attempt to change the operations of madhouses failed, the abuses continued.

The most impactful start of the lunacy reform movement was the victimization of a woman, similar to the impetus for the first Madhouse Act. The mysterious death of the Quaker Hannah Mills during her stay at York Asylum, a local charity lunatic institution, inspired the first truly effective step towards reform, the York Retreat. After her unexplained death and the resistance of the faculty at York Asylum in explaining what truly happened, William Tuke, a Quaker and local coffee merchant, galvanized the Quaker community in York to hold a retreat with intentions to establish a more effective way to treat madness in 1792. Tuke explicitly stated that it was the death of this fellow Quaker woman in the first paragraph in his *The Description of The Retreat*: "This circumstance was affecting, and naturally excited reflections on the situation of insane persons, and on the probably improvements which might be adopted in establishments

[6] Andrew Scull, *Solitary Afflictions*, 24.
[7] Andrew Scull, *Solitary Afflictions*, 25.

of this nature."[8] At the Retreat, the Tuke family developed the notion of "moral treatment" for the mad, which at this time, simply meant a more benevolent treatment of the insane, a notion which became the foundation of the entire reform movement. This new treatment developed at the Retreat was based on the idea that "the means of assisting the patient to control himself"; the patient's self-control was believed to be was achieved by exposing them to routine and kindness, as opposed subjecting the patient to physical restraints.[9] Routine was established through domestic activities:

> The female patients in the retreat, are employed, as much as possible, in sewing, knitting, or domestic affairs… Of all the modes by which the patients may be induced to restrain themselves, regular employment is perhaps the most generally efficacious; and those kinds of employment are doubtless to be preferred, both on a moral and physical account.[10]

It was understood that undertaking "domestic affairs" could be difficult for patients; however, it was believed that "…it leads many to struggle to conceal and overcome their morbid propensities; and, at least, materially assists them in confining their deviations, within such bounds, as do not make them obnoxious to the family."[11] While the notion of a struggle could be perceived as problematic, it was considered integral to the patient's recovery and a struggle. Encouraging the undertaking of completing domestic activities was a revolutionary act of kindness compared to the traditional treatment employed. The Quakers at the Retreat were leading humanitarians who curbed the worst abuses of the past and they established the foundation of psychiatric practices that would continue to develop until modern time. They were rescuing the "defenseless flock" by freeing them from their previous chains and attempting to

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[8] Samuel Tuke, *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends : Containing an Account of Its Origin and Progress, the Modes of Treatment, and a Statement of Cases*, 1813, 6.
[9] Samuel Tuke, *Description of the Retreat*, 16.
[10] Samuel Tuke, *Description of the Retreat*, 100.
[11] Samuel Tuke, *Description of the Retreat*, 100.

establish an asylum environment that was more akin to a home than a prison. However, the Quakers simply went from one extreme to another in their new approach to treating madness.

While these changes earned by the lunacy reform can be perceived as crucial advancement in the history of mental health treatment, one must question the sudden change in attitudes and new levels of commitment being exerted in regard to the treatment of the mad. Since the initial and continuing costs of making separate institutions and provisions for the mad were undoubtedly significant, and cheaper and more convenient means of control already existed, such as prisons and workhouses, the "successful 'capture' of such a group by the medical profession and the large-scale and costly construction of mental hospitals in which to incarcerate them must be seen as inherently problematic phenomena."[12] Also, previous to the legislation regarding the proper treatment of the mad in the first half of the nineteenth century, the inhumane treatment of the mad was no secret. Dating back to at least the sixteenth century and continuing up to the eighteenth century, asylum tourism was a common form of entertainment in England. At first, it was restricted to aristocratic men, but it came to be a widespread cultural practice. In eighteen century England, "about 100,000 people a year were willing to pay a penny entrance fee for the entertainment provided by the antics of the mad in this human zoo – Bedlam."[13] The question of *why* the mad seemed to be suddenly humanized after centuries of being treated like animals cannot be stressed enough.

Despite the seeming inaccessibility and exclusivity of the York Retreat on behalf of its sectarian and provincial nature, it attracted visitors who were suddenly concerned with the difficult lives of the insane even in the Retreat's earliest stages.[14] Within two years, the Retreat

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[12] Andrew Scull, *Solitary Afflictions*, 9.
[13] Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge: Cambridge University Press, 1985), 3.
[14] Andrew Scull, *Solitary Afflictions*, 96.

caught the attention of a prominent Swiss physician, Charles Gaspard de la Rive. As a Swiss physician, Rive was part of the tradition of scientific and medical advancements in Switzerland that dated back to the Scientific Revolution in the sixteenth century. Rive was examining mental illness toward the end Samuel-Auguste Tissot's life, another prominent Swiss physician in the same field. Tissot's text *Treatise on the Nerves and Nervous Disorders* is largely drawn from in Michel Foucault's analytical text *The Birth of the Clinic.* Foucault coins the term "the medical gaze" which describes the experience of the doctor seeing the disease, not the patient.[15] From the prominence of the medical gaze, Foucault argues that the history of the clinic and medicine is a series of epistemological changes as opposed to breakthroughs made by brilliant individuals. The notion of the dehumanizing medical gaze and epistemological changes explain how psychiatry took shape in the origins of modernity. Discussions amongst the exclusively male academics and doctors greatly contributed to development of nineteenth century psychiatry. Rive made the first to tribute the Retreat's achievements, which caught the attention of the intellectuals and doctors all over the Continent.

Discussions regarding treating the mad in more human ways then rapidly spread across Europe. In 1807, William Stark, a Glasgow Architect, gained the new lunacy reform movement a considerable amount of attention from those interested in lunacy reform through his tribute to the Retreat in his pamphlet *Remarks on the Construction of Public Hospitals for the Care of Mental Derangement.* His description of the Retreat praised the unique use of more civilized methods of treatment:

> In such asylums, however, there are no appearances of insubordination… The whole demeanor of the patients, is most remarkably submissive and orderly. The one to which I especially allude, the Retreat, or Quaker Asylum, near York. It may be proper to mention, is occupied by a description of people whose unusual habits in life are highly regular and

[15] Michel Foucault, *The Birth of the Clinic*, (Routledge, 2003), 90.

> exemplary; but the chief cause of its superiority will be found to lie in the government of the asylum. It is a government of humanity and of consummate skill, and requires no aid from the arm of violence, or the exertions of brute force.[16]

Such a description undoubtedly gained the Retreat so much attention not only because the jarring difference in the new treatment utilized, but also because such a treatment actually appeared to work. Stark's confirmation of a new philosophy of treatment that was apparently superior to the traditional one attracted floods of visitors of intellectual, philanthropic, religious, and governmentally authoritative natures. Upon witnessing and publicizing the profound contrast between the physical and mental systems of restrain at the York Retreat, there was a push throughout England for people who knew someone in asylum to investigate the conditions of the asylum and for people to actively confront the patterns of the mysterious deaths of their family members and friends who had been institutionalized.

A particularly influential sector of society that contributed to these investigations was the Justices of the Peace. These local magistrates eagerly joined the growing lunacy reform movement for two reasons. The first reason was magistrates' extensive experience with dealing with the social problems created by the traditional, ineffective treatment of madness. These experiences pushed them to see the value of the proper rehabilitation and treatment for those who were disrupting society. Their duties as magistrates included the inspection of jails and workhouses, which "brought them into contact with the most troublesome, and on the whole, most ill-treated sections of the pauper lunatic population."[17] The second reason for their participation in the inspections was the growing complaints and expressions of concern they received from people who had relatives in an asylum. These inspections alerted the Justices of

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[16] William Stark, *Remarks on Public Hospitals for the Cure of Mental Derangement: Read to a Committee of The Inhabitants of the City of Glasgow* (Edinburgh : [Printed by James Ballantyne and Co.], 1807), 6.

[17] Andrew Scull, *Solitary Afflictions*, 94.

the current issues of madness, and were a deeply moving experience, as demonstrated by the experience of Godfrey's Higgins, a magistrate in York. After Higgins caught wind of the abuses of a pauper he personally ordered to be committed to the York Asylum, he ordered an investigation. Higgins teamed up with the Tuke family, the current leaders of the reform movement, and another family who had also been impacted by the cruelty of the York Asylum, and exposed the unimaginable terrors of the conditions in the asylum.

In their investigations, Higgins and the Tukes encountered abuses such as: the rape of patients, the forging of records to conceal patients' deaths, the heavy use of chains and physical restraints, the embezzlement of funds, and inhumane conditions of filth.[18] With horror, Higgins described the holding cells for patients as:

> in a very horrid and filthy condition… the walls were daubed with excrement; the airholes, of which there was on in each cell, were partly filled with it… I then went upstairs… into a room… twelve feet by seven feet ten inches, in which there were thirteen women who… had all come out of those cells that morning… I became very sick, and could not remain any longer in the room. I vomited.[19]

Higgins's exposé garnered so much attention because it detailed the conditions of *women* specifically. The consistency of the identification of women in these discussions about the issues of lunacy treatment demonstrates how the lunacy reform movement "had its immediate origins in revelations of the brutal mistreatment of frail women in madhouses."[20] The magistrates' engagements with abused madwomen served as the foundation of the judicial and governmental treatment of madness.

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[18] Andrew Scull, *Solitary Afflictions*, 111.
[19] Great Britain Parliament, House of Commons. Committee Appointed to Consider of Provision Being Made for the Better Regulation of Madhouses in England and King's College London, *First Report from the Committee on the State of Madhouses [Electronic Resource]* ([London : s.n.], 1815), 1, 4-5.
[20] Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985), 8.

Furthermore, the attempted assassination on King George III in 1800 contributed to the heightened sensitivity to the issue of madness on a governmental level. At the time, there were no legal provisions for dealing with someone who committed a crime on grounds of overt insanity. The magistrates also recognized that simply throwing such individuals in a jail would not allow them to recover and would only aggravate their condition of insanity as if picking at a wound. This highly public and widely publicized attack on the Crown contributed to the generation of the public consciousness of madness which was heightened through the press. While the mad were previously locked away and simply removed from society, the public was being exposed to madness at the highest level of society.

The growing consideration of madness was bolstered by Britain's defeat in the Revolutionary war, which sent a lasting shock through society, forcing the British to reconsider and reconstruct many of their traditional practices. For example, now that the British could no longer use the colonies as a dumping ground for their convicts, they had to reevaluate what to do with criminals, and given the growing influence of the questions raised by the lunacy reform, they were also forced to reevaluate the boundaries between criminality and insanity. Furthermore, the familial language used to describe the relationship between Britain and the colonies exacerbated social issues. Fearful of internal strife and moral decline, a form of wide societal gender panic pushed for a wholescale effort to "set Britain's house in order and re-establish the nation's virtue by enforcing stricter adherence to particular moral codes."[21] The French Revolution only exacerbated these fears; the very existence of another Revolution based on the values championed by the American Revolutionaries created fears that such attitudes of "familial" discord were spreading. The increasing fears of household discord and the increasing

[21] Ben Griffin, *The Politics of Gender*, 39.

feminization of madness itself gave the lunacy reform movement more momentum in Britain. Although in previous generations, female madness did not stir significant anxiety, the social conflict of the time made female madness the key feature of future discussion.

As a result of the growing awareness of madness in women, a trend of philanthropic contributions to social reform movements emerged, drawing many upper middle-class gentlemen into the lunacy reform movement, which quickly became a favored cause. In garnering the attention of philanthropists, reformers appealed to their attentions by expressing the need "for the relief of the most unfortunate of our fellow-men."[22] The attractiveness of this cause was captured by the leading reformer and doctor W.A.F. Browne's identification of those involved in the movement as being "benevolent" and having "cultivated mind[s]"; in participating in the reform movements through their financial contributions, philanthropists were able to identify as intellectuals at a time when intellectualism was further being solidified as a source of social capital and prestige.[23] Furthermore, Browne describes those who contributed to the reform as having a "benevolence, which…, at an immeasurable distance, imitate[s] the mercy of Him, who, in curing the broken and bewildered spirit of demonomania, 'took him by the hand and lifted him up.'"[24] This comparison between "Him" – God - and the philanthropists, demonstrates how those who contributed to the lunacy reform movement were viewed as "saviors" of the poor and helpless women, which is a problematic comparison because it is a form of a "white savior complex." This mindset racializes morality and positions men as superior to women on a divine level. This type of comparison being made for those simply *funding* the asylums ultimately contributed to notions of doctors' utmost supremacy and authority. Regardless, philanthropists

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[22] William Alexander Francis Browne, *What Asylums Were, Are, and Ought to Be: Being the Substance of Five Lectures Delivered Before the Managers of the Montrose Royal Lunatic Asylum* (Black, 1837), vii.
[23] William Alexander Francis Browne, *What Asylums Were*, vii.
[24] W.A.F. Browne, *What Asylums Are*, 179.

were indispensable to making the dreams of the reform movement a reality by funding the construction of new asylums dedicated to the new style of treatment in the early stages of the lunacy reform.

In the early nineteenth century, there was a growing trend of the construction of asylums modeled after the York Retreat. This trend of construction was gradually propelled by the demonstrations of the success of the new moral treatment by the Tuke family at York, by William Ellis at Wakefield in the 1820's, and by Robert Gardiner Hill at Lincoln in the 1830's. Such exhibitions of success paved the way for the governmental intervention that shouldered the previously philanthropic task of financing the lunacy reform projects and effectively formalized the genuine efforts for reform through the passage of the Madhouse Acts of 1828 and 1832. These acts aimed to combat the longstanding practice of having someone institutionalized for profit or malicious reasons, such as the desire to dispose of a certain relative. The Madhouse Act of 1828 regulated the process of the admittance of patients; for private and pauper patients, a certificate signed by two medical professionals was required. The Madhouse Act of 1832 mandated that asylum inspections were also under the judiciary of a statuary authority as opposed to members simply in the medical profession.[25]

Ironically, with increasing legal restrictions, practitioners utilizing the new philosophy of treatment were able to flourish. John Connolly's work at Hanwell in the 1830's and 1840's demonstrated the success of the nonrestraint system to the *world*. As one of the biggest asylums at the time housing up to a thousand patients, his work gained general attention, and furthermore, upon the testaments of visitors, the sheer marvel of his work gained international attention. As expressed by the British physician who personally witnessed Connolly's work, Sir Benjamin

[25] Kathleen Jones, *A History of The Mental Health Services*, (Routledge & Kegan Paul, 1972) 108-109.

Ward Richardson, "The abolition of restraint… has placed us first among all the nations as physicians of mental disease."[26] This statement illuminates how beyond the general ability to manage the social issue of madness, the demonstrations of the developing moral treatment as demonstrated at Hanwell made psychiatry a new avenue for the British to demonstrate their superiority to the world.

Given the two victories - affirmed British pride and an apparent cure for a longstanding issue - the government formalized the new psychiatric approach by making mental treatment an institutional matter in the form of the County Asylums Act and of the Lunacy Act 1845. The County Asylums Act of 1845 marked the government's adoption of the construction of asylums as a formal governmental obligation as opposed to simply relying on philanthropists by mandating that each county have a public asylum open to pauper lunatics. The Lunacy Act of 1845 established the Commissions in Lunacy, a council created to inspect the plans for asylums and to monitor the conditions and treatment of the patients. These two acts were relatively effective; "within two years thirty-six of the fifty-two counties had built public asylums" and within nine years, twenty-seven of the thirty county asylums treated madness with systems of nonrestraint.[27] These acts designed the asylum as the main institution for the insane and established the British as the forerunners in psychiatric practices. The increase of government-supervised asylums across England as a new source of British pride was reflected in the changes in language used to refer to aspects of lunacy and its treatment. By 1858, "'madhouse' became an 'opprobrious epithet,' and was replaced by 'asylum' or 'retreat' – 'benignant refuges for the 'mentally afflicted'. 'Mad-doctors' became 'alienists,' 'asylum superintendents,' or 'psychiatric

[26] Benjamin Ward Richardson, *Medicine Under Queen Victoria: The First Advancement: The Treatment of the Insane*, Asclepiad 4 (1877), as seen in Andrew Scull, *A Brilliant Career? John Connolly and Victorian Psychiatry*, (Victorian Studies 27, 1984), 203.
[27] Elaine Showalter, *Female Malady*, 17.

physicians'; 'keepers' became 'attendants.' Madness itself became 'lunacy,' 'mental derangement,' or 'mental deficiency'; and its treatment became 'mental science' or 'psychiatry.'"[28]

The fact that attitudes changed upon the discovery of the abuses of women from particularly powerful backgrounds – the Quakers and the aristocrats – is the most telling example of the fact that ideas about women successfully altered the several-centuries-long tradition of the brutal treatment of madness. Femininity was key to humanizing the mad person. As expressed by Showalter, "while the public might be persuaded that madmen were subhuman creatures that required violent restraint, these accounts of the abuses of 'delicate' women inspired a public outrage and a change of consciousness that led to a series of legislative reforms."[29] With the centrality of gender to the foundation of the lunacy reform movement, gender ideology then shaped the theories of and approaches to the treatment of madness. One of the most immediate and influential aspects of the lunacy reform was how madness was "feminized" and consequently placed in a framework of morality. Victorian psychiatry came to be comprised of the notions of moral insanity, moral management, and moral architecture.

Officiating New Understandings

Beginning with the York Retreat and solidified by the British physician James Cowles Prichard in 1835 with his *Treatise on Insanity and Other Disorders Affecting the Mind,* lunacy was redefined from loss of reason to deviance from socially acceptable behavior. Upon this treatise, the new classification of "moral insanity" was formally introduced to the developing

[28] E.T. Connolly, *Suggestions for the Amendment of the Laws Relating to Private Lunatic Asylums*, (1858), quoted in William Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteen and Nineteenth Centuries* (London: Routeledge & Kegan Paul, 1972), 33.
[29] Elaine Showalter, *Female Malady*, 10.

field of psychiatry. Previously existing forms of madness were still considered, however. Prichard was one of the first figures to present distinct classifications of madness – all of which pertained to the individual's relationship with conformity in society. Prichard summarized the distinct classes of insanity in his treatise:

> Insanity as a chronic disease, manifested by deviations from the healthy and natural state of the mind, such deviations consisting either in a *moral prevision*, or a disorder of the feelings, affections, and habits of the individual, or in *intellectual derangement*, which last is sometimes partial, namely, monomania, affecting the understanding only in particular trains of thought; or in general, and accompanied with excitement, namely, in mania, or *raving madness*; or lastly, confounding or destroying the connections of associations of ideas, and producing a state of incoherence.[30]

While "moral insanity" was the most overtly moralized classification of insanity, the categories of intellectual derangement and raving madness were believed to have "moral causes." These moral causes were largely classified as anything that could be considered a psychological stress which impacted an individual's ability to function normally.

Given the seeming ambiguous nature of the distinctions between categories of madness and given the consistent belief in the underlying moral causes, moral insanity essentially became an umbrella term for any form and any degree of unusual, undesirable, and deviant female behavior. This notion was critical in the further feminization of insanity because the biological status of being a woman itself was considered to be insanity: "Women became insane during pregnancy, after parturition, during lactation; at the age when the menses first appear and when they disappear… The sympathetic connection between the brain and the uterus is plainly seen by the most casual observer."[31] In addition to this feminization of madness, any behavior or condition that was already feminized became a moral cause of insanity. For example, poverty

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[30] James Cowles Prichard, *A Treatise on Insanity and Other Disorders Affecting the Mind* (Haswell, 1837), 7.
[31] G. Fielding Blandford, *Insanity and Its Treatment*, (Philadelphia: Henry C. Lea, 1871), 69 as seen in Elaine Showalter, *Female Malady*, 56.

was already feminized since women were historically the primary recipients of the poor-relief laws and the impoverished were the most vulnerable to institutionalization, therefore, poverty came to be understood as another moral cause of insanity. In the developing frameworks of understanding lunacy at this time in history, femininity was being conceptualized as potentially deviant given the strength of the associations between lunacy, immorality, poverty, and biology. From this, all English women were vulnerable to institutionalization.

The English had a longstanding tradition of viewing their country as the "global headquarters of insanity," meaning the English were infamously mad; however, this notion was believed to be a symptom of how superior English culture was.[32] In George Cheyne's eighteenth-century text *The English Malady*, he actually urges his fellow Englishmen to take pride in their madness, which was believed to be a mark of intellectualism in many cases. However, upon the feminization of madness and the growing professionalization of mental health treatment, the relationship between British pride and madness expanded to include their superior ability to treat madness in addition to the supposedly symptomatic madness of the superiority of English culture.

Additionally, the Romantic Era, an artistic and intellectual movement that began in Europe at the end of the eighteenth century, thoroughly contributed to and perpetuated the notion of the association between brilliance and torturous emotions, typically in the form of madness. This movement placed such incredible value on emotion that the "tortured artist" quickly became a glorified ideal because madness was seen as a sign of intelligence; however, this glorification of madness was exclusive to men, whereas women were shamed and dehumanized for their "madness." As conceptualized by Elaine Showalter, in the nineteenth century, a distinction

[32] Elaine Showalter, *Female Malady*, 7.

between the "English malady" and her notion of the "female malady" emerged. The "English malady" was believed to be caused by the "intellectual and economic pressures on highly civilized men," while the "female malady" was "associated with the essential nature of women."[33] The idea of madness as characteristically feminine is not a new idea; for example, the very origin of the word "hysteria" comes from Greek root "hysteria," which translated to uterus. What was new was that with the professionalism of psychiatry, madness became more exclusively feminine, and behaviors that were considered "mad" in women were considered unthreatening and even desirable dispositions in men.

Furthermore, since the notions of femininity and morality were seemingly inextricably bound to the notion of domesticity, the design for treatment of madness was domesticated. By contextualizing madness in a domestic framework, madness itself became more understandable in society. The domestication of the treatment of madness is very clearly seen in the moral management and moral architecture, the two other ideologies that complimented the notion of moral insanity and treatment in Victorian psychiatry. Reformers and practitioners believed that moral management and moral architecture could override even the most deviant female behaviors. Moral management, or moral treatment, was developed at the York Retreat, but as the lunacy reform progressed during the early nineteenth century, it was increasingly formalized and supplemented by moral architecture.

Moral management was a system which substituted inhumane psychical restraints for strict surveillance and sought to "bring about social peace" and reeducate the mad in "habits of industry, self-control, moderation, and perseverance."[34] As demonstrated by Connolly's ideals for moral management, its ultimate goal was to cure insanity:

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[33] Elaine Showalter, *Female Malady*, 7.
[34] Elaine Showalter, *Female Malady*, 79.

> Calmness will come; hope will revive; satisfaction will prevail. Some unmanageable tempers, some violent or sullen patients, there must always be; but much of the violence, much of the ill-humor, almost all the disposition to meditate mischievous or fatal revenge, or self-destruction, will disappear… Cleanliness and decency will be maintained or restored; and despair itself will sometimes be found to give place to cheerfulness or secure tranquility.[35]

Since patients were thought to be incapable of self-control, as the reform movement progressed, eventually *all* aspects of a patient's life were subject to moral management. Moral management went so far as to even govern the appearance of patients, especially female patients, because it was accepted as a truth that "dress is women's weakness, and in the treatment of lunacy it should be an instrument of control, and therefore of recovery."[36] There were overt differences in the application of moral management along gendered lines; for example, in addition to the control of appearance that was exclusively applied to female patients, only the mail of women patients was subject to censorship. In 1858 hearings of the House of Commons Select Committee on Lunatics, "Representatives of the Alleged Lunatics' Friend Society protested against the censorship of patients' mail, but conceded that the ladies needed to be protected in this way against possibly shameful self-revelation."[37] These unequal perceptions, degrees of surveillance, and forms of control imposed on women in the asylum mirrored the dynamics of domestic life and society as a whole. Dating back to Tuke at the York Retreat and continuing through the lunacy reform, the system of organization and authority in an asylum mirrored those of the family: "the medical superintendent served as the father figure, the attendants served as the elder siblings, and the patients were the children."[38]

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[35] John Connolly, *The Construction and Government,* 143.
[36] Mortimer J. Granville, *The Care and Cure of the Insane*, (London: Hardwiche & Bougue, 1877), 41.
[37] Great Britain, Parliamentary Papers, vol. 4 (Reports, vol. 2), Select Committee Report, "Care and Treatment of Lunatics," 1859, 20-12 as seen in Elaine Showalter, Female Malady, 79.
[38] Elaine Showalter, *Female Malady*, 28.

In order to further establish the notion of retraining female patients in domestic, moralistic, and gendered conventions, the asylum was physically modeled on the place where they initially encountered such ideals: the home. This understanding took the form of "moral architecture," which purposed that the "lunatic asylum is intended not to be merely a place of security but a place of cure."[39] Moral architecture was applied to every aspect of the physical structure of the asylum - the sense of morality was "carved upon the very foundation stone of the building."[40] In *The Construction and Government of Lunatic Asylums,* John Connolly demonstrated how the architecture of the new asylums was meticulously manipulated. He detailed the appropriate and necessary conditions for the dimensions, materials, and organization for suitable windows, carpets, privies, baths, furniture, linens, pianos, and gardens.[41] These details were believed to be "relevant for the full application of moral management" according to Mortimer Granville in his survey of asylums for *The Lancet.*[42] Furthermore*,* the actual location of the asylum was believed to be of critical importance. In a sense, the location of the asylum was intended to taunt the patients into missing having a place in mainstream society. W.A.F. Browne's discussion of the reasoning behind why the asylum should be located in the middle ground between a city and the countryside revealed the underlying intent:

> there mere extent of the country afford delight; to some the beauty…. Form a strong and imperishable tie with the world and the friends to which the heart still clings; to others the same objects may remind of freedom, its value, and the price by which it may be purchased; to all a succession of new and varied and healthy impressions must be imparted.[43]

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[39] John Conolly, *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* (London, John Churchill, 1847), 1.
[40] Daniel Hack Tuke, *Reform in the Treatment of the Insane. Early History of The Retreat, York; Its Objects and Influence. With a Report of the Celebrations of Its Centenary*, (1892), 34.
[41] John Connolly, *The Construction and Government*, 26-34.
[42] Mortimer J. Granville, *Care and Cure,* 79 as seen in Elaine Showalter, *Female Malady*, 34.
[43] W.A.F. Browne, *What Asylums Are*, 183.

The situation enticed patients to think about what their institutionalization made them lose and how their expulsion excluded them from society at large. In addition to promoting the development of self-restraint within an individual, the physicality of the asylum was intended to better a patient's relationship with the world around them.

This prioritized attention to spaces where patients would interact with each other reflects how the institutionalization of many patients was intended to make them more socially conforming because their madness was viewed as an act of social deviance. Like everything else in an asylum, interactions between patients were heavily regulated. There was a complete division between men and women in the asylums which reflected the social conception of the two spheres in society: the public sphere for men, and the private sphere which for women. While male patients had more privileges than female patients in the asylum, women consistently had more space in the asylum, which was an overtly domestic space. Additionally, given the belief that women's biology made them considerably more vulnerable to lunacy, asylums were specifically designed to make more room for female patients, as demonstrated by W.A.F. Browne's recommendation that "in the case of a public asylum, a larger portion of the building should be allotted to females, as their numbers almost always predominate."[44] Some private asylums even limited their admittance to female patients only because they were seen as a more significant problem.

The developing understandings of the connection between femininity and madness and the growing availability of space in asylums for women specifically made it possible to institutionalize women for even the most trivial of social transgressions. This meant that it was easier to dispose of a woman than ever before, and the "disposing" of women was absolutely

[44] W.A.F. Browne, *What Asylums Are*, 184.

reflected in the predominance of female patients in asylums that started immediately following the Lunacy Act of 1845. From the census of asylums in England in 1871, there were "1,182 female lunatics for every 1,000 male lunatics, and 1,242 female pauper lunatics for every 1,000 male pauper lunatics. By 1871, out of 58,640 certified lunatics in England, 31,822 were women, meaning 54% of certified lunatics were women."[45] This number however should be problematized because despite the governmental regulations and requirements of asylum documents, it is possible that not all patients, especially the wealthier private mad house patients, were accurately documented. Regardless, these significant numbers point to how women's behavior came under even greater scrutiny than before upon the development and professionalization of psychiatry.

Chapter Two:

[45] Mortimer J. Granville, *Care and Cure*, 142, 230 as seen in Elaine Showalter, *Female Malady*, 52.

Reconciliation Through Diagnosis: "Better a Maniac…"[46]

Since the start of the reform movement in 1792, there were not significant changes in the assumptions about female madness for majority of the nineteenth century. Rather, the understandings were simply increasingly legitimized given the increasing institutionalization of women. The ease with which women were thrown into asylums can be attributed to the fact that despite some doctors' awareness of

> poverty, dependency, education, and illness as factors, the prevailing view among Victorian physiatrists was that the statistics proved what they had suspected all along: that women were more vulnerable to insanity than men because the instability of their reproductive systems interfered with their sexual, emotional, and rational control.[47]

Feminine biology served as the foundation for Victorian medical understandings of madness, and the specific type of madness a woman was diagnosed with simply depended on the degree of deviance she performed. The reasons women were institutionalized covered a rather extreme spectrum – women could be institutionalized for the most ambiguous manifestation of madness, which was "hysteria," to the most extreme manifestation of female madness, "infanticidal puerperal insanity."

(Infanticidal) Puerperal Mania

Looking back at the three main classes of insanity developed by Prichard – moral perversion, intellectual derangement, and raving madness, puerperal insanity would be classified as raving madness. Within the manifestations of puerperal insanity, infanticide was the most disturbing possible outcome and it was the greatest possible attack on understandings of women as nurturing, gentle, and passive beings. At this time when women were equated with their

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[46] "The Road Murder," Pall Mall Gazette, (British Library Newspapers, *Gale,* April 26, 1865).
[47] Elaine Showalter, *Female Malady*, 55.

uteruses, given their primary social role as child-bearers, women murdering their children threatened the whole edifice of womanhood.

Putting infanticide aside, "puerperal insanity" itself was a medical diagnosis established in the early nineteenth-century. Historian Hilary Marland argues the diagnosis developed "against a backdrop of increasing emphasis on the debility, disease, and derangement that could result from childbirth."[48] People were beginning to seriously rethink the way they viewed pregnant women, and although there was some uncertainty on the specifics, mental illness in a woman was ultimately traced back to her reproductive system: "there has been an obscure and indefinite doctrine advanced by almost every writer on the subject, which connects the nerves of the uterus in some way or other, not clearly explained, with the whole nervous system."[49] Doctors could not establish specific causes or triggers of puerperal mania beyond feminine biology itself.

The diagnosis of puerperal insanity "encompassed diverse forms of mental illness associated with childbirth," and "women were believed to be particularly at risk shortly after childbirth when they were physically weak and mentally susceptible, but they could also become mad during pregnancy or several months after delivery."[50] Contemporary doctors described the puerperal maniac as demonstrating

> a total negligence of, and often very strong aversion to, her child and husband… explosions of anger occur, with vociferations and violent gesticulations; and although the patient may have been remarkable previously for her correct, modest demeanor, and attention to her religious duties, most awful oaths and imprecations are now uttered, and language used which astonishes her friends.[51]

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[48] Hilary Marland, "Under the Shadow of Maternity: Birth, Death and Puerperal Insanity in Victorian Britain," (*History of Psychiatry*, vol. 23, no. 1, 2012).
[49] Thomas Laycock*, A Treatise on the Nervous Disease of Women*, (London: *Pearson Longman,* 1840), 7.
[50] Hilary Marland, "Under the Shadow*."*
[51] John Charles Bucknill, et al., *A Manual of Psychological Medicine: Insanity* (Philadelphia : Blanchard and Lea, 1858), 238-39.

The puerperal maniac was always a woman who was either unable or unwilling to conform to the social expectations, and although doctors did also acknowledge influential factors such as financial and domestic troubles, the cause of this condition was ultimately deemed to be the inherently problematic female biology. Furthermore, the profession knew nothing about depression, so that went diagnosed as well and many of its symptoms were grouped in with puerperal mania. This dynamic necessitates a problematization the diagnosis of puerperal insanity in the nineteenth century.

The condition of puerperal mania itself was markedly violent in speech, thoughts, and actions, nearly to the point of being incomprehensible for doctors and society. According to the Victorian psychiatrist J.B. Tuke, "women suffering from puerperal insanity also acted out their misery in severe depression, and psychiatrists observed that 'in no form of insanity is the suicidal tendency so well-marked.'"[52] At the time, people looked at suicide with a great sense of fear, and since the thirteen century, suicide was a legally punishable offense in England. Suicide from depression was ignored because it was a concept that was not yet understood, and rather, a great sense of blame was directed towards the suicidal individual.

Furthermore, this was an act of self-destruction that had always, and still is, more common in men than women. There have also always been gendered differences in the methods of suicide attempts; men typically utilize more overtly violent methods, such as shooting oneself or slitting one's wrist, seen as deliberate and rational, whereas women typically use relatively less violent methods such as poisoning. The differences in suicide methods were acknowledged by the Victorian medical men and used as a way to invalidate suicidal feelings in women. Despite the existence of suicidal women, suicide was still seen as a male behavior, and when

[52] J. B. Tuke, "On the Statistics of Puerperal Insanity*,"* (*Edinburgh Medical Journal*, vol. 10, no. 11, 1865), 1019 as seen in Elaine Showalter, *Female Malady,* 35.

suicidal tendencies existed in women, they were rendered irrational because they were generally less successful. Furthermore, there was a tension surrounding the existence of suicidal puerperal maniacs because there was this hyper-feminized disease, puerperal mania, coupled with a masculine action. In order to reconcile this disparity, discussions of female suicidal behavior were dominated by repeated emphasis on the chaotic madness of female biology. For example, John B. Tuke, a member of the original Tuke family, expressed in his work *Cases Illustrative of the Insanity of Pregnancy, Puerperal Mania, and Insanity of Lactation* that

> suicide is often attempted, but in a manner which shows that it is not the direct result of any direct cerebration; she may wildly throw herself on the floor, attempt to jump from the window, or draw her cap-strings round her throat, but there is no method about it, it is an impulse, the incentive of which is purely abstract.[53]

His statement shows how female suicide attempts were stripped of the intentionality behind them as a way to reconcile the notion of a woman performing an action that was hyper-masculinized. Tuke's depicts suicidal women as being so overcome by their own irrational emotions that they seem to not be fully aware of what they are trying to do. Tuke's statement reflected the contemporary understanding of women's weak wills and intellect. Although suicidal behavior and thoughts were symptomatic of puerperal mania, this violence was not always directed towards oneself. Many puerperal maniacs directed their violence towards their own children – the worst possible outcome of the condition.

While many cases of infanticide were motivated by the illegitimacy of a child or an economic inability to support a child, all women were vulnerable to developing puerperal insanity and ultimately committing infanticide. Puerperal mania "could strike the highest born and the poorest, the most esteemed to the least respectable," and even Queen Victoria herself

[53] John B. Tuke, "Cases Illustrative of the Insanity of Pregnancy, Puerperal Mania, and Insanity of Lactation." *Edinburgh Medical Journal*, vol. 12, no. 12, June 1867, 1091.

suffered from puerperal insanity after the birth of her second child and for the births of her seven following children.[54] While she was in this state, she expressed privately her own antipathy in letters and diaries; however, her feelings for children were so clear that "it became a joke to those who knew her."[55] After the birth of second child, she remarked that with her own children, "I have no tendre [tenderness] for them till they have become a little human; an ugly baby is a very nasty object – and the prettiest is frightful when undressed."[56] She also regarded breastfeeding with "insurmountable disgust," and "found no special pleasure or compensation" in the company of her children.[57] Queen Victoria's case illustrates to us the meaning of this mental illness and what form it could take. Her case also demonstrates how a mother might not experience the condition after her first child but was still susceptible to developing puerperal mania in later pregnancies. The puerperal maniac devolving into an infanticidal puerperal maniac seemed to occur at random, given the fact that *any* child-bearing woman could become victim to puerperal insanity.

The diagnosis of puerperal insanity and the social anxiety surrounding it "provided a socially acceptable defense for those who committed infanticide; however, they also created a climate in which bad behavior by females could be readily related to hormonal motivations."[58] The insanity defense was legitimated in England after the infamous 1843 M'Naghten Case, in which Daniel M'Naghten was charged for the murder of Edward Drummond, however, M'Naghten was acquitted because multiple witnesses were able to prove that at the time of the

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[54] Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*, (Springer, 2004), 1.
[55] Lucinda Hawksley, *Queen Victoria's Mysterious Daughter: A Biography of Princess Louise*, (Thomas Dunne Books, 2013), 45.
[56] Elizabeth K Helsinger, et al., *The Woman Question: Society and Literature in Britain and America, 1837-1883*. (Manchester University Press, 1983), 72.
[57] Elizabeth K. Helsinger, et al., *The Woman Question,* 74.
[58] Samantha Pegg, "'Madness Is a Woman': Constance Kent and Victorian Constructions of Female Insanity." *Liverpool Law Review*, vol. 30, no. 3, 2009, 214.

murder, he was "not in a sound state of mind" and was "laboring under morbid delusion."[59] M'Naghten's case established the "M'Naghten Rule" which "created a presumption of sanity, unless the accused was laboring under such a defect of reason, from disease of the mind."[60] Rather than prison, a defendant who was deemed "not guilty by reason of insanity" or "guilty but insane" was sent to an asylum. Furthermore, this verdict saved women from facing execution, seeing that murder warranted capital punishment, and the public found such a fate for a woman inappropriate because it defied understandings of how a woman should be treated.

Given this precedent and the medical understandings of female biology, a significant majority of infanticidal women in the second half of the nineteenth century were able to successfully raise the insanity defense after committing infanticide. In an examination of 203 infanticide cases committed by women from 1800 to 1899 recorded by London's Old Bailey court, the central criminal court in London, only *eighteen* of these women failed to successfully implement the insanity defense. The success of the insanity defense for infanticidal puerperal maniacs was so consistent, widespread, and well-known that numerous newspapers, such as the *Fortnightly Review*, stated that the law's treatment of the murder of one's child seemed "wholly inoperative."[61] In medical, judicial, and informal social conversation, infanticide became synonymous with puerperal insanity, and consequentially the insanity defense.

By the mid-nineteenth century, "in many institutions, at least 10% of the female patients suffered from puerperal insanity."[62] However, we need to doubt this figure because infanticidal women acquitted on grounds of insanity were always "recorded on admission documents merely

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[59] L. I. I. Staff, *Insanity Defense*, (*LII / Legal Information Institute*, 2007).
[60] L. I. I. Staff, *Insanity Defense*, (*LII / Legal Information Institute*, 2007).
[61] Andrew Wynter, *The Massacre of the Innocents*, (*Fortnightly Review, London*, edited by George Henry Lewes, vol. 4, no. 23, Apr. 1866), 606.
[62] Hillary Marland, *Under the Shadow*.

and indiscriminately as puerperal maniacs."[63] This widespread eagerness to deem infanticidal women as insane was a collective social, medical, and judicial attempt to reconcile the infanticidal puerperal maniacs' affront to the sacred notion of the female caretaker with their behavior that suggested the exact opposite. An examination of two infanticidal women who successfully utilized the insanity defense, Adelaide Freedman and Emma Nelms, demonstrates how the Victorian pathologizing of a woman killing her child was a fierce and desperate attempt to maintain traditional notions of femininity in spite of the worst possible thing a woman could do. Furthermore, these cases reveal how the press played a critical role in the conceptualization of deviant women. Freedman's and Nelm's cases are emblematic of the larger phenomenon of infanticidal puerperal mania in English society in the second half of the nineteenth century, which is a topic that previous scholars have failed to perceive, ironically in a similar way to how Victorian doctors incorrectly viewed the issue of female madness as a whole.

In 1869, an English woman named Adelaide Freedman lethally poisoned her one-month-old daughter and then attempted suicide. Before the poison took effect in her body, her housekeeper found her dying and called a local doctor from the London area named Dr. Morrison, who was able to save her. Freedman's crime was an *active* case of infanticide, meaning that rather than simply neglecting the child to the point of its death, she intentionally committed an act which swiftly and deliberately killed her child. Freedman went to the neighborhood chemist and purchased "two lots of salts of lemon," a salt primarily used to remove stains from clothing, but could also cause cardiac arrest if consumed.[64] In addition to the fact that this was intentional murder, there was widely known motivation behind her crime:

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[63] Sarah York, "Suicide, Lunacy and the Asylum in Nineteenth-Century England*,"* (Ph.D. diss., University of Birmingham, 2009), 16.
[64] "Child Murder and Attempted Suicide*," The Times*, (October 28, 1869), 7.

while her husband was absent from England for five years, she formed an "improper connection with another man, and the result of which had been the birth of the child." [65] A month after giving birth, she heard her husband was returning and promptly murdered her child. Although Freedman had strong motivation for the murder, her intent was invalidated in court because such deviance from what a mother was understood and expected to be *had* to be madness according to the judge: "though she knew the result, still it would be an uncontrollable impulse."[66] She was in fact charged with "willful murder," nevertheless, she successfully raised the insanity plea and was sent to an asylum.

Freedman's insanity was accepted by the court and doctors without question. Although this was not her first child and she had never experienced puerperal insanity before, a doctor from her asylum described her as having "the peculiar look of puerperal mania…I have observed her to be in a low, melancholy state, and she used to cry a great deal… there was a restlessness about her eyes."[67] Her diagnosis of puerperal mania was further validified by the reveal of her "hereditary family taint of insanity."[68] Apparently, her mother's "hysteria" – a female mental illness that could be diagnosed after a transgression as minor as simply interrupting one's husband – contributed to the explanation of why Freedman killed her child. At this time, Darwinism and Ernest Haeckel's degeneration theory were both beginning to be accepted and implemented into popular medical practices and theories. At the time of Freedman's trial, Fowler explains that

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[65] "Child Murder and Attempted Suicide," *The Times*, 7.
[66] "Trial of Adelaide Freedman," *Old Bailey Proceedings Online*, (November 22, 1869), (t18691122-36).
[67] "Trial of Adelaide Freedman," *Old Bailey Proceedings Online*, (t18691122-36).
[68] "Trial of Adelaide Freedman," *Old Bailey Proceedings Online*, (t18691122-36).

> the general idea of heredity most physicians of the medical community subscribed to and thus diffused into the public emphasized the role of the parents in transmitting their general mental and physical dispositions to their children.[69]

Essentially, the application of the contemporary scientific and medical notions to Freedman's case allowed for the reconciliation of her attack on Victorian notions of the female caretaker, the sanctity of marriage, and the performance of female sexual autonomy within contemporary social expectations.

Freedman's case is particularly telling; she acted with intention, had legitimate motivation, and upon hearing of her husband's impending return, she stated she "should go mad," and despite all this, she was sent to an asylum instead of a prison.[70] At the time, "should go mad" in British vernacular essentially translated to "this is enough to make a person mad." As opposed to evaluating how male power was so oppressive for a woman to the point that she was willing to murder her own newborn child, "doctors, lawyers, and judges preferred to deal with the depression and violence of puerperal mania as an isolated, individual, and biologically determined phenomenon."[71] Individual women who fell out of line were the issue, not the fact that this line existed at all.

Seeing that some degree of deviance was the underlying issue with supposedly mad women, the treatment for a puerperal maniac was largely similar to that for the hysterics, the melancholic, the delirious, the imbeciles, and the monomaniacs. All patients were indiscriminately subjected to the application of moral management. The indiscriminate application of treatment signifies that the doctors were not listening to the patients' individual

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[69] Orson Squire Fowler, *Hereditary Descent: Its Laws and Facts Applied to Human Improvement*, (New York: Fowlers and Wells, 1848), 18 as seen in, Maria Kaspirek, *Hawthorne and Antebellum Theories on Hereditary Insanity*, (*Current Objectives of Postgraduate American Studies*, vol. 17, no. 1, 2016), 4.
[70] "Child Murder and Attempted Suicide," *The Times*, 7.
[71] Elaine Showalter, "Victorian Women and Insanity," (*Victorian Studies*, vol. 23, no. 2, 1980), 171.

problems, but rather, looking no further than the contemporary medical understandings to examine a patient. Only when a patient demonstrated suicidal tendencies did their treatment change, but only to the extent that such a patient was put in solitary confinement in a padded cell until they seemed to feel better.

In the 1860's, solitary confinement was understood to help break a difficult or violent patient's mind down so the doctor would remold it to comply with his own ideals. This treatment was viewed as a "civil" alternative to the mechanical restraints used before the lunacy reform.[72] In the padded cells used for solitary confinement, the walls and floors were lined with leather or canvas pouches to prevent the patient from self-harming. The patient did not have any way to communicate with the asylum staff, unless the staff was communicating with them first.

Such medical understandings of female madness from Freedman's time continued into Emma Nelms's time largely unchanged. Emma Nelms was a working-class mother and wife of a granger on the railroad who killed her child 17 years after Freedman killed hers.[73] The case of Emma Nelms was, like Freedman's, one of the many instances in which a mother *actively* killed her child but was deemed as a "puerperal maniac" and sent to an asylum instead of being imprisoned as a "murderess." In 1886 in Oxford, Nelms slit her child's throat "in a dreadful manner."[74] Her husband found her outside in the garden "wringing her hands, saying, 'Oh, I have killed my child.'"[75] He ran back inside and saw the baby in the cradle, "wrapped up as if

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[72] In modern times, the use of solitary confinement for suicidal patients is now understood to actually exacerbate existing mental illnesses. Furthermore, even patients and prisoners who previously did not have suicidal thoughts tend to develop them while in solitary confinement British psychiatric hospitals still have padded cells for patients who are actively attempting to self-harm of harm others. The difference between the padded cells of the mid-Victorian Era and the modern padded cells are that the modern ones are not simply empty rooms, but rather contain furniture with rounded edges to prevent patients from finding a way to hurt themselves by using the furniture provided.

[73] "Child Murder by a Mother," *Edinburgh Evening News*, 11 Jan. 1886, p. 3.

[74] "Shocking Child Murder," *Manchester Courier and Lancashire General Advertiser,* (January 16, 1886), 3.

[75] "Shocking Child Murder," *Manchester Courier and Lancashire General Advertiser,,* 3.

she was asleep," however, "he pulled the quilt down and saw the bloodstains."[76] Nelms was arrested at once, and although

> the evidence showed conclusively that the prisoner had committed the act charged against her, but two medical men called for the prosecution proved clearly that she was at the time suffering from puerperal homicidal mania…. And the jury having found that she committed the act when of unsound mind, the learned Judge ordered her to be confined in a criminal lunatic asylum.[77]

Furthermore, her husband testified that before the murder, "she had eaten no food in his presence for seven days… saying she could not afford it…she seemed in trouble because one of her sons had been out of work for about four months."[78] Although she had clear motivation to kill her child - an inability to afford it - the jury unanimously agreed that she had to have been insane at the time of the murder.

Nelms had eight other children, and yet, puerperal insanity setting in after the birth of her ninth child was still a valid explanation for her murder. While this understanding that symptoms of mental illness associated with pregnancy did not always manifest upon the birth of a mother's first child is surprisingly in line with modern understandings relative to the other medical understandings of the nineteenth-century, the rather quick verdict in Nelms's case reflects larger social dynamics of the time. The prosecutor in her trial suggested a possible postponement, "in order that her insanity might be inquired into," but the judge stated that her "unsoundness of mind seemed so apparent that a postponement would be a cruel thing."[79] Such a gruesome murder simply had to be attributed to insanity, not the fact with so many children and without sufficient economic means was, she arguably felt that getting rid of a child would ease her

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[76] "Murder of an Infant by Its Mother at Tiddington." *Jackson's Oxford Journal*, Jan. 1886.
[77] "Trial of Adelaide Freedman," *Old Bailey Proceedings Online*, (t18691122-36).
[78] Murder of an Infant by Its Mother at Tiddington." *Jackson's Oxford Journal*, Jan. 1886.
[79] "Thame." *Bucks Herald*, Jan. 1886.

pressures and maybe even spare her newborn child from a life stricken by poverty and suffering. Unfortunately for Nelms, the "calming" environment of the nineteenth century asylum enforced a daily life of being silenced by doctors and subjected to their oppressive and constant surveillance. It was unlikely that institutionalization alleviated her feelings of being trapped seeing that she would have experienced the same treatment as Freedman.

One of the most significant differences between Nelms's and Freedman's cases was the public opinion on their cases, a change which was reflected in their newspaper coverage. Regarding Freedman's case, London newspapers gave considerably more detail about her background, motivations, and trial than they did when covering Nelms's case. There were at least nineteenth news articles written about Freedman's case, and at least sixteen articles on Nelms's; however, unlike for Nelms, each news article on Freedman was written with different wording, even if providing most of the same details. Out of the sixteen articles on Nelms, seven of them had the *exact* same wording. Furthermore, the longest article covering Nelms's case was close in length to the shortest article covering Freedman's case. Newspaper coverage on Freedman's case continued for at least a full month after her crime and trial, whereas newspaper coverage on Nelms's only lasted until the Sunday of the week of her crime and trial.

This disparity in media coverage can be largely attributed to the frequency at which infanticide was occurring at the time of Freedman's case. In the 1850's and 1860's, there seemed to be an "epidemic" of infanticidal mothers across the country.[80] In 1862, a journalist for the *Bell's Life in London and Sporting Chronicle* was one of many who expressed the general sentiment that "the number of infanticides has been of late so large as to exceed anything that

[80] Rosie Findlay, *More Deadly than the Male?: Mothers and Infanticide in Nineteenth Century Britain*, (*Cycnos*, vol. 23, 2006),

had been deemed possible."[81] While determining the exact number of infanticides is impossible, however, it has been estimated that in London during the 1860's, there were between 300 to 1,000 active infanticides.[82] Before the 1850's and 1860's, publicized cases of infanticide were uncommon; however, the newspaper coverage increased upon the increase of the crime.

Newspapers arguably gave so much detail about Freedman's case because they were trying to alleviate the public panic triggered by the growing number of child murders. Ironically, this panic "amounted almost to hysteria," an even more common female mental illness.[83] The extensive details of the case of an infanticidal puerperal maniac was not unique to Freedman; during the "epidemic," the "newspapers gave all aspects of infanticide cases – from discovery of bodies through lengthy accounts of court trials."[84] Since infanticide attacked the basis of sacred Victorian gender ideals, widely publicizing these murders and emphasizing the defendant's insanity was a way to invalidate cases of active infanticide and to take these sources of social harm, these infanticidal puerperal maniacs, out of society in a sense. This was achieved through the understanding that madness was, in some capacity, an inability to behave in socially acceptable ways. Furthermore, the media was helping to stigmatize and possibly even stereotype destructive female behaviors. These women were being seen as isolated figures, and in publishing so many details of their crimes, media outlets were taking control over their stories and framing them in a way that would allow the readers to see these women as socially removed lunatics as opposed to women reacting against the conditions of society.

In addition to the attempt to ease the anxiety surrounding such women, the publicity of considerable details of Freedman's case can also be attributed to the existence of a reading public

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[81] "Infanticide," *Bell's Life in London and Sporting Chronicle*, May 11, 1862.
[82] R. Sauer, "Infanticide and Abortion in Nineteenth-Century Britain," (*Population Studies*, vol. 32, no. 1, 1978), 86.
[83] Anne-Marie Kilday, *A History of Infanticide in Britain, c. 1600 to the Present,* (Palgrave Macmillan, 2013), 48.
[84] Anne-Marie Kilday, *A History of Infanticide,* 47.

interested in such salacious news. After technological advancements and "the removal of the advertisement duty in 1853, the stamp duty in 1855, and finally the paper excise in 1861, an inexpensive mass-market press was made possible."[85] Newspaper readership quickly expanded and was present in all social classes because newspapers were more financially accessible. As readership continued to increase throughout the 1860's, so did cases of infanticide. In publishing these cases, people were able to indulge their morbid fascinations with grisly crimes. There was a reading public for this type of salacious, shock value news. The Victorian Era was a time characterized by an obsession with death given the harsh realities accompanying the rapid industrialization and the wholescale economic changes of the time. Furthermore, given the rigid social conventions and importance of reputation, gossiping was also a notably Victorian characteristic. The combination of the act of gossiping, the cultural fascination with the morbid, and the increasing availability of newspapers resulted in a ready substrate of readers invested in reading about disturbing social situations, such as instances of infanticidal puerperal mania.

However, by the time of Nelms's case in the 1880's, there was a decline in infanticide due to the increase in abortions. The increase in abortions was related to the decrease in births, and thus infanticide and the newspaper coverage of it. Before the 1850's, abortions were a quiet and "rare occurrence" and most frequently performed by the mother and her friends as opposed to a by doctor.[86] However, as scientific practices of surgery, anesthesia, and sanitation progressed throughout the nineteenth century, abortion became a viable option by the 1880's for women dealing with unwanted or illegitimate children – the two main causes of infanticide. As

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[85] Martin Wiener, "Convicted Murderers and the Victorian Press: Condemnation vs. Sympathy." (*Crimes and Misdemeanors*, vol. 2, Nov. 2007), 111.

[86]A.T. Thomson, *Lectures in Medical Jurisprudence: Lecture XVII* (*The Lancet* January 28, 1837), 625 as cited in R. Sauer, *Infanticide and Abortion,* 83,

abortions increased, they came to overshadow infanticide in newspapers as the worst feminine social evil. Furthermore, women across all classes of society in the last two decades of the nineteenth century started having fewer children, "the estimated percentage of married women who limited their fertility increased from about 20 per cent of those born between 1831 and 1845 to about 43 per cent of those born between 1861 and 1870."[87] Women, with access to birth control, increasingly had only the amount of children they desired.

Beyond the decrease in cases of infanticidal puerperal maniacs, the use of relatively minimal detail documenting the cases of infanticide that occurred towards the end of the century was arguably connected to the growing literacy rates across all classes and genders and the growing need to need to preserve social morale. Between the time of Freedman's case and Nelms's, the media's approach of alleviating social anxiety surrounding infanticidal puerperal maniacs changed from including an extensive amount of details on a case to including a heavily restricted amount of details. Since members of the lower classes were already demoralized in the eyes of members of the upper class and seeing that poverty was considered a moral cause of insanity, it is possible that the wealthy in control of the media outlets thought that continuing to provide significant details about infanticide cases would be further demoralizing for the lower classes. Members of the upper classes potentially feared that members of the lower classes would identify with the puerperal maniacs in some sense and draw inspiration for them. The inspiration could have taken the form of one woman reading about a puerperal maniac who released herself from the major economic burden of caring for a child through committing infanticide and wanting to do the same in order to ease the hardships in her own life.

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[87] Judah Matras, "Social Strategies of Family Formation: Data for British Female Cohorts Born 1831-1906*,"* (*Population Studies, vol. 19,* November 1971), 377 as seen in R. Sauer, *Infanticide and Abortion,* 90.

The changes in media coverage suggest that extensive details coupled with the sheer number of infanticides was a grave threat to the very gender ideologies that served as the foundation for society and the oppressive gendered power dynamics. The details of the crimes seemed to become redundant, as demonstrated by the author of a *Catholic Herald* article in his statement referring to publicizing these cases: "A great number have not appeared in our columns, because they presented to features distinguishing them from the horrid monotony to this description of crime."[88] There was a clear pattern: a woman kills her child, and despite any "willfulness," she was deemed mad. Furthermore, throughout the 1870's and 1880's, styles of journalism were "shifting in a different direction from the expression of individuality to the articulation of the interests of the masses," and detailing such problematic crimes held the potential to threaten the very foundations of society.[89]

After the infanticide epidemic of the 1850's-1860's, British citizens were openly frustrated with and exhausted by the cases of infanticide that flooded the newspapers. For example, on December 19th, 1874, the Pall Mall Gazette newspaper of London released an article regarding the consistent placement of infanticidal mothers in asylums rather than prisons; the author expressed his frustration with this consistency in his statement that "it is either a heinous crime or it is not…. No possible reasoning can make it a mere venial offense which judges have to punish for form sake."[90] The idea of needing to bring an infanticidal woman to court "for form sake" captures how trials for infanticidal women seemed like more of a gesture than a legitimate judicial proceeding. The sense of frustration with the treatment of infanticidal women indicates that although the crime was still considered a serious social evil, people were less sensitive to its

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[88] "Infanticide in England - Difficulty of Getting Juries to Convict" *The Bengal Catholic Herald*, Nov. 13, 1852.
[89] Martin Conboy, "'It Is Nobbut (Only) an Oligarchy That Calls Itself a "We"': Perceptions of Journalism and Journalists in Britain 1880–1900." (*Journalism Studies*, vol. 17, no. 6, Aug. 2016),
[90] "The Punishment of Infanticide*," Pall Mall Gazette*, (December 19, 1874).

mental illness component by the 1880's. The author of the Paul Mall Gazette article went on to state that to prevent the crime of infanticide, "the punishment must be serious enough to make it really feared."[91] This opinion reflects the growing social attitude that favored punishment over treatment. However, as problematic as the treatment of the time may have been, it was still more productive than punishment. The promotion of punishment instead of treatment contributed to the development of the stigma and negative stereotypes surrounding mental health that still exists today.

Despite these toxic shifts in the conceptualization of the infanticidal puerperal maniac that occurred between the time of Freedman's and Nelms's cases, the foundation of these understandings remained the same. The Victorian construction of femininity was so fragile and so integral to maintaining the oppressive power dynamics of the society that doctors, judges, and juries were willing to grant infanticidal women the luxury of staying in relatively nice asylums as madwomen as opposed to sending them to jail for actively committing murder. Although attitudes towards the infanticidal puerperal mania were a result of internalized prejudices against women, there were conscious acknowledgements of how society sought to reconcile these deviant women with accepted understandings of femininity. For example, it was widely accepted that in these cases, it was "better a hundred times that she should prove a maniac than a murderess."[92] This meant that was preferable to see a woman as insane than as a woman who exercised choice in a society built to deprive her of that privilege. Even though infanticide was a rather disturbing form of claiming autonomy, it had to be some sort of reprieve for these women.

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[91] "The Punishment of Infanticide*," Pall Mall Gazette*, (December 19, 1874).
[92]"The Road Murder," *Pall Mall Gazette*, (British Library Newspapers, *Gale,* April 26, 1865).

Furthermore, these women were not so much rebelling socially, but more so "reacting through their illness to their difficult lives and roles as mothers."[93]

As demonstrated by the social and medical responses to the infanticidal women, the label of "mad" was also a way for men to continue to bind women to gender ideology even when they defied it in the most extreme way. It was easier to diagnose these women with mental illness than it was to acknowledge that society itself was sick. Even if a woman was truly sick, sickness itself seemed to be based on a desperation to pathologize female deviance. Victorian doctors were looking at their female patients, but they weren't truly *seeing* them.

Conclusion

The historical foundation of psychiatry was based on the belief that women were inferior to men and needed their protection and guidance. The two major events that precipitated the reform movement and the consequential development of psychiatry, the abuse of two women,

[93] Hillary Marland, *Dangerous Motherhood,* 165.

established the foundation of these toxic medical understandings. While the Quakers were instrumental to the development of modern psychiatry, they were also instrumental to the development of harmful stereotypes about madness and women that still actively plague society today. The York Asylum and the reform it entailed, even though intended as humanitarian, actually constructed a "conceptual straitjacket" in the form of a highly restrictive norm of womanhood and the female psyche. Furthermore, the early reformers contributed to the dangerous understanding that the "doctor knows best," a notion based on misguided, misogynistic, and sometimes cruel beliefs, which led to countless cases of misdiagnosis and widespread invalidation of the source of women's issues, as demonstrated by the treatment and reception of infanticidal puerperal maniacs.

Given the sacredness of gender ideology to Victorian society, women who could not behave as women "should" simply *had* to be mentally deranged in some capacity. I cannot stress enough that I am not arguing that there were not women who were actually ill; however, I am arguing that it is rather unlikely that doctors legitimately evaluated the core of women's problems from the way that doctors simply viewed women with a "clinical gaze," as described by Foucault. For example, as seen in my case studies of Freedman and Nelms, the doctors simply stereotyped them as having the "distinctive look of puerperal mania," and took that analysis no further. While their economic and familial conditions were detailed in the media, their actions and gender seemed to express all that the doctors needed for a diagnosis.

Although "puerperal mania" was later reconceptualized in the 1980's as the legitimate diagnoses of post-partum depression and post-partum psychosis, the negative understandings of deviant female behavior continue to exist largely unchanged. For example, when women challenge our inherently oppressive patriarchal culture, men and even other women are quick to

call them "hysterical" or "crazy." The fact that these common insults are based on mental illness demonstrates how mental illness is still greatly feminized and stigmatized on behalf of its feminization. The stigmatization of mental illness in women effectively works to invalidate women's places in society, similar to how it did in the newspaper coverage of infanticidal puerperal maniacs. Mentally ill women are seen as "wild cards" largely because they are women who are not behaving like women, and it is difficult for many people to understand how a woman can break free in such a way. Mental illness in women was perceived as dangerous, whereas mental illness in men generally accepted as a mark of eccentricity and even intellectualism. Even when male mental illness actually is seen as "dangerous," it is usually depicted in a more sympathetic tone. For example, many of the white male school shooters have been labeled as "mentally tortured," however, even that phrasing is reminiscent of nineteenth century Romanticism which hailed the tortured and brilliant artist.

The history of mental illness in women is not just important for historians and psychiatrists, but arguably everyone because it actively impacts all levels of life for all genders. Problematic understandings of gender manifest everywhere from the sidewalk to outer space.[94] On a more immediately pressing level than exploration of outer space, such as the existence of this dangerous misogyny in our federal government, women have largely been excluded from politics due to the belief that their emotionality and biology make them too irrational and untrustworthy. Women's opinions are consistently invalidated and ignored by their nature of coming from a woman. This is profoundly dangerous because women are lacking representation, and men are also suffering from performances and even the promotion of toxic masculinity by most male politicians. Our understandings influence politics and our politics influence our

[94] Given the historical exclusion of women from sciences and mathematics, problematic disparities in educational systems, and gendered social conditioning.

understandings, and this feed-back loop is killing our planet and perpetuating the widespread abuse of women. The stigmas and stereotypes surrounding women and mental illness quite literally prevent larger social process and the proper treatment for those who are legitimately suffering from mental afflictions.

Psychiatry is a critically necessary aspect of society, but it is deeply unfortunate that throughout history, it has arguably been used to inflict more harm than good. Only by dismantling negative stereotypes and their resulting stigmatization can psychiatry truly fulfil its potential. I can only hope, for the sake of humanity and the bettering of the many ills that plague our society, that one day, we can look back at our current time, and find our psychiatric practices to be as outdated as we now find those of the nineteenth century to be.

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