

# Behind Stone Walls and Between the Lines: Bethlem Doctors' Perceptions of Insanity in Early Victorian London

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Throughout the nineteenth century, British approaches to insanity's definition and treatment underwent a fundamental restructuring. Insanity, seen in previous centuries as a bestializing influence or a punishment for sin, increasingly came to be recognized as an illness. Based on this idea, methods of treatment also began to change, as approaches designed to address the mind rather than the body were employed. However, the old stigmas remained embedded in the new language of therapy, particularly in the works of medical officers at more conservative institutions. An exploration of texts written by a group of doctors employed at the same asylum within a narrow timeframe highlights the type of prejudices carried by men of their position, offering new insights into treatment of the period and clarifying the problems faced by nineteenth century psychiatry.

Although the history of insanity as a discipline did exist before the 1960s, it changed so drastically during this decade that it would be almost unrecognizable to its former practitioners. The whiggist interpretation which dominated the old historiography portrayed the creation of asylums as the result of altruistic reform movements designed to counteract the eighteenth century legacy of confinement and punishment. In the second half of the twentieth century, this traditional approach has been superseded by a revisionist narrative, with contributors from a number of fields seeking to expose the less philanthropic motives for the creation of asylums in industrializing societies. Although the most recent scholarship has focused on the historical reconstruction of specific incidents rather than attempts at sweeping narratives, many of the attitudes expressed still owe a great deal to this revisionist, multidisciplinary spirit.

The majority of the fundamental questions about the meaning of insanity and asylums were raised in Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason*, originally published in French in 1961. It took several years for the English-speaking historical community to feel the full impact of Foucault's scholarship, in part because of a four-year delay in translation but more significantly because of Foucault's position outside the mainstream of the discipline. A philosopher and cultural analyst, he has been quoted as saying, "I am not a professional historian; nobody is perfect," and his critics would argue that his not being a historian should be obvious to anyone reading his work.<sup>1</sup> He has been accused of oversimplifying, ignoring empirical data, and mixing up dates, all cardinal sins to the conventional historian.<sup>2</sup> Yet, despite his inadequacies, the theoretical groundwork he established cannot be ignored by modern-day scholars of madness.

Foucault's argument is that in the classical period (roughly 1600-1800), the "great confinement" swept through Europe. The insane were incarcerated at much higher rates than before, and the idea that they, by definition, belonged in asylums became prevalent. This was done not for their protection or rehabilitation, but to remove them from society, essentially cutting off any dialogue between reason and madness. Madness had nothing to contribute to society, economically or intellectually, and so the insane were invalidated as human beings. The sane were pitted against the insane in a struggle in "which men, in an act of sovereign reason, confine their neighbors, and communicate and recognize each other through the merciless language of non-madness."<sup>3</sup> He goes on to outline various ways in which society responded to this threat, most notably through institutionalization and the bestialization or infantilization of the insane.

Many historians of insanity in Britain have protested against the unhesitating application of Foucault's theories to British history by undiscerning scholars. In his introduction to *Mind-Forg'd Manacles*, historian Roy Porter notes several differences between the French and English cases. He argues that the rates of institutionalization were much lower in England, and indeed in most of Europe, than Foucault supposes; that the insane were not made to work in accordance with a popular ideology regarding the value of labor; and that lunatics were not treated as cruelly as a reading of *Madness and Civilization* would convey.<sup>4</sup>

At roughly the same time that *Madness and Civilization* was working its way into the scholarly consciousness, Richard Hunter and Ida Macalpine published *Three Hundred Years of Psychiatry, 1535-1860*. Essentially a collection of historical texts, this sourcebook has been consulted by almost every student of English insanity since its publication in 1963. The endurance of the book can be credited to the variety of sources it contains, the length of time surveyed, and the stated goal of the authors to treat "important themes and movements such as the development of legislation, the mind and brain controversy, mesmerism, phrenology and non-restraint" at length.<sup>5</sup> The efforts of Hunter and Macalpine began the process of alleviating the problem of "how little groundwork had been done and how few studies of original material made" up to that time.<sup>6</sup>

The work of Thomas Szasz represents a less scholarly but still important use of the history of insanity. *The Myth of Mental Illness: Foundations of a Theory of Personal Conflict* uses historical examples in an attempt to argue that "although mental illness might have been a useful concept in the nineteenth century, today it is scientifically worthless and socially harmful."<sup>7</sup> A psychiatrist himself, Szasz takes pains to protect the validity of psychiatry while emphasizing insanity as a social construction, rooted in the times and places in which it occurs. While his arguments are considered controversial at best, his research is an important sign of a growing interest in the history of insanity and its treatment and has provided a number of young scholars with fuel for argumentative papers.

One of the most notable contributors to the revised history of insanity is Andrew Scull, a sociologist by training, whose "status as a disciplinary 'outsider' has not prevented him from becoming one of the most influential historians of psychiatry working today."<sup>8</sup> His first book on the subject, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*, included a call for historians to "transfer [their] attention away from the rhetoric of intentions and to consider instead

the actual facts about the establishment and operation<sup>9</sup> of asylums. He proceeds to do so through a detailed analysis of the rise and fall of asylums and the accompanying approaches to treatment.

Like most important scholarly arguments, Scull's ideas have stimulated both discussion and disagreement. He has been criticized for his Marxist tendencies which, in the nature of Foucault, tend to portray the evolution of asylums as a mechanism which removes the undesirable classes from the economic and social arena. Janet Oppenheim condemned his willingness "to invoke the 'English ruling classes,' the 'English elite,' or the 'upper classes' as if they formed an undifferentiated mass functioning in unison to suppress all threats to their hegemony."<sup>10</sup> Porter has raised sharp objections to his characterization of new treatment methods as an abrupt break with previous techniques, rather than the result of a process with causal links to the past.

Another "disciplinary outsider" whose contributions have been widely discussed is Elaine Showalter, author of *The Female Malady: Women, Madness, and English Culture, 1830-1980*. A professor of English, Showalter specializes in feminist literary criticism. In *The Female Malady*, she applies this approach to the study of women and insanity, concluding that "while the name of the symbolic female disorder may change from one historical period to the next, the gender asymmetry of the representational tradition remains constant. Thus madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady."<sup>11</sup> Her work has drawn considerable criticism of both her historical and symbolic analyses. Nancy Tomes points out that "given the numerical predominance of women over men...and the tendency of women to live longer, the slight majority of women in...asylums...hardly seems to constitute a 'feminization.'"<sup>12</sup> Joan Busfield corroborates and expands on this objection and adds a convincing discussion of the male archetypes of insanity, noting that the existence of these types weakens Showalter's connection between women and symbols of insanity.<sup>13</sup>

Roy Porter has written extensively on the nature of insanity and its role in English history. A social historian with an interest in a wide range of topics, including medical history and the history of sexuality, Porter began his study of history of insanity in 1987 with the publication of two books, *The Social History of Insanity* and *Mind-Forg'd Manacles: A history of madness in England from the Restoration to the Regency*. In *Mind-Forg'd Manacles*, he approaches many of the essential questions of madness—the nature of insanity, the rise of asylums, the development of psychiatry as a discipline—from a deeply historical viewpoint, tracing these factors over an extensive period of time in order to ground them in the narrative of English history. In addition, he studies the testimony of the insane, exploring the psychiatric revolution through the eyes of its patients. Porter's work serves to integrate and contextualize previous scholarship, heightening the academic rigor of the discipline.

All of the scholars discussed above laid an important theoretical groundwork in the study of insanity in history. Recent authors have worked at filling in the gaps in the narrative, writing studies of specific institutions, personalities, and phenomena that had been overlooked in broader works. Books such as *Masters of Bedlam*, written by Scull, Charlotte MacKenzie, and Nicholas Hervey, and the essential *The History of Bethlem*, by Jonathan Andrews, Asa Briggs, Porter, Penny Tucker, and Keir Waddington, which provide useful references on a specific English institution, serve as

examples of this advance. This move toward specific histories shows the maturing of the discipline and a deepening understanding of the historical conceptualization and treatment of insanity, which will continue to be augmented and revised by future studies.

The work of Roy Porter and his colleagues provides a useful overview of the history of Britain's oldest mental institution. Founded in 1247 by Simon FitzMary as the priory of St. Mary of Bethlehem, the building first housed lunatics in 1403. Due to its status as a Catholic institution, Bethlehem was threatened by the religious turbulence that dominated English politics in the Medieval period. It was dissolved by Henry VIII in the middle of the sixteenth century, but recreated as a secular institution after the City of London petitioned for its survival. In 1619, Bethlehem attracted unwanted attention due to reports that the Master, the eponymous Dr. Hilckiah Crooke, had embezzled large sums of money from hospital funds. Dr. Crooke was fired and the governors attempted to improve record-keeping. The hospital moved to a new French-inspired building at Moorfields in 1675 and then to St. George's Fields, Southwark, in 1815.<sup>14</sup>

In addition to its age, Bethlehem gained prominence in English popular mythology as an exemplification of madness. The name Bethlehem is the source of the variant Bedlam, originally used in 1528 to specify the hospital but evolving into a term for general lunacy and then to its present meaning of "a scene of mad confusion or uproar."<sup>15</sup> "Bedlam scenes" were particularly popular among dramatists of the early seventeenth century.<sup>16</sup>

Andrews and his associates note that this emergence of Bedlam in the national consciousness may be rooted in the Governors' decision, in the 1590s, to open the institution to the public.<sup>17</sup> Although exact data on the number of entrants cannot be determined, the asylum certainly developed into a major tourist attraction, comparable in repute to Westminster Abbey. The experience of touring the wards was portrayed as religiously and morally instructive, showing the sane the dangers of vice, but it is unlikely that moral reflection was the primary motive for visitors. There was also the experience of seeing the insane and hearing their ravings. In the late eighteenth century, however, the upper classes grew hesitant about the advisability of such visits. As a result of elite pressure, general admission to the wards was stopped in 1770. Visiting died out, but the image of Bedlam had entered popular culture. Twenty-four years after asylum tours ended, newspapers still ran cartoons of Bedlam, which one would presume could be easily interpreted by contemporary audiences.<sup>18</sup>

At the turn of the nineteenth century, Bethlehem was a highly-recognized but fundamentally standard institution. Manacles and chains were in heavy usage, in part due to the low staff-patient ratio. In 1815 it was noted that there were only four attendants to 120 patients; a ratio used to rationalize the reliance on mechanical restraint. Popular cures for insanity included leeching, blistering, purging, and vomiting—all physical treatments widely used for other types of illnesses. These conditions were not abnormal; in fact, they could readily be observed at most other hospitals of the period.

The 1815 House of Commons Select Committee on Madhouses changed this perception of Bethlehem as a typical asylum. Intending to investigate "the conditions endured by those insane confined in institutions, with no effort being made to gather comparable data on lunatics in the community,"<sup>19</sup> the evidence heard and reports

published turned into a condemnation of the York Asylum and of Bethlem. Patients were found chained in small, unpleasant rooms. Some were naked or semi-clothed. The attentions of the medical staff were found wanting. The discovery of an inmate, James Norris, who had been chained to the wall in an intricate and extremely restricting iron apparatus for nine years, became a symbol of all that was wrong with the institution.<sup>20</sup> As a result of the testimony given by Bethlem employees and outside surveyors, John Haslam, the apothecary, was dismissed in disgrace and Dr. Thomas Monro, the hospital physician, was allowed to resign (although his place was taken over by his son, Edward Thomas Monro). Bethlem, one of London's most recognizable institutions, found its reputation severely damaged by the movement toward asylum reform which came to the fore in the early nineteenth century.

This movement was fueled by a number of factors. A general attitude of reform, guided by Enlightenment thought, took over the popular mentality of the period, bringing with it efforts to reform such cultural edifices as prisons and workhouses. With regards to asylums, a growing sympathy to the insane as suffering fellow human beings began to develop in the eighteenth century and continued to gain acceptance. The work of Phillipe Pinel, a French physician whose *A Treatise on Insanity* (first printed in English in 1806) advocated reduced use of restraint and a turn to more subjective, psychologically-oriented methods of treatment, provided an alternative to the old system of confine and punish. This new philosophy of asylums, which became known as moral management, "was a general, pragmatic approach which recognized the lunatic's sensibility and acknowledged (albeit in a highly limited and circumscribed sense) his status as a moral subject."<sup>21</sup> Although the groundwork was laid by Pinel, it was focused and anglicized in Samuel Tuke's *Description of the Retreat*, published in 1813. The book contains an account of the founding of the York Retreat in a Quaker community by the author's grandfather and an explanation of the methods used there, which were designed to encourage a return to a rational state through intense staff-patient interactions promoting respectable behavior. By 1815, *Description of the Retreat* had impressed upon philanthropists that the insane could be handled, and even cured, without using mechanical restraint.

The writings of Bethlem's medical officers reveal much about the issues of the era and the underlying ideas these men held about their patients. They viewed their work through lenses of class, gender, and religion, judging the sanity of their patients against the standards of the times. Many of their published works also deal, directly or indirectly, with the struggle for jurisdiction over the insane that preoccupied medical men throughout the nineteenth century.

For most of its history Bethlem has been a very tradition-bound institution, and as such the treatments used there during the Victorian era had a greater resemblance to the confinement techniques of the past than the moral management approach popular at the time. During the Lunacy Commission Hearings, Thomas Monro stated that he was still using the treatments handed down to him by his father since he "knew none better"<sup>22</sup> (four successive generations of Monros—James, John, Thomas, and Edward Thomas—served as Bethlem physicians throughout the period of 1728-1855). The medical staff of the hospital also published relatively little; John Monro's *Remarks on Dr. Battie's Treatise on Madness*, printed in 1758, was the first written work by a Bethlem physician, although there had been doctors in practice there for two hundred years.<sup>23</sup> Even after the publishing silence was broken, texts remained scarce.

The papers that do exist can be credited in part to a growing interest in the treatment of the insane and the debate about who should care for them. As rates of institutionalization increased, the mad-keeping trade became highly lucrative. At the same time, proponents of the moral management approach demonstrated that laypersons could effectively oversee the insane in small, highly-regulated environments, and provide what seemed to be a higher quality of care than was available at the asylums. This combination of factors heightened competition for available lunatics, particularly lunatics whose families were able to pay well for their loved ones' room and board.

This jurisdictional debate was heavily entangled with one of the fundamental questions of psychiatry: is insanity a disease of the mind or of the brain? Is it possible to have a functional disorder without an organic basis? Not surprisingly, most doctors maintained that insanity was organic in nature. Convincing the public of this contention was a vital step in gaining control over the population of mental patients. William Lawrence, surgeon to Bethlem from 1816 to 1867, gives a fair description of the moral managers' position in *Lectures on physiology, zoology, and the natural history of man*:

They who consider the mental operations as acts of an immaterial being, and thus disconnect the sound state of the mind from organisation, act very consistently in disjoining insanity also from the corporeal structure, and in representing it as a disease, not of the brain, but of the mind. Thus we come to disease of an immaterial being, for which, suitably enough, moral treatment has been recommended.<sup>24</sup>

As will be discussed later, Lawrence was firmly against this assessment of the situation.

As the century progressed, mad-doctors grew in their objection to the mind-oriented analysis of insanity. Bryan Crowther, Lawrence's predecessor in the post of surgeon, found no evidence that insanity was rooted in physical alterations within the brain. In *Practical Remarks on Insanity*, published in 1811, he recognizes that "very desirable information has been obtained [from postmortem brain dissections], in as much as that the appearances on dissection are not to be considered either cause or effect of insanity [emphasis added]."<sup>25</sup> However, he goes on to state that:

the insane are subject to diseases, incidental to such as are of sound mind...and it is under this circumstance that the physicians to insane asylums have the twofold opportunity of directing the necessary medicinal treatment of their patient, conjointly with proper management; and it is in these instances that they deservedly merit a distinction from others, who have neither been conversant nor acquainted with mad persons.<sup>26</sup>

Elsewhere in the book, he attempts to defend medical involvement in the treatment of the insane through alternate reasoning. His argument is that "it is true, that in many instances [management of the insane as a curative means] has induced success, when the known medical means had certainly failed; yet judiciously combined, surely their mutual co-operation would encourage us to hope for a more favorable termination of the disorder, than when either is separately employed."<sup>27</sup>

Whether Crowther is being generous to his opposition or is simply a man who must be honest about his beliefs despite the consequences is unclear. However, it is important to note that he bases his argument in doctors' familiarity with the habits of the insane and in their ability to treat non-mental illnesses, rather than any inherent qualification to treat insanity itself. It is possible that in this early period, eighteen years after Pinel's mythical liberation of the inmates of Bicêtre and still two years before the publication of Tuke's *Description of the Retreat*, the concept of moral management was not sufficiently grounded in the English public mind as to threaten the established order. Four years later, however, representatives of Bethlem could not afford to take such an even-handed approach to the issue.

Haslam's strongly-worded *Considerations of the Moral Management of Insane Persons* (1817), published after his dismissal from his job as Bethlem apothecary and "symptomatic of the arrogance and self-belief that presumably enabled him to bear up under all these trials," placed him firmly on the side of the medical profession. He decried the "zealots of reform," who sought to alter what they did not have the experience to understand.<sup>28</sup> In an interesting turn of phrase, he uses the language of philanthropy and reform to defend the established institutions:

Before the pure spirit of benevolence and christian piety devised the foundation of charitable institutions for lunatics, these miserable objects were allowed to wander, and considered as interdicted persons—when they became troublesome or offensive they were whipt from tything to tything, and stockt, punished and imprisoned [sic]. The enlightened commiseration of modern philanthropists has afforded them every protection, as the existing public and private asylums sufficiently evince.<sup>29</sup>

He seeks to create a sense of the tradition and progress in order to defend the asylums against lay reformers, but fails to address any of the accusations made against Bethlem and himself.

Two years later, William Lawrence (see p.14) presented more support for the involvement of medical doctors in the treatment of madness. His argument was largely based in the organic interpretation of insanity. Here an intriguing discrepancy comes to light. Lawrence states, "I have examined after death the heads of many insane persons, and have hardly seen a single brain, which did not exhibit obvious marks of disease."<sup>30</sup> This is in marked contrast to Crowther's assertion that insanity could not be detected in postmortem dissections. As Lawrence took over Crowther's post, it is probable that they were drawing from a fairly similar demographic of specimens, so such a discrepancy seems unlikely. Furthermore, Crowther's account mentions two other men, an "anatomical teacher of acknowledged eminence" and "another gentleman, whose anatomical skill is also acknowledged," both of whom found little or no correlation between insanity and physical evidence in the brain.<sup>31</sup>

Alexander Morison, who was appointed as Bethlem's first Resident Physician in 1835, gained that position in part due to his very different approach to the issue of medicine and insanity. In 1823, Morison began teaching courses designed to train medical students in the techniques of treating mental disorders. He published his lectures in 1825, and continued to revise and add to them for the next two decades.<sup>32</sup> In the introduction to the first edition, he argues for teaching this important branch of

knowledge in terms that leave no doubt that insanity should remain in the physician's domain. He points out that "a knowledge of [mental disorders] is indispensable, not only to the practitioner more immediately engaged in the treatment of diseases of the mind, but also to every one who is called upon to give a certificate of the mental condition of his patient."<sup>33</sup>

These certification procedures provided a governmental legitimization of the doctors' campaign for authority over the insane. The requirement of a physician's certificate of insanity was legislated in the eighteenth century as part of the 1774 Madhouses Act, which arose from a growing concern among the public about the treatment of the insane. This early movement toward government regulation supports Porter's contention that the changes in "appropriate" ideas of asylum regulation and management were not a sharp break from the eighteenth century, as Scull had argued (see p.5-6). The Madhouses Act, a "reluctant and ineffectual intervention by the Government,"<sup>34</sup> which created a committee for inspecting private madhouses but gave them no power to take away licenses, also mandated "that every Certificate upon which any Order shall be given for the Confinement of any Person...shall be signed by Two Medical Practitioners except 'Pauper Lunatics' or 'Parish Patients' for whom only one medical certificate was required."<sup>35</sup> The idea had first been proposed to the College of Physicians in 1754, but they rejected the responsibility on the grounds that "the Execution of That Trust will be attended with such Difficulties as will make it very inconvenient to the College to perform it."<sup>36</sup> In the nineteenth century, however, this assumption that physicians were most qualified to determine insanity provided an inherent authority and kept doctors involved in the running of both traditional and moral management asylums.

As these doctors were so firmly connected with asylums and the experiences of the insane, it is useful to explore their assumptions about the institutions and people with which they worked. The physicians of Bethlem diagnosed their patients according to contemporary standards of sanity, which included specific judgments on correct behavior according to class, gender, and religion. Evidence of these assumptions can be found interspersed throughout their writings. These references, although rarely overt, provide valuable insights about the medical mindset and, by extension, the treatment received by the inmates of Bethlem.

Several sources indicate that the pauper and moneyed lunatics were perceived very differently. A now-infamous exchange between Dr. Monro and a member of the Committee on Madhouses during the 1815 hearings illustrates this attitude (italics are the words of the interviewer):

*What are your objections to chains and fetters, as a mode of restraint?*

They are fit only for pauper Lunatics; if a gentleman were put into irons, he would not like it...

*What idea do you fix to the words, that a gentleman would not like irons?*

In the first place, I am not accustomed to gentlemen in irons; I never saw anything of the kind: it is a thing so totally abhorrent to my feelings, that I never considered it necessary to put a gentleman in irons.

*Do you or not think that a man in a superior rank of life is more likely in a state of insanity to be irritated by such a mode of confinement, than a pauper Lunatic?*

Most assuredly.<sup>37</sup>

Given that Dr. Monro, in this excerpt and elsewhere in his testimony, displays no moral objection to the use of mechanical confinement, his belief that he “never considered it necessary to put a gentleman into irons” is an unusual statement. Taken as a whole, however, this sentiment betrays a strong class consciousness and a belief that class and background not only shapes a man while sane, but also while in the grips of insanity. Immediately prior to this statement, Monro testifies that the function of irons is to prevent madmen “from being riotous and mischievous.”<sup>38</sup> The implication, then, is that gentlemen, even insane gentlemen, are less prone to this sort of behavior. In addition, Monro betrays a belief that it is inherently wrong to put a gentleman in chains, although he has no objection to chaining paupers. This distinction carries an unspoken acknowledgment of the idea that paupers and gentlemen are entirely different species of men, and as such must be treated differently.

This belief in the intrinsic difference between social classes may be rooted in the civilizing power of education. In Alexander Morison’s *Outlines of Mental Diseases*, the author notes that “education conducted with too great severity may lead to insanity; but the opposite extreme is the more common cause of it—an education not conducted on the principle of bringing the inclinations and affections under the control of religious and moral principles, and of repressing ideas of hurtful tendency.”<sup>39</sup> Education served a psychological as well as an intellectual function, training the person to function under socially-espoused “religious and moral principles.” A greater degree of this type of education would contribute to the more tractable nature of gentlemen, as portrayed by Monro.

The inability to use one’s education was recognized as a fact legitimately noted in the discussion of insanity. *Outlines of Mental Diseases* includes, in a section on the physiognomy of insanity, the picture of a man who “had received a good education, but indulgence in solitary vice brought on a state of general imbecility.”<sup>40</sup> There is a definite cause-and-effect relationship established between his imbecility and his “solitary vice,” implying that moral turpitude is a gateway to madness. This is not the only example of moral or religious interpretations of madness by doctors. Bryan Crowther explicitly links religious devotion with sanity in *Practical Remarks on Insanity*. He describes a “furiously deranged madman” who, when he realized that he was about to die, “requested a person to sit down and pray with him...he earnestly joined in the devotion. Which circumstances, I think, fully justify the conclusion, that had his insanity been occasioned by the diseased appearances, manifest on opening the head, such *lucid interval* could not have taken place [emphasis added].”<sup>41</sup> A proper sense of Christian piety, then, is taken as a definite sign of lucidity.

This type of religious or moral judgment is particularly evident in discussions of homosexuality. In *The Physiognomy of Mental Diseases*, Morison includes a particularly virulent discussion of “monomania with unnatural propensity,” describing it as

a variety of partial insanity, the principal feature of which is an irresistible propensity to the crime against nature. This offence is so generally abhorred, that...the punishment...is death, formerly rendered more dreadful by burning or burying alive the offender. Being of so detestable a character, it is a consolation to know that it is sometimes the consequence of insanity; it is, however, a melancholy truth, that the offence has been committed in christian countries, by

persons in full possession of their reason and capable of controuling [sic] their actions, and it is said to be still more prevalent in countries where the purifying and restraining influence of the christian religion does not prevail.<sup>42</sup>

Here Morison decries homosexuality while reaffirming the rationalizing influence of Christianity. He does not, however, establish an absolute correlation between homosexuality and insanity. This loophole allows for judgment of homosexuality without confining oneself to the language of treatment and cure.

In addition to the poor, the uneducated, and those of unorthodox sexual orientations, women were also uniquely paired with insanity in the minds of physicians. Although it is probable that Showalter's case is exaggerated (see p. 5-6), there is certainly evidence that women were considered uniquely susceptible to certain illnesses due to the nature of their constitutions. Morison's *Outline of Mental Diseases* outlines three phases in a woman's life that were considered likely to bring about insanity: "the efforts of the constitution in establishing the menstrual discharge, ...the puerperal [or postpartum] state, [and] the critical period of female life,"<sup>43</sup> or menopause. Haslam corroborates this idea, noting that "in females who become insane the disease is often connected with the peculiarities of their sex."<sup>44</sup> He goes on to use women's supposedly innate sense of decorum as a justification for the necessity of medical involvement in the field of mental illness, stating that "the education, character, and established habits of medical men, entitle them to the confidence of their patients: the most virtuous women unreservedly communicate to them their feelings and complaints, when they would shudder at imparting their disorders to a male of any other profession; or even to their own husbands."<sup>45</sup> These impressions combined paint a picture of women as the victims of their own unpredictable biologies, hesitant to impart the unsavory details of their illnesses to any but the most qualified of men.

The medical staff of early nineteenth-century Bethlem had definite preconceptions about their clientele based on their class, gender, sexuality, and propriety of religious devotion. Specific groups were made insane by specific defects in their makeup, defects not present in upper-class men. Their attitudes reveal a definite grounding in the beliefs and value structures of their time period, which in turn influenced their approaches to treatment. As such, their beliefs have played an important role in the development of British psychiatry.

The history of psychiatry, the study of how human beings think, has been dominated by increasingly complex ideas of treatment. It has also been the story of how the insane experienced life at the hands of their keepers, doctors, and therapists. Developments at Bethlem in the early nineteenth century demonstrate the status of the discipline at this juncture in the crucial reformulation of the insane as ill human beings rather than sub-humans forsaken by God. The writings of Bethlem physicians demonstrate that, although the language of discussion changed, contemporary moral schema and financial interests influenced the images of insanity, even in professional texts. This type of analysis serves to highlight not only the preconceptions of that time period, but also more current problems with the mental health industry. An exploration of the societal norms enforced by late twentieth-century therapeutic discourse could highlight the flaws of the modern system and help to advance the discipline.

## Bibliography

- Andrews, Jonathan, Asa Briggs, Roy Porter, Penny Tucker, and Keir Waddington. *The History of Bethlem*. New York: Routledge, 1997.
- Busfield, Joan. "The female malady: Men, women and madness in nineteenth century Britain." *Sociology* 28, no. 1 (1994): 259+.
- Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. Translated by Richard Howard. New York: Random House, 1965.
- Hunter, Richard, and Ida MacAlpine, eds. *Three Hundred Years of Psychiatry, 1535-1860*. London: Oxford University Press, 1963.
- Megill, Allan. "The Reception of Foucault by Historians." *Journal of the History of Ideas* 48, No. 1 (Jan-Mar 1987): 117-141.
- Oppenheim, Janet. Review of *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900*, by Andrew Scull. *The American Historical Review* 99, no. 5 (Dec 1994): 1691.
- Porter, Roy. "Bethlem/Bedlam: methods of madness." *History Today* 47, no. 10 (Oct 1997): 41-47.
- Porter, Roy. *Mind-Forg'd Manacles: A history of madness in England from the Restoration to the Regency*. Cambridge: Harvard University Press, 1987.
- Scull, Andrew. *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*. New Haven, CT: Yale University Press, 1993.
- Scull, Andrew T. *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*. New York: St. Martin's Press, 1979.
- Scull, Andrew, Charlotte MacKenzie, and Nicholas Hervey. *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade*. Princeton: Princeton University Press, 1996.
- Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830-1980*. New York: Pantheon Books, 1985.
- Skultans, Vieda, ed. *Madness and Morals: Ideas on Insanity in the Nineteenth Century*. London: Routledge & Kegan Paul, 1975.
- Szasz, Thomas. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Harper & Row, 1961.
- Tomes, Nancy. Review of *The Female Malady: Women, Madness and English Culture, 1830-1980*, by Elaine Showalter. *The American Historical Review* 92, no. 1 (Feb 1987): 131-132.
- Tomes, Nancy. Review of *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, by Andrew Scull. *The American Historical Review* 96, no. 2 (Apr 1991): 478-479.

## Endnotes

- 1 Allan Megill, "The Reception of Foucault by Historians," *Journal of the History of Ideas* 48, no. 1 (Jan-Mar 1987): 117, 128-9, 132-3.
- 2 Ibid., 132-3.
- 3 Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Random House, 1965), ix.
- 4 Roy Porter, *Mind-Forg'd Manacles: A history of madness in England from the Restoration to the Regency* (Cambridge: Harvard University Press, 1987), 7-9.
- 5 Richard Hunter and Ida Macalpine, *Three Hundred Years of Psychiatry, 1535-1860* (New York: Oxford University Press, 1963), xii.
- 6 Ibid., vii.
- 7 Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conflict* (New York: Harper & Row, 1961), ix.
- 8 Nancy Tomes, review of *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, by Andrew Scull. *The American Historical Review* 96, no. 2 (April 1991): 478.
- 9 Andrew Scull, *Museums of Madness: the Social Organization of Insanity in Nineteenth-Century England* (New York: St. Martin's Press, 1979), 15.
- 10 Janet Oppenheim, review of *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900*, by Andrew Scull. *The American Historical Review* 99, no. 5 (December 1994): 1691.
- 11 Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985), 4.
- 12 Nancy Tomes, review of *The Female Malady: Women, Madness, and English Culture, 1830-1980*, by Elaine Showalter. *The American Historical Review* 92, no. 1 (February 1987): 132.
- 13 Joan Busfield, "The female malady: Men, women and madness in nineteenth century Britain," *Sociology* 28, No. 1, 259+.
- 14 This summary of Bethlem's early history condensed from Roy Porter, "Bethlem/Bedlam: methods of madness," *History Today* 47, no. 10 (Oct 1997): 41, 44.
- 15 *Oxford English Dictionary*, 2<sup>nd</sup> ed., s. v. "Bedlam" [database online], available at [http://dictionary.oed.com/cgi/entry/00019256?single=1&query\\_type=word&queryword=Bedlam&edition=2e&first=1&max\\_to\\_show=10](http://dictionary.oed.com/cgi/entry/00019256?single=1&query_type=word&queryword=Bedlam&edition=2e&first=1&max_to_show=10), 10 Nov 2003.
- 16 Jonathan Andrews, et. al., *The History of Bethlem* (New York: Routledge, 1997), 130-1.
- 17 Ibid., 11.
- 18 Ibid., 185.
- 19 Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (New Haven, CT: Yale University Press, 1993), 116.
- 20 *The History of Bethlem*, 424.
- 21 *The Most Solitary of Afflictions*, 98.
- 22 "Bethlem/Bedlam," 42.

- <sup>23</sup> *Three Hundred Years of Psychiatry*, 411.
- <sup>24</sup> William Lawrence, *Lectures on physiology, zoology, and the natural history of man, delivered at the Royal College of Surgeons*, 1819, in *Three Hundred Years of Psychiatry*, 750-1.
- <sup>25</sup> Bryan Crowther, *Practical remarks on insanity; to which is added, a commentary on the dissection of the brains of maniacs; with some account of diseases incident to the insane*, 1811, in *Three Hundred Years of Psychiatry*, 660.
- <sup>26</sup> *Ibid.*, 660-1.
- <sup>27</sup> Bryan Crowther, *Practical remarks on insanity*, in Vieda Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London: Routledge & Kegan Paul, 1975), 135.
- <sup>28</sup> Andrew Scull, Charlotte MacKenzie, and Nicholas Hervey, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton: Princeton University Press, 1996), 37-8.
- <sup>29</sup> John Haslam, *Considerations on the Moral Management of Insane Persons*, 1817, in *Madness and Morals*, 105.
- <sup>30</sup> *Lectures on Physiology*, in *Three Hundred Years of Psychiatry*, 751.
- <sup>31</sup> *Practical Remarks on Insanity*, in *Three Hundred Years of Psychiatry*, 660.
- <sup>32</sup> *Three Hundred Years of Psychiatry*, 769.
- <sup>33</sup> Alexander Morison, *Outlines of lectures on mental diseases*, 1825, in *Three Hundred Years of Psychiatry*, 772.
- <sup>34</sup> Jonathan Andrews, et. al., *The History of Bethlehem* (New York: Routledge, 1997), 417.
- <sup>35</sup> *Three Hundred Years of Psychiatry*, 454-5.
- <sup>36</sup> *Ibid.*, 452.
- <sup>37</sup> Committee on Madhouses, "First Report, Minutes of Evidence Taken Before the Select Committee...", 1815, in *Three Hundred Years of Psychiatry*, 703.
- <sup>38</sup> *Ibid.*
- <sup>39</sup> Alexander Morrison, *Outlines of Mental Diseases*, 1824, in *Madness and Morals*, 33.
- <sup>40</sup> *Ibid.*, 76.
- <sup>41</sup> *Practical Remarks on Insanity*, in *Three Hundred Years of Psychiatry*, 660.
- <sup>42</sup> Alexander Morison, *The Physiognomy of Mental Diseases*, 1838, in *Three Hundred Years of Psychiatry*, 773.
- <sup>43</sup> *Outline of Mental Diseases*, in *Madness and Morals*, 32.
- <sup>44</sup> *Considerations on the Moral Management of Insane Persons*, in *Madness and Morals*, 223.
- <sup>45</sup> *Ibid.*