

# **HOUSEBROKEN MADWOMEN: INSANITY, WOMEN, AND SOCIETY IN VICTORIAN BRITAIN**

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## Introduction and Historiography

It is evident that the man, possessing reasoning faculties, muscular power, and courage to employ it, is qualified for being a protector: the woman, being little capable of reasoning, feeble, and timid, requires protection. Under such circumstances, the man naturally governs: the woman as naturally obeys.<sup>1</sup>

In his 1841 work *Woman: Physiologically Considered as to Mind, Morals, Marriage, Matrimonial Slavery, Infidelity and Divorce*, Alexander Walker succinctly reflected the predominant social and medical views of the Victorian Era. The overwhelming majority of society—men and women—accepted this status quo and worked to perpetuate it. Girls learned early in life that they were less important than boys; for example, one woman was overjoyed at the birth of her son, but when she gave birth to her daughter, she wrote, “The catastrophe of a daughter was a bore, but what can’t be cured must be endured and never mentioned.”<sup>2</sup> Moreover, girls and young women of all social classes were educationally deprived relative to boys in their same level of society.<sup>3</sup> Once women were beyond the control of their fathers, patriarchal rule was perpetuated in marriage. Under the law of coverture, as husband and wife were “one body” before God, they were one person in the law, the rights of wives were subsumed into their husband’s control.<sup>4</sup> This meant that he had complete control over her body, any money she earned, and their children. As famously

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1. Alexander Walker, *Woman: Physiologically Considered as to Mind, Morals, Marriage, Matrimonial Slavery, Infidelity and Divorce* (New York: J. & H. G. Langley, 1841), 131.

2. Joan Perkin, *Victorian Women* (New York: New York University Press, 1993), 6-7.

3. *Ibid.*, 27.

4. *Ibid.*, 73-74.

described by the phrase “angel in the house,” from Coventry Patmore’s 1854 poem celebrating his wife, Emily, the feminine ideal was a wife who was submissive, meek, and devoted to the nurturing of her children.<sup>5</sup> This is not to say that women were entirely holed up in their home and that there were no women vocal about creating change, as scholarship has shown that women left their prescribed “sphere” and worked in philanthropy and petitioned Parliament, but does represent the powerful culture of female subservience that dominated the Victorian consciousness.<sup>6</sup> Importantly, actions divergent from this prescribed social ideal were seen as confusing and dangerous. So confusing, in fact, that those women who committed such social crimes as refusing to marry or disobeying their husbands were labeled insane and, in some cases, institutionalized within the growing number of asylums throughout the country. But the connection of women to insanity went beyond condemnation of deviance in women: since the advent of the nineteenth century, madness was being increasingly connected to the inherent weakness of femininity and the female body. Within psychiatric guides and textbooks at the time, images of the insane shifted from the raving, animalistic madman to the sexualized, melancholic woman. For example, asylum superintendents imposed the costume of the conventional Shakespearean Ophelia character, hair bedecked in wildflowers and loose, sexually suggestive clothing, onto their patients when photographing them for medical

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5. Coventry Patmore, *The Angel in the House* (London: Cassell & Company, 1891).

6. For examples of these active women, see the following works on Caroline Norton and Barbara Leigh Smith, who were both behind the impetus to pass the Divorce and Matrimonial Causes Bill in 1858: Simon Morgan, *A Victorian Woman’s Place: Public Culture in the Nineteenth Century* (London: Tauris Academic Studies, 2007) and Sheila R. Herstein, *A Mid-Victorian Feminist: Barbara Leigh Smith Bodichon* (New Haven: Yale University Press, 1985).

research.<sup>7</sup> This trend of “feminizing” madness reflected and ingrained further the idea of female weakness and inferiority, while having a powerful effect on the way deviant and insane women were treated.

At the same time the trend of feminizing insanity took hold of Victorian culture, there was a distinct, statistically verifiable rise in the number of institutionalized madwomen. In 1845, a study conducted by the superintendent of the York Retreat right before the passage of Parliament’s Lunacy and County Asylums Acts detailed that there were 30 percent more men than women in asylums.<sup>8</sup> Thurnam, the superintendent, commented, “... the proportion of men admitted is nearly always higher, and in many instances much higher than that of women, and as we know that the proportion of men in the general population... is decidedly less than that of women, we can have no ground in doubting that men are actually more liable to disorders of the mind than women.”<sup>9</sup> Following the 1845 legislative measures, designed to establish public county asylums that were subject to inspection by the Commissioners in Lunacy, the percentages shifted dramatically.<sup>10</sup> By 1850, women generally outnumbered men, and by 1871, for every 1,000

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7. Elaine Showalter, *The Female Malady: Women, Madness, and English Culture* (London: Virago, 1987), 92.

8. John Thurnam, *Observations and Essays on the Statistics of Insanity; Including an Inquiry into the Causes Influencing the Results of Treatment in Establishments for the Insane* (London: Simpkin, Marshall, & Co., 1845), 17, Google Books, [https://books.google.com/books?id=hPxNAAAAYAAJ&printsec=frontcover&source=gbs\\_ge\\_summary\\_r&cad=0#v=onepage&q&f=true](https://books.google.com/books?id=hPxNAAAAYAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=true).

9. Thurnam, 32.

10. For a thorough discussion of the Lunacy Act of 1845, its predecessors and the legislation that followed, and the Act’s specific effects, see Catherine Smith, “Parsimony, Power, and Prescriptive Legislation: The Politics of Pauper Lunacy in Northamptonshire, 1845-1876,” *Bulletin of the History of Medicine*, 81, no. 2 (Summer 2007): 359-385.

men in asylums, there were 1,182 females.<sup>11</sup> There were several explanations put forward by physicians to explain this increase. For one, it was explained that more women than men were incurable and lived longer, and thus women were less likely to be discharged.<sup>12</sup> But for most medical men, this was a further justification that women were the weaker sex. Showalter explains, "...the prevailing view among Victorian psychiatrists was that the statistics proved what they had suspected all along: that women were more vulnerable to insanity than men because of the instability of their reproductive systems interfered with their sexual, emotional, and rational control."<sup>13</sup> Thus, the prevailing Victorian view of female inferiority and weakness holds true in examination of the time's statistics.

At the time of these societal beliefs and statistical shifts, there was a corresponding "revolution" in the field of psychiatry: the state assumed a much more involved role in the care of madmen and women, the asylum became the basis of official treatment, legislatively and medically, and medical involvement became overwhelmingly focused on the "moral" causes of insanity. As mentioned earlier, Parliament became invested in the treatment of the insane population and through legislation mandated the construction and inspection of large public asylums in every county.<sup>14</sup> With this action, the asylum became formally recognized as the best option for treatment, as had been established in recent medical

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11. Showalter, 52; J. Mortimer Granville, *The Care and Cure of the Insane: Being the Reports of The Lancet Commission on Lunatic Asylums, 1875-6-7* (London, Hardwicke and Bogue, 1877), 2:232, Archive.org, <https://archive.org/details/careandcureinsa00grangoog>. As a point of comparison, in the general population there were 1,056 women for every 1,000 men.

12. Showalter, 54.

13. Ibid., 55.

14. Andrew T. Scull, *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981), 6.

works.<sup>15</sup> These new asylums replaced the “madhouses” of the previous century, and this change in label corresponded to the new focus on moral causes treatment; madhouses were representative of the inhumane, mechanical restraint of the eighteenth century, while asylum reflected the new idea of institutions being “retreats” that focused on humane, moral cures.<sup>16</sup> Scull argues this change originated with John Locke, who propagated a faith in the capacity for human improvement through social and environmental manipulation.

For example, Locke explained:

Beating is the worst, and therefore the last Means to be used in the Correction...  
Esteem and Disgrace are, of all others, the most powerful incentives to the Mind, when it is once brought to relish them. If you can once get into Children a Love of Credit and an Apprehension of Shame and Disgrace, you put into them the true principle.<sup>17</sup>

This belief in social manipulation emerged in the realm of psychiatry as moral insanity, moral management, and moral architecture. Moral insanity, introduced by James Cowled Prichard in 1835, redefined madness as deviation from socially acceptable behavior, not a loss of reason; moral management was essentially a treatment program of re-education that attempted to bolster willpower to defeat mad tendencies and to teach more acceptable social behavior; and moral architecture constructed institutions as therapeutic retreats

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15. Showalter, 26.

16. Scull, 6; Showalter, 28.

17. John Locke, *Educational Writings*, ed. John William Adamson (Cambridge: Cambridge University Press, 1922), in Scull, 114.

that utilized the environment to control patients, replacing chains and straitjackets.<sup>18</sup> As a point of comparison to Locke's original ideas, Mortimer Granville explained the utilization and purpose of moral management:

It is by domestic control, by surroundings of the daily life, by such details as the coloring of walls, the patterns on floorcloth, the furniture and decoration of rooms, by the influences of pictures birds, and draperies, the judicious use of different kinds of clothing, suitable occupation and diversion, and, generally, by molding and controlling the life of a lunatic, the psychologist hopes to reach, capture, and re-educate the truant mind, and perhaps reseal the dethroned intelligent will of his patient.<sup>19</sup>

Like Locke, Granville advocated education and environmental manipulation as the key to create human improvement, only he, like the Victorian psychiatric profession in general, applied the idea to madness specifically. The overwhelming attitude of Granville's contemporaries, as well as historians and psychologists up to the 1960s, was that this was positive, humane, and "the triumph of humanism."<sup>20</sup> But was this "reform" one of completely positive change? Particularly in the case of women, it became a manipulative program that increasingly depended on patriarchal hierarchy to be effective.<sup>21</sup> A madwoman was doubly in need of moral order; her gender necessitated that she needed direction and control as a member of the less reasonable and capable sex, while her

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18. Showalter, 29.

19. Granville, 1:79.

20. Scull, 106.

21. Showalter, 50.

insanity and nonconformity to accepted social behavior positively required moral manipulation. Thus madwomen were housebroken: any form of deviance was treated with domestication and re-establishment of Victorian social ideals and order.

This paper, in its examination of the nineteenth century, attempts to explain the historical currents and ultimately, draw comparisons to the psychological status of girls and women today. Within it, the first chapter focuses on the “feminization of madness” trend, looking particularly at the shift in images from the eighteenth to the nineteenth century. Chapter Two takes a look at how the medical beliefs concerning female biology played a role in the treatment and attitude towards women patients. Expanding upon the discussion of treatment, the third chapter takes a thorough look at the both medical and moral therapy available to women and how, through these treatments, women were essentially domesticated. Finally, in Chapter Four, we will hear from the small majority of women who managed to speak from behind the walls of the asylum and attempted to rebel against their status as weak and controlled by a patriarchal system.

Ultimately, by mid-Victorian England, the characterization of madness was firmly feminized through three powerful forces in the culture. First, the middle class value on the submissive housewife resulted in women who did not fit or rebelled against that norm being labeled as deviant. Second, the medical psychiatric profession propagated the opinion that madness in women was inextricably tied to their gender and sexuality, while male madness was instead tied to the pressures of an advanced, industrialized society. Finally, the advent of moral management in asylum-based care led to attempts to cure mental disorder by domesticating it, and by extension, domesticating women. In this process, the insane woman’s deviance was essentially tamed through social control.



Elaine Showalter's *The Female Malady: Women, Madness, and English Culture, 1830-1980* is an essential study of the history of the psychiatric treatment of women; when it was published in 1987 it established the prevailing view on the treatment of madwomen during the Victorian Age. The book's first three chapters: "Domesticating Insanity: John Conolly and Moral Management," "The Rise of the Victorian Madwoman," and "Managing Women's Minds" are particularly relevant for this essay. In her opening chapters, Showalter explains how the societal and medical view of madness shifted from the raving man to the Opheliac, sexualized, and melancholic woman, using images and the writings of medical works, and how medical men attempted to "domesticate" madwomen using the potent social control of moral management.<sup>22</sup> According to Showalter, because of the prevailing social pressures for women to be subservient and demonstrate proper decorum, any show of nonconformity, particularly sexual deviance, was seen as insanity.<sup>23</sup> Moreover, these pressures caused madness, as they pushed some women to mental anguish over their limited existence.<sup>24</sup> To make these arguments, the work draws from medical textbooks and case studies, legislation, photographs and art, and literature penned by women who experienced insanity. This attention on the average woman, not on sensational events but on a particular gender's place in history, puts *The Female Malady* at the crossroads of social history and the newer discipline of gender studies.

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22. Showalter, 8, 74.

23. Ibid., 58.

24. Ibid., 64.

Showalter fed off of work established by social historians who emerged in the 1960's "cultural revolution."<sup>25</sup> Historian Raphael Samuel explained how this new social history was "apt to make its historical homeland in Victorian Britain" and was "hospitable to the social sciences."<sup>26</sup> The preoccupation with the Victorians is reflected in the works of several social historians who took an interest in the history of madmen and saw its treatment in this particular period as a manifestation of larger changes in the structure of society. For example, Andrew T. Scull, who wrote *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* and edited *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, as well as Vieda Skultans, who penned *Madness and Morals: Ideas on Insanity in the Nineteenth Century* focus primarily on the rise of the psychiatric profession and the advent of moral management. Importantly, scholars like Scull and Skultans discuss social structures and change, like Showalter, but provide little commentary on women in particular.<sup>27</sup> One exception was an inclusion of "Victorian Women and Insanity," penned by Showalter, in Scull's *Madhouses, Mad-Doctors, and Madmen*. In this precursor to her main work and in *The Female Malady* itself, she built upon yet another historiographical trend: gender studies. This area of scholarship splintered off from social history following the second-wave feminism of the

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25. Raphael Samuel, "What is Social History?" *History Today* 35, no. 3 (March 1985), paragraph 5.

26. Ibid.

27. Elaine Showalter, "Victorian Women and Insanity," in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 313-336.

1970s.<sup>28</sup> Social and cultural historian Natalie Davis explained in 1976 the goals of the feminist movement within historical study as compared to earlier analyses of women:

They wrote mostly about women, so too do we, to rectify the deep and long-lasting bias of the historical record... But it seems to me that we should be interested in the history of both women and men, that we should not be working only on the subjected sex... Our goal is to understand the significance of the *sexes*, of gender groups in the historical past. Our goal is to discover the range in sex roles and in sexual symbolism in different societies and period, to find out what meaning they had and how they functioned to maintain the social order or to promote its change. Our goal is to explain why sex roles were sometimes tightly prescribed and sometimes fluid, sometimes markedly asymmetrical and sometimes more even.<sup>29</sup>

This influence is clear in *The Female Malady*, as Showalter argues that women were the ones with the more tightly prescribed, asymmetric role compared to that of men, and that fundamentally affected the societal view of insanity and the treatment of madwomen in Victorian Britain.

As the 1980s progressed toward the end of the twentieth century, the influence of Showalter's arguments revealed itself in the vast majority of ensuing scholarship concerning women and madness in Victorian Britain.<sup>30</sup> For example, Jane Kromm, whose

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28. Samuel, paragraph 7.

29. Natalie Zemon Davis, " 'Women's History' in Transition: The European Case," *Feminist Studies* 3, no. 3/4 (Spring-Summer 1976), 89-90.

30. For examples, see Jane E. Kromm, "The Feminization of Madness in Visual Representation," *Feminist Studies* 20, no. 3 (Autumn, 1994): 507-535; Jeffery L. Geller and Maxine Harris, (ed.), *Women of the Asylum: Voices From Behind the Walls, 1840-1945* (New York: Anchor Press, 1994); Mary Poovey, *Uneven Developments: The Ideological Work of*

work on the “feminization” of madness in art and images is utilized in this essay’s analysis, leans heavily on *The Female Malady*; that phrase and Showalter’s arguments frame the introduction and buoy Kromm’s case throughout the article.<sup>31</sup> It might be argued that to create “The Feminization of Madness in Visual Representation,” Kromm took Showalter’s introduction and expanded it to include more images and a more detailed investigation of their contents and influence. Another more recent work that draws upon Showalter is Pegg’s investigation of puerperal insanity. She uses Showalter as a jumping off point, then delves into the legal implications of society’s attitudes towards women who committed infanticide specifically and madness more generally.<sup>32</sup>

Interestingly, none of the sources that reference Showalter wholly disagree with any of her fundamental arguments, but instead expound upon them and if anything, simply refine them. The most recent extensive works done on the topic, Hilary Marland’s *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* and *Health and Girlhood in Britain, 1874-1920*, agree with Showalter’s conclusion that the social status and expectations of madwomen determined their treatment, but Marland takes the research in a new direction, using the lens of health to update the conversation.<sup>33</sup> *Dangerous Motherhood* discusses how women with puerperal insanity fundamentally challenged the

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*Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988); and Samantha Pegg, “Madness is a Woman’: Constance Kent and Victorian Constructions of Female Insanity. *Liverpool Law Review* 30, (2009): 207-223.

31. Kromm, 507.

32. Pegg, 208.

33. Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*, (Basingstoke: Palgrave-Macmillan, 2004); *Health and Girlhood in Britain, 1874-1920*, (New York: Palgrave Macmillan, 2013).

ideals of Victorian womanhood by being bad mothers and wives and then, when back to being hardworking and attentive, were considered cured.<sup>34</sup> She does differ from Showalter's earlier argument in her restraint from considering this form of insanity a purely cultural construction; instead, she urges recognition of it as a true disease—reflecting her health perspective.<sup>35</sup> *Health and Girlhood in Britain* takes a similar angle. Instead of underscoring how the medical profession only actively suppressed women, she recognizes that some physicians increasingly idealized an energetic, outgoing woman with various social and occupational activities.<sup>36</sup>

This paper will attempt to encompass all of these perspectives. Showalter's arguments are central, as her work is the backbone of research in the area, but nuances provided by the lens of art (as in Kromm) and health (as in Marland), give the research new life in this essay. As the culture of the Victorian middle class permeated societal and medical views, directly impacting the treatment of madwomen, the influence of social history and gender studies will be apparent in this paper. Similar to previous studies, the life of the average, while insane, woman and her relationship with society will be thoroughly explored. To do so, medical texts centered around women's health and madness, for example, Edward Tilt's *One the Preservation of the Health of Women at the Critical Periods of Life*, are examined for their attitudes towards madwomen compared to madmen. The works of John Conolly, the "father of moral management," are also discussed for evidence of how beliefs concerning the subservience of women affected their treatment

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34. *Dangerous Motherhood*, 139.

35. *Ibid.*, 201.

36. *Health and Girlhood in Britain*, 3.

and the organization of asylums. The words of the madwomen themselves, though much less readily available, will be explored as well. Like Showalter discusses, Florence Nightingale is central to this facet of the study, but beyond what Showalter examined, the writings of Elizabeth T. Stone, Elizabeth Packard, and Phebe B. Davis, all collected in *Women of the Asylum: Voices from Behind the Walls, 1840-1945*, are revealing in their own way and add a new layer to the scholarship. The work is further modernized by the inclusion of Marland's health approach. While the research of the 1980s and early 1990s concentrate on the role of societal beliefs and their effects, it is important to remember that many women truly suffered serious disease. Marland explains, "insanity was a real condition with real sufferers... it was also very much a product of the Victorian era."<sup>37</sup> This call for a balance will be respected; in the discussion of gender and social powers, health will not be forgotten. Finally, to complete a modernization of the historical study of Victorian insanity, I will leave the historical realm and address psychological research on modern sexual taboos and the development of adolescent and young women to provide a point of comparison and highlight the relevancy of the historical scholarship. One notable study that addresses this is "'Not Always a Clear Path': Making Space for Peers, Adults, and Complexity in Adolescent Girls' Sexual Development."<sup>38</sup> The author discusses the "Madonna/whore" dichotomy, where a woman is either chaste and good or promiscuous and bad, and how that for young women to develop a healthy sexuality, they must be given

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37. *Dangerous Motherhood*, 201.

38. Laina Y. Bay-Cheng, Jennifer A. Livingston, and Nicole M. Fava, "'Not Always a Clear Path': Making Space for Peers, Adults, and Complexity in Adolescent Girls' Sexual Development," *The Sexualization of Girls and Girlhood: Causes, Consequences, and Resistance*, edited by Eileen Zurbriggen and Tomi-Ann Roberts, (New York: Oxford University Press, 2013), 257-277.

the ability to move beyond such simplistic representations of female sexuality. This interdisciplinary approach will provide new breath to the traditional scholarship, providing innovation to keep the research relevant.

### Chapter One: Feminizing Madness

When approaching the notorious lunatic asylum Bethlem Hospital, nicknamed “Bedlam,” in the eighteenth century, visitors could not fail to notice the imposing statues at the gates. Sculpted by Caius Gabriel Cibber in 1677, the twin statues depicted grotesque men suffering from “Melancholy Madness,” and “Raving Madness,” with muscles swelling, eyes bulging, and arms shackled to straw mattresses.<sup>39</sup> These two “brazen brainless brothers” embodied the conception of the insane being male, raving, and subhuman and continued to be the models for the insane in images throughout the century.<sup>40</sup> But, by the 1850s, the madwoman dominated the imagination. Artists and writers created sexual, melancholic characters inspired by Shakespeare’s Ophelia that evoked insanity tied specifically to their gender and their status as the opposite of man, who was capable of reason. Just like the Ophelia of the stage, the images of her, like Robert Edge Pine’s *Ophelia* engraving, had her in a white gown, haphazardly covered in flowers, with her hair long and flowing.<sup>41</sup> With her hair down, Ophelia became a symbol for lapsed social decorum and

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39. Caius Gabriel Cibber, “Raving Madness” and “Melancholy Madness,” in Showalter, 9.

40. Max Byrd, *Visits to Beldam: Madness and Literature in the Eighteenth Century* (Columbia: University of South Carolina Press, 1974), 38. Byrd examines these statues in relation to Alexander Pope’s satire *The Dunciad*, which refers to them as “Cibber’s brazen brainless brothers.” See Byrd’s entire work for a complete discussion of the Augustan attitudes toward the insane.

41. Robert Edge Pine, “Ophelia,” in “The Feminization of Madness in Visual Representation,” ed. Jane Kromm, *Feminist Studies* 20, no. 3 (Autumn, 1994), 512.

sexual promiscuity, while her flower distribution scene, in which she symbolically “deflowered” herself, underlined this sexualized element and completed the picture of her as being a helpless sufferer of “love melancholy.”<sup>42</sup> This particular shift in social attitudes from the raving man to the melancholic woman even permeated medical circles, with feminine insanity featured in psychiatric textbooks. The movement towards this clear shift progressed in clear stages. First, the madman dominated the mindset of the 17<sup>th</sup> and 18<sup>th</sup> centuries, featuring the raving male who, as the scientific revolution took hold, turned into the quirky, reasonless man. Then, as reason became central to beliefs about insanity, the woman, considered far less capable of reason than man, came to dominate the Victorian perspective, as we will begin to understand in this chapter.

By 1735, the muscular lunatic was well established in images of insanity. William Hogarth’s final engraving in the series *Rake’s Progress* is an example of that continuation, with the character of the Rake and a madman in a cell next to him depicted as copies of Cibber’s statues; they represent “Melancholy” and “Raving” madness with animalistic poses and masculine features.<sup>43</sup> Hogarth, though, takes it further, while still centering on insanity as being essentially male. Importantly, there are no madwomen in the engraving. Instead, there are female visitors and a maidservant. While Bethlem Hospital, the institutional setting for the art, did segregate men and women into different wards and this could be seen as a snapshot of the male side of the hospital, in “The Feminization of Madness in Visual Representation, Jane Kromm argues differently. She explains it was not due to the

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42. Kromm, 513. Showalter, 11.

43. William Hogarth, “Rake in Bedlam,” in “The Feminization of Madness in Visual Representation,” ed. Jane Kromm, *Feminist Studies* 20, no. 3 (Autumn, 1994), 509.



segregation of the sexes or a fixation by the artist on men, but rather a perpetuation of a historical lack of a female presence in images of the insane.<sup>44</sup>

Hogarth's Augustan engraving does demonstrate an important shift from the previous century's focus on the raving man. In the image, while the traditional subhuman lunatics occupy the background, in the fore are men with more intellectual deficits: they are creative "geniuses" afflicted with odd hobbies and obsessions. This evokes insanity as also being related to reason, an increasingly common view among the Augustans of the Enlightenment.<sup>45</sup> In 1733, two years before Hogarth created his engraving, George Cheyne published *The English Malady*, in which he explained the growing levels of hysteria in English men. He wrote that England's cultural superiority was to blame; arguing that man's intelligence, ambition, and sensitivity to the pressures of an industrialized society pushed him to this hysteria.<sup>46</sup> In his analysis of Cheyne's work, Glen Colburn argues that Cheyne did not think this was necessarily a bad result, though, because the English Malady's causes were fundamental to the refinement and superiority of the country's culture.<sup>47</sup> In the later half of the century, James Boswell addressed the same topic in his *The Hypochondriack*, a series of monthly essays for *London Magazine* between 1777 and 1783. He, too, believed

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44. Kromm, 510

45. Ibid., 508

46. George Cheyne, *The English Malady: Or, A Treatise of Nervous Diseases of All Kinds* (London: Strahan, 1733), Archive.org, <https://archive.org/details/englishmaladyort00cheyuoft>.

47. Glen Colburn, *The English Malady: Enabling and Disabling Fictions* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2008), 5, Ebscohost, <http://eds.b.ebscohost.com/eds/ebookviewer/ebook/bmxlymtfxzU1MzUyMI9fQU41?sid=50cd4a63-f9d3-4725-ba60-205c8424f4f8@sessionmgr115&vid=1&format=EB&rid=2>.

that the present state of England was worth the Malady it had caused, writing that it is better to be progressively improving because it leads to superior refinement.<sup>48</sup> The pursuit of reason and science inspired by Boyle and Newton made England great, according to writers like Cheyne and Boswell, so was celebrated even if it allegedly led to faults like hysteria and hypochondria. This belief in an English Malady underlies the portrayal of madmen as those who had either lost their reason or suffered from its pressures, like the creative “geniuses” in Hogarth’s engraving. The mad inventor is mad not because he is subhuman, as he would have been in the previous century, but because he is suffering from a unique madness associated with reason.

This change to a reason-focused view of madness is key; as beliefs about insanity began to settle around a man’s ability to reason, those who could not reason—the insane—began to be seen as the opposite of man: woman. Coupled with the newly emerging Romantic obsession with Shakespeare’s Ophelia, more and more images began to feature madwomen in addition to men. In 1815, Cibber’s statues of madmen were removed from the gates of Bethlem Hospital and brought inside, hidden behind curtains, and shown only for special requests.<sup>49</sup> This physical act of removing and hiding them represent the ideological shift that was overtaking the psychiatric and social opinions of madness. Soon, instead of raving madmen, characters like Crazy Jane (also called Crazy Kate or Crazy Ann) and Lucy appeared, who embodied the two sides of Ophelia’s melancholy. Crazy Jane, created in 1793 by novelist Matthew Lewis, was a young servant girl who, after losing her

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48. Ibid., 7.

49. Ronald Paulson, *Hogarth: His Life, Art, and Times* (New Haven: Yale University Press, 1971), 326-327.

lover, went mad with love melancholy.<sup>50</sup> She, like Ophelia, had loose hair dressed in wildflowers, evoking a melancholic love that developed into insanity.<sup>51</sup> This literary character became so synonymous with insanity that it began even to permeate psychiatric textbooks as the Victorian era began. Dr. Alexander Morison, when creating an 1843 textbook on physiognomy, invited artists to the Surrey County Asylum to create images of madwomen. The result was a series of female insane, erotomaniacs and melancholics alike, with Crazy Jane's innocent face and fanciful dress.<sup>52</sup> Importantly, even insane men were portrayed as Jane, highlighting how the view of the insane had been feminized. Richard Dadd, an artist confined to an asylum, illustrated a manic male inmate of Bethlem as a woman in flowing dress and covered in the recurring wildflowers.<sup>53</sup> On the other hand, the innocence of Crazy Jane is contrasted sharply with that of Lucy, who characterized the sexualized half of Ophelia's melancholy. This figure came from Sir Walter Scott's *The Bride of Lammermoor* (1819). After being forced to leave the man she loved and compelled to marry another more socially approved match, she broke down on the wedding night. She was found, covered in blood and huddling in a corner, frantically gesturing with wild eyes, while her bridegroom bled from a stab wound.<sup>54</sup> Lucy soon went through eight operatic adaptations that came to highlight her sexuality and stress her insanity's relation to her

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50. Ibid., 13.

51. George Shepherd, "Crazy Kate," in Showalter, 13.

52. Alexander Morison, *The Physiognomy of Mental Diseases* (London: Longman, 1843), 45, <https://archive.org/stream/physiognomyofmen00mori#page/n3/mode/2up>.

53. Richard Dadd, "Sketch of an Idea for Crazy Jane," in Showalter, 16.

54. Sir Walter Scott, *The Bride of Lammermoor*, 323, Project Gutenberg, <http://www.gutenberg.org/files/471/471-h/471-h.htm>.

sexual obsession with her original lover.<sup>55</sup> Both Lucy and Crazy Jane, by 1850, had developed into the archetypes for viewing mental illness, replacing Cibber's animalistic figures and Hogarth's mad hobbyists.

No longer was the madman central to both social and psychiatric beliefs, but the woman and in particular, her sexuality and deviance from the norm, came to define the Victorian "female malady." This insanity was distinctly separate from the earlier characterization of madness as an English Malady. Bonaventura Genelli's "Glance in the Asylum," (1850) is an engraving that clearly demonstrates the ideological shift that had taken place. In an asylum courtyard, women, not just men are portrayed with their identifiable traits. The madmen are similar to Hogarth's hobbyists, among them there are a frustrated poetic genius and a deluded musician, but in this image it is the madwomen who are featured.<sup>56</sup> Instead of being frivolous like the men, who feature jester's caps and laurel crowns, they appear mature and grave. The Ophelian Crazy Jane and Lucy figures are central to the art, as two of the women have the traditional traits. One is sprawled on the ground with her hair loose and her dress slipping, the other is in the foreground, clutching at her face with her clothes billowing and again, her hair undone. Their sexuality is highlighted through their varying states of undress and excessive, theatrical gestures.<sup>57</sup> Notably, the women in the art are literally on a more monumental scale, as they are in the foreground and larger than the men. Genelli's work is representative of the focus on women and their association with an insanity that is inextricably tied to their sexuality.

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55. Showalter, 17.

56. Bonaventura Genelli, "Glance in an Asylum," in Kromm, 518.

57. Kromm, 519.

Amand Gautier had a similar treatment in his *Madwomen of the Salpêtrière: Courtyard of Agitated Inmates* (1855).<sup>58</sup> Notably, there is not one man in his representation of madness. Several women evoke the melancholic Crazy Jane; one can be seen, with loose hair and a slipping dress, scattering flowers, while another crouches against a tree with her face in her hands. Gautier gave the central woman a shadowy, fierce face and she, too, has a dress that is falling from her shoulder. This is clearly a Lucy figure, as her state of undress evokes sexual passion and her angry countenance represents an insanity that leads to murder. The connection that Gautier creates between a woman's blatant sexuality and her madness and propensity for violence was a belief held strongly by the Victorians both socially and within the medical psychiatric community.<sup>59</sup>

In about a century, the archetype of insanity shifted from the aggressive, animalistic madman to the love-obsessed, sexually provocative madwoman in discrete stages, reflected here in art and literary figures. Central to these changes was the Enlightenment's conviction in the man's ability to reason and the assumption that a woman inherently could not. These images mirror social and medical attitudes that altered legislation and treatment for insanity, ingraining a feminized version of madness into the Victorian psyche. This feminization was instrumental in how society dealt with madwomen. The public and medical communities treated them as deviants who could not handle the prescribed social path. That attitude carried over medically, as treatment was focused on using the new process of "moral management" to curb that deviance.

## **Chapter Two: The Psychiatric Role of Female Biology**

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58. Amand Gautier, "Madwomen of the Salpêtrière: Courtyard of Agitated Inmates," in Kromm, 522.

59. This conviction will be discussed at length in Chapter 2.

The tradition of connecting female disorder to a woman's sexuality is a long one; by the Victorian age, it was over 3,000 years old. Somewhere around 2000 BCE, a gynecological disorder was described in otherwise healthy women who suffered from symptoms as diverse as headaches, loss of sight, speech, or memory, body contortions or convulsions, weak pulse, shallow breathing, the feeling of suffocation, and cold, clammy skin.<sup>60</sup> While not named "hysteria," by the classical Greeks, the later writings of those like Hippocrates in the 5<sup>th</sup> century BCE described a female disorder that was allegedly due to a wandering womb.<sup>61</sup> The Greeks believed that the womb moved throughout the body, causing pressure on various organs, which in turn caused the symptoms described above.<sup>62</sup> Writers of the Roman Period, who began to use the medical descriptor of "hysteria," expanded upon the Hippocratic corpus. For example, when the womb strangled the throat as *globus hystericus*, it caused the symptoms of shallow breathing and the feeling of suffocation.<sup>63</sup> Celsus, associated with the Hippocratic tradition, explained that the movement of the womb into the throat "deprives the patient of all sensibility, in the same manner as if she had fallen in epilepsia. Yet with this difference, that neither the eyes are

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60. Niel Micklem, *The Nature of Hysteria* (London: Routledge, 1996), 9.

61. Andrew T. Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009), 14. Scull makes a point to explain that while Hippocratic texts do reference a wandering womb and a woman's gynecology as the source of both physical and mental disorder, the idea that there was a full, clinical description of hysteria in those writings is a modern fable. He draws upon the work of Helen King to defend this point. For her work, see Sander Gilman, Helen King, Roy Porter, George Rousseau, and Elaine Showalter's *Hysteria Beyond Freud* (Berkeley and Los Angeles: University of California Press, 1993) and Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (Burlington: Ashgate Publishing Ltd., 2013).

62. Micklem, 9.

63. *Ibid.*

turned, nor does foam flow from the mouth, nor are there any convulsions: there is only a profound sleep.”<sup>64</sup> Soranus and Galen, on the other hand, disputed that the womb moved, but invariably concluded that it was the source of the hysterical symptoms, connecting hysteria to gender and sexuality.<sup>65</sup> This was emphasized through treatment. Hysterical women, usually maidens, spinsters, or widows, were instructed to find a man, husband or lover, because they were suffering from sexual deprivation—something that only impregnation of the “barren womb” could solve.<sup>66</sup> This tradition of linking gender to specific, strange symptoms of the body is one that was seized upon by Victorian psychiatrists and perpetuated by societal notions of sexual propriety. Nineteenth-century psychiatrists, like these ancient writers, were certain that a powerful cure for hysterical symptoms—seen as insanity—was pregnancy. This can be seen in the writings of Isaac Baker Brown, who when describing case studies, would label a woman cured most often when his treatments resulted in “marriage and progeny.”<sup>67</sup> For example, Emma K., age 22, was admitted to the hospital for hysteria and a couple years later was found to be “progressing most favorably... this lady married, and was delivered August, 1865, of a living child.”<sup>68</sup> In this way, Brown and many of his contemporaries, linked specifically female biology and sexuality to madness.

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64. L. Targa, ed., *Celsus on Medicine, I* (London: Cox, 1831), in Scull, 14.

65. Scull, 14.

66. *Ibid.* and Micklem, 9.

67. Isaac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females*, (London: Robert Hardwicke, 1866), 20-30.

68. *Ibid.*, 28.

The overwhelming statistics discussed in the introduction, that by the mid-1850s there was a much greater proportion of women of all classes in asylums, proved to psychiatrists that this gender-illness connection was a medically verifiable one. Drawing upon the ancient's ideas about the female body and the Enlightenment view of rationality in men and irrationality in women, the nineteenth-century medical community believed that women were more vulnerable than men to insanities like hysteria because of the instability of their reproductive systems. A woman was much less capable of sexual and emotional control, particularly during the different "crises" of the life cycle—puberty, pregnancy, childbirth, and menopause.<sup>69</sup> According to physician Edward Tilt, the bad management of girls and women at these times would result in horrific bouts of insanity, as he wrote, "It is the wish of the medical philosopher... to see girls attain to the perfection of womanhood, to find them blest with a sound understanding, a clear intellect, and a moral principle of action... These three component parts of human nature have proceeded by gradual degrees from infancy to puberty; but their full development depends upon the influence and the right direction of the hitherto dormant system of reproduction."<sup>70</sup> Here, he was suggesting at the connection between puberty and madness, arguing that to stay the appearance of insanity, and to cultivate a moral English woman, girls must be carefully managed. His work, *On the Preservation of the Health of Women at the Critical Periods of Life* (1851), steadily moved through different life stages in each chapter, outlining how to manage girls at the appearance of menstruation, women through married life (including

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69. Showalter, 55.

70. Edward J. Tilt, *On the Preservation of the Health of Women at the Critical Periods of Life*, (London: John Churchill, 1851), 17-18.



intercourse, pregnancy, and lactation), and women at the cessation of menstruation.

George Man Burrows wrote in his own discussion of the connection between female crises and insanity, “The functions of the brain are so intimately connected with the uterine system, that the interruption of any one process which the latter has to perform in the human economy may implicate the former.”<sup>71</sup> In light of these psychiatric claims, it seems a marvel that any woman progressed through life without developing madness.

Puberty was a particularly unstable time for a girl at risk of developing madness. Physicians like Tilt advocated that the full perfection of womanhood could be best reached if mothers “retard as much as possible the appearance of first menstruation.”<sup>72</sup> He was of the opinion that the discipline of the nursery was the most powerful way of keeping out “harrowing interests” that could lead to menarche and the potentiality for madness.<sup>73</sup> Tilt wrote:

If there be any possibility of effecting this purpose, it must be by maintaining in its integrity an essentially English institution—*he nursery*. The nursery, in the usual acceptation of the term, means rational food, rational hours of rest and of rising, and rational exercise at judicious times. It means the absence of sofas to lounge on—the absence of novels fraught with harrowing interest; it means the absence of laborious gaiety, of theatres, and of operas—the absence of intimacies which are of a too

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71. George Man Burrows, *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity*, (London: Thomas and George Underwood, 1828), 146.

72. Tilt, 31.

73. *Ibid.*

absorbing nature, and a wholesome subjection of every minute to rule and discipline.<sup>74</sup>

Interestingly, this observation came in the same study that found that out of 1000 interviewed, 25 percent of girls were ignorant of what was to come at puberty.<sup>75</sup> A respectable mother's embarrassment and prudery often kept her from explaining menstruation to her daughter, so at menarche, girls could be terrified, go into screaming fits, and attempt to wash themselves repeatedly.<sup>76</sup> Then, there was the advent of a new, more narrowed existence for a young girl. She would be separated from her brothers and taught at home, only allowed some interaction with other approved girls, clergymen, or local charities.<sup>77</sup> Moreover, the management of menstruation, as it was something to be hidden and never spoken of, was completely entwined with anxiety and shame.<sup>78</sup> For example, Tilt described one terrified girl who was convinced she was experiencing vaginal hemorrhaging because her mother was too prudish to explain "shameful" menstruation.<sup>79</sup> In his next work, *The Elements of Health, and Principles of Female Hygiene* (1852), he wrote, "Puberty, which gives man the knowledge of greater power, gives to woman the conviction

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74. Ibid.

75. Tilt, 19

76. Ibid, 20.

77. Showalter, 57.

78. Ibid.

79. Tilt, 19-20.

of her dependence.”<sup>80</sup> Ignorant of the cause of the sudden appearance of blood and confronted with a new, more limited existence, it was unsurprising that girls would suffer mental instability. Beyond these puberty-related stressors causing mental anguish, psychiatrists blamed the specific physical changes of puberty as well. Tilt explained how a girl’s character would preface the onset of womanhood. She would become “uneven in temper,” switching from cheerful to peevish and mischievous, and ultimately lose her innocence.<sup>81</sup> In his work, Burrows discussed how amenorrhea during puberty was both a cause and symptom of insanity. Different environmental causes like terror or sudden cold was suspected to cause the instant cessation of menstruation, and that in turn caused “severe cerebral affections, or instant insanity.”<sup>82</sup> On the other hand, he described cases of amenorrhea being a consequence, not cause, of an initial “derangement of the mind.”<sup>83</sup> But, excess menstruation was also dangerous, as “plethoric women” were described as irritable, thin, and nervous.<sup>84</sup> It appears that a girl could hardly hope to escape from madness associated with becoming a young woman.

In her work, *Health and Girlhood in Britain, 1874-1920*, Hilary Marland challenges the idea that all medical advice recommended a strict, quiet existence for girls. As the late 1800s progressed, “established ideas of female weakness based on biological vulnerability

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80. Edward J. Tilt, *The Elements of Health, and Principles of Female Hygiene* (London: Henry G. Bohn, 1852), 173.

81. *On the Preservation of the Health of Women*, 25.

82. Burrows, 148.

83. *Ibid.*, 147.

84. *On the Preservation of the Health of Women*, 57.

were challenged and substituted by the ideal of the strong, fit and active modern girl.”<sup>85</sup> For example, the magazine *The Woman’s Signal* encouraged girls to exercise, writing, “The notion that a loveable woman must be able only to lie upon a sofa and speak in feeble tones of her fragile and delicate state of health is completely exploded,” and that the participation in active games like tennis, golf, and cricket improved health.<sup>86</sup> It explains, “With the development of physique, disease has not disappeared, but ‘hysterics,’ fainting fits, sudden weepings, and the general *malaise* and delicacy that used to be so common have all ‘gone out of fashion.’”<sup>87</sup> This advice was in line with the advice literature of several sources. Maud Curwen and Ethel Herbert, a hygiene lecturer and gymnastics instructor, respectively, worked for several years to encourage more girls to become active, and ultimately published a book, *Simple Health Rules and Exercises for Busy Women and Girls*, in 1912.<sup>88</sup> It does appear that as the twentieth century began, attitudes began to shift away from the unstable girl. Importantly, though, the vast majority of the evidence in support of this new attitude collected by Marland were from the new century, not from specifically Victorian sources. Moreover, these new attitudes were met with harsh criticism and medical texts encouraging an active girlhood were in the minority, as lay advice literature was the main source. This underscores that, as Marland concedes:

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85. *Health and Girlhood in Britain*, 15.

86. “Exercise for Women,” *The Woman’s Signal* 6, no. 139 (August 1896), 136, quoted in *Health and Girlhood in Britain*, 43-44.

87. *Ibid.*

88. *Health and Girlhood in Britain*, 45.

The emergence of the vibrant and ambitious modern girl triggered negative responses by social commentators eager to preserve the status quo in terms of the ideals of girlhood embodying the characteristics of femininity, docility, and homeliness. These ideals were reinforced by medical theories which described young women as biologically unstable. This instability, many argued, was likely to be intensified by girls' inappropriate and harmful actions, notably their pursuit of new educational or emancipatory goals, which jeopardized their mental and bodily health.<sup>89</sup>

As late as 1911, doctors were still encouraging pubescent girls to avoid hazards inherent to their gender by withdrawing from society and school.<sup>90</sup> For example, Stanley Hall's advice was to send girls approaching menstruation to isolated institutions, where they could focus on their diets, sleep, gentle dancing, and chiefly, manners.<sup>91</sup> Clearly, for the vast majority of Victorian medical men, the ideal young woman was of the quiet, socially acceptable sort, and psychiatry still emphasized the powerful influence of female biology over tendencies for hysteria and melancholy.

Once beyond pubescence and married, a woman's risks changed. Puerperal insanity, setting in during pregnancy or after childbirth, was a worse state than a girl could expect during puberty. The label was applied to any woman suffering from mild post-partum

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89. *Ibid.*, 15.

90. *Ibid.*, 36.

91. G. Stanley Hall, "The Budding Girl," in *idem, Educational Problems* (New York and London: D. Appleton, 1911), 2:33, in *Health and Girlhood in Britain*, 36.

depression to full-on psychosis during the month after she was confined for childbirth.<sup>92</sup> Burrows described how women would become obscene, mischievous like a young girl, or fall into a melancholic state, accompanied with symptoms that match those of modernly diagnosed panic attacks—rapid heart beat, increased sweating, the feeling of suffocation, and general weakness.<sup>93</sup> Other women were described as being overcome with delirium, confronted with confusing images they took as reality. If this lasted more than seven or eight days, according to Burrows, the young mother would suffer from chronic insanity.<sup>94</sup> Psychiatrists described cases with varying outcomes. In their explanation of the puerperal maniac, Doctors Bucknill and Tuke explained that a she often displayed “a total negligence of, and often very strong aversion to, her child and husband... explosions of anger occur... 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.”<sup>95</sup> This form of insanity resulted in a woman that was the opposite of the ideal feminine, maternal Victorian wife. She may flaunt her sexuality, spout obscene language, and in extreme cases, act out her madness through infanticide—the worse crime possible in a society that celebrated maternal instinct. The 1865 case of Constance Kent’s infanticide illustrates this fact. During her trial, journalists and lawyers commented on how far removed Constance’s actions were

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92. Showalter, 57.

93. Burrows, 369-370.

94. *Ibid.*, 372.

95. J. C. Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine Containing the Lunacy Laws, the Nosology, Aetiology, Statistics, Description, Diagnosis, Pathology, and Treatment of Insanity* (London: J. A. Churchill, 1879), in Showalter, 58.

from what was expected of her. In an enormous way, she did not follow the approved social script, resulting in her being cleared of guilt and declared legally insane, not a criminal.<sup>96</sup> The *Leeds Mercury*, a paper following the case, explained, “[the] deed itself almost forces the conviction of insanity.”<sup>97</sup> Constance was immediately determined to be insane because she was a woman and at the complete mercy of her feminine irrationality and biology; no stable woman would ever commit such an act because it was so contrary to the expectations of society.

If a woman managed to make it to old age without suffering from any sort of madness, she was not yet in the clear. The onset of menopause was yet another female, biological cause that could explain insanity in older women. Tilt called it “crisis in the life of women” that could lead to various pathologies and Burrows explained that it was, “a period favourable to the development of mental aberration. The whole economy of the constitution at that epoch again undergoes a revolution.”<sup>98</sup> Insanity could again take the form of delusions and panic and all of a woman’s organs were at risk and any anxiety could create a permanent impression that could shorten a woman’s life or mark it with madness. Moreover, particularly in single older women, menopause was discussed more brutally and with more open ridicule than any other life stage. Any sign of sexual desire was considered tragic and so ludicrous that it was considered mad.<sup>99</sup> Like at the onset of menstruation, the cessation of it was linked with the mind.

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96. Pegg, 213.

97. *Leeds Mercury* (July 1865), in Pegg, 214.

98. Tilt, 83; Burrows, 148.

99. Showalter, 75.

Victorian psychiatrists built upon the long history of hysteria, which linked the womb to the mind, and expanded upon it to explain how every instance of madness in women could be connected to some issue of her female biology, whether that be the onset or offset of menstruation or pregnancy. Occasionally, particularly when referring to the women of the middle class, causes outside of biology were discussed.<sup>100</sup> For example, W.A.F. Browne lamented women's education, writing, "From such a perversion of the means of training, what can be expected flow but sickly refinement, weak insipidity, or absolute disease?"<sup>101</sup> Even John Conolly, the psychiatrist who developed the treatment of moral management that related female sexuality explicitly to insanity, wrote that the female mind was in a deplorable state due to her education.<sup>102</sup> Even in these cases, though, education could only go so far to overcome the weaknesses of the female biology. At every point of a woman's life cycle, her gender and sexuality predisposed her to a mind much weaker and susceptible to insanity than her male counterpart's.

### **Chapter Three: Domestication of the Madwoman**

Nineteenth-century treatments for insanity were focused on regulation. As outlined in the previous chapter, this was done with the understanding that at any stage of the life cycle, a woman's body and sexuality may elicit madness. This can be seen as early as childhood. As discussed earlier, mothers were encouraged to keep their daughters in the

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100. Showalter, 60.

101. W. A. F. Browne, *What Asylums Were, Are and Ought to be: Being the Substance of Five Lectures Delivered Before the Managers of the Montrose Lunatic Asylum* (Edinburgh: Adam and Charles Black, 1837), 68, Archive.org, <https://archive.org/stream/whatasylumswerea02brow#page/n1/mode/2up>.

102. Showalter, 60. For a discussion of Conolly's moral management and its connection to female sexuality, see Chapter Three.



nursery for as long as possible in order to delay menstruation and the potential for madness, with Edward Tilt writing that the restraint of young girls within the nursery was “the principal cause of the pre-eminence of English women, in vigour of constitution, soundness of judgment, and still more, in their rectitude of moral principle.”<sup>103</sup> Regulation of the body thus began when girls were not yet women. If preventative measures failed to work and insanity did appear, control was then expressed in two ways. First was the female body: a woman’s stages of life and in particular, her sexuality, were governed by various physical treatments meant to handle the unpredictable female biology. Second, the emerging therapy of Moral Management, utilized within the growing number of public and private asylums, emphasized self-government and proper decorum as methods to resist irrational, feminine thoughts and actions. Both avenues were used in concert to work towards a complete regulation of the female patient. In essence, psychiatrists attempted to domesticate the madwomen, both physically and mentally.

A woman’s sexuality was at the forefront of this control. Psychiatrists wrote often of nymphomania. For example, John Millar, Bethnal House Asylum’s medical superintendent, noted that nymphomaniac symptoms were almost always present when young women were insane.<sup>104</sup> Another medical man warned his colleagues in the Royal College of Physicians that, “...often sexual ideas and feelings arise and display themselves in all sorts of insanity... it is distressing that [a previously virtuous woman] should manifest, so much

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103. *On the Preservation of the Health of Women*, 31.

104. John Millar, *Hints on Insanity* (London: Henry Renshaw, 1861), in Showalter, 75.

obscurity of thought and feeling.”<sup>105</sup> It becomes clear that the occasional vulgarity that presented itself in madness was a particular focus for psychiatrists. Masturbation, considered both a cause and a symptom of insanity, was often a part of the nymphomaniac designation and is a clear example of the therapeutic goal of managing a woman’s mind by regulating her body. The medical community debated whether masturbation was the result of a biological disturbance or was a craving natural to women, but kept under control in daily life by the “moral rectitude” common to well-raised English women.<sup>106</sup> Either way, they sought to control it and anything that may have led to the temptation, like restlessness or excitement in a girl’s life.

A particularly salient example of biological regulation to prevent and treat masturbation was Dr. Isaac Baker Brown’s surgical clitoridectomy as a cure for insanity. Between 1859 and 1866, he carried out his sexual surgery in London.<sup>107</sup> In the 1860s, he expanded his treatment to include the removal of the labia, completing both operations on patients as young as ten.<sup>108</sup> He wrote of young women whose symptoms of restlessness

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105. Henry Maudsley, *Body and Mind: An Inquiry Into Their Connection and Mutual Influence, Specially in Reference to Mental Disorders* (New York: D. Appleton and Company, 1871), 82-83, Archive.org, <https://archive.org/stream/bodymind00maud#page/n3/mode/2up>.

106. Showalter, 58.

107. The exact number of clitoridectomies performed during the period when Brown was practicing is difficult to determine. Sources listing the number he performed himself do not seem to exist, however, the fact that the operation is described well after the 1860s supports the idea that Brown’s surgery was replicated by several other doctors. See Elizabeth Sheehan, “Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure,” *Medical Anthropology Newsletter* 12, no. 4 (August 1981): 9-15.

108. Showalter, 76. In 1997, clitoridectomies were banned in the United States and were became grounds for political asylum, particularly for children, after pressure from the United Nation’s Convention on the Rights of the Child. For a discussion of this and its

first appeared at puberty, describing them as “indifferent to social influences of domestic life... a quivering of the eyelids, and an inability to look one in the face...”<sup>109</sup> He went on to describe these young women as those who desire to leave home, become a nurse or sister of charity, and avoid the marriage expected of them, and claimed that they could be “cured” by the excision of the clitoris. He wrote proudly of “Miss E. R.” who was a still single woman at 34 and who, before coming in for treatment, was impolite, took solitary walks, and was “forward” to men. Post –surgery, after being sedated for a week with opium and chloroform, she recovered and was soon after “universally admired... perfectly modest in manner and conversation,” and in 1865, succeeded in the ultimate recovery—she got married.<sup>110</sup> With her desires and sexuality cut from her life, Miss E. R., like many who underwent sexual surgery, gave up her protests and became a meek child bearer. The only patient listed by Brown who received no benefit from the surgery was Case VI or H.D., a 23 year-old woman who was “very hysterical and is always talking religion” and who had signs of “continual irritation of the pudic nerve,” a telltale sign of masturbation.<sup>111</sup> She was originally admitted to Brown’s hospital because of abdominal enlargement and after the surgery, the swelling went down for only a few days. Apparently, H. D., was an “imposter” who forced her own abdomen to swell, ostensibly for attention. She was discharged as

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relation to Brown’s Victorian era surgery, see John Black, “Female Genital Mutilation: A Contemporary Issue and a Victorian Obsession,” *Journal of the Royal Society of Medicine*, 90, no. 7 (July 1997): 402-405.

109. Brown, 14-15.

110. Ibid., 72-74.

111. Ibid., 25.

incurable.<sup>112</sup> This form of rebellion even after the removal of the clitoris seems to be rare, based on Brown's records. It appears that the treatment of sexual mutilation and sedation coupled to form a powerful and rather severe psychological reprogramming.<sup>113</sup> Psychiatry attempted to physically tame those that broke social norms—those girls and women who did not want to quietly get married, as was expected—and it essentially pursued domestication by altering female biology.

The more standard treatment for madwomen was commitment to a lunatic asylum. In the 1840s and 1850s, asylum care underwent rather revolutionary change. The “gloomy mansions in which hands and feet were daily bound with straps or chains... [where] patients were a defenseless flock, at the mercy of men and women who were habitually severe, often cruel, and sometimes brutal”<sup>114</sup> were replaced with clean, open asylums based on the three pillars of Victorian psychiatric theory: moral insanity, moral management, and moral architecture. As previously discussed, “Moral insanity” was introduced in 1835 and put madness into behavioral terms, defining it as deviance from socially acceptable

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112. Ibid.

113. Not all 19<sup>th</sup> century psychiatrist agreed with Brown and he was expelled from the Obstetrical Society in 1867, although not for his surgery, but because of accusations of coercion (see Showalter, 77). This suggests that the medical community, some of which also did similar operations, had no qualms with the surgery but with his recruitment methods. Some physicians including Henry Maudsley did disagree entirely, though, claiming that masturbation was solely a symptom of female madness, not a cause, and thus should not be treated with surgery.

114. John Conolly, *Treatment of the Insane Without Mechanical Restraints* (London: Smith, Elder & Co., 1856), 32, Archive.org, <https://archive.org/stream/treatmentofinsan00cono#page/36/mode/2up>.

behavior.<sup>115</sup> “Moral management” was the treatment of choice that operated within that definition of insanity, replacing physical restraint with reeducation and paternal supervision, and “moral architecture” was the architectural focus on building asylums as therapeutic buildings in which madmen and women could be controlled without force.<sup>116</sup> John Conolly spearheaded this form of treatment at Hanwell Asylum, outlining his methods in his 1856 work *The Treatment of the Insane Without Mechanical Restraints*. The remedy that Conolly encouraged throughout England’s asylums was one that focused on every detail of the patient’s life being imbued with moral, socially acceptable character. For women’s care, this included reasserting the paternalism that had been experienced at home. Outside the asylum, women were under the control of their fathers or husbands; within the asylum, male psychiatrists and a growing number of all-male attendants were in charge. This was to emphasize to the women their prescribed role of subordination.<sup>117</sup> A young woman was often admitted for defying her father or husband’s wishes or for voicing their opinion, so it was imperative that that tendency was repressed.<sup>118</sup> To do so, treatment used kindness and emphasized self-control and feminine values of “silence, decorum, taste, service, piety, and gratitude,” which could be instilled into even the wildest of patients, according to Conolly.<sup>119</sup>

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115. This shift in psychiatric attitudes is discussed at length in the Introduction and Historiography section.

116. Showalter, 29.

117. *Ibid.*, 81.

118. For examples, see the cases of Elizabeth Stone, Phebe Davis, and Elizabeth Packard in Chapter Four.

119. *Ibid.*, 79.

The admitted insane were provided with opportunities and training to restrain themselves from their mad habits. One popular form of amusement that doubled as social training for those staying in the asylum was the lunatics' ball, held at several different major asylums. At Bethlem, the weekly Monday ball was an affair where madmen and women were expected to interact in a socially acceptable way.<sup>120</sup> Members of the public even attended, making the ball into quite the spectacle. The fascination was often in the semblance of being ordinary; outside visitors made it a point to look for quirks that betrayed the insanity underneath the façade of normalcy.<sup>121</sup> One observer wrote, "With the exception of a slovenly method of moving their feet, you might have fancied they were so many country people dancing at a village wake or fair."<sup>122</sup> When the visitors could not find evidence of insanity, the domestication of the patients was successful, as it meant they were dressing, acting, and interacting as average and accepted English men and women.

Patients were also supplied with appropriate work that would teach them discipline and societal skills.<sup>123</sup> For example, a patient at Colney Hatch Asylum, after completing a day's work doing laundry, might join in on "games of diverting nature" or supervised walks.<sup>124</sup> W. A. F. Browne advocated occupational therapy that would teach self-sufficiency to patients and believed that the selling of the fruits of their labor (like vegetables or

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120. Ibid., 39.

121. Ibid., 40.

122. "New Year's Eve in a Pauper Lunatic Asylum," *The Athenaeum: Journal of Literature, Science and the Fine Arts*, (1842): 65-66.

123. Ibid., 31.

124. Ibid., 38.

needlework) at the gates of the asylum would allow them to come in contact with the good influence of sane society.<sup>125</sup> He wrote of them “earning peace, self-applause, and the approbation of all around, sound sleep” from their docile work.<sup>126</sup> Conolly, too, was impressed with the way the therapeutic work of laundry curbed a manic woman’s violence:

In the laundries of our large asylums near London, such cases abound. You see a number of active women, busy at the washing-tub, or dexterous in mangling and folding, but whose air and manner, and somewhat fiery countenance, show that they are not always so composed; and indeed, the nerves of visitors are generally more likely to be shaken in the crowd of these useful but eccentric laundresses than elsewhere; for it is the custom of many of them, on some sudden impulse, to break off from work at once, and exhibit much violence of voice and gesture.<sup>127</sup>

Importantly, this work was reserved for the women patients. A madman would not be expected to do laundry, instead, he would be directed towards work that was more in line with his gender role, like farming or maintenance work.<sup>128</sup> Occasionally when there were not enough “masculine” tasks for the men to do, they would be assigned to more domestic work. This garnered swift and harsh criticism, with French commentator Francis Scott commenting on some English asylums where “a large proportion even of the men act principally as male housemaids—an arrangement neither manly, healthy, or useful.”<sup>129</sup> He preferred instead those he saw in Scotland where women “[did] all the women’s work, such

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125. Browne, 229.

126. *Ibid.*, 229-230.

127. John Conolly, *An Inquiry Concerning the Indications of Insanity* (London: University of London, 1830), 52, Archive.org, <https://archive.org/details/inquiryconcernin00cono>.

128. Showalter, 40.

129. Francis Scott, “English County Asylums,” *Fortnightly Review* 32 (1879): 131-132, in Showalter, 264.

as ward-cleaning and bed-making, leaving the males to the extent of 75 per cent free to engage in work more suited to their sex and habits.”<sup>130</sup> Reinforcing gender roles was an important facet of treatment, particularly for women. Many of those admitted to an asylum were girls or women who did not want to follow the prescribed social path of marriage, but instead work as a single woman. In the asylum, this was highly protected against. Even dress was morally managed to the extent that sanity was judged by medical supervisors according to adherence to middle-class fashion standards.<sup>131</sup> In his first volume on the treatment of the insane, James Granville wrote, “Dress is a woman’s weakness, and in the treatment of lunacy it should be an instrument of control, and therefore of recovery.”<sup>132</sup> This control extended to reinforcing gender roles, as is seen in the photographic series that were used as records of insanity and the effects of treatment. Dr. Hugh Welch Diamond, physician to the female ward at Surrey Asylum in the late 1840s, created one such series depicting the stages of puerperal insanity. In it, the ubiquitous loose, untidy hair represents the woman’s madness, while her return to sanity is seen in her appropriate, feminine dress.<sup>133</sup> The best way for females to impress and assure their attendants that they were gaining sanity was by complying with the correct attire.<sup>134</sup> For example, a superintendent at Chester Asylum noted how one patient came to cheerfully look at herself in mirror and

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130. Ibid.

131. Showalter, 84.

132. J. Mortimer Granville, *The Care and Cure of the Insane: Being the Reports of The Lancet Commission on Lunatic Asylums, 1875-6-7*, vol. 1 (London: Hardwicke and Bogue, 1877), 53, Archive.org, <https://archive.org/details/careandcureinsa00grangoog>.

133. Hugh W. Diamond, “Four Stages of Puerperal Mania,” in Showalter, 89.

134. Showalter, 84.



fix her dress, which he took as a sign stimulation of the natural, feminine vanity that signaled she was growing more sane.<sup>135</sup> Similarly, at Bethlem, a patient was considered as improving when she fretted over whether correct social propriety was reflected in her portrait.<sup>136</sup> This demonstrates that although overt methods of physical restraint—chains or locked cells— were no longer standard, more subtle control was asserted through physical manipulation of a woman’s body; how women dressed themselves became subject to medical opinion. When a patient began to dress and act in line with what was expected by society of her gender—in essence, became domesticated—she was considered healthy enough to leave the confines of the asylum.

There was another class of aberrant women that drew the attention of physicians and moralists. Instead of the common refusal to follow the middle class expectation of marriage, these women embodied the vulgarity of deviance: they sold themselves as prostitutes. Named the “Great Social Evil” in the 1850s, prostitution was not illegal, but was thoroughly debated in novels, manifestos, letters, and editorials.<sup>137</sup> In the 1840s, it was approached with a charitable manner that lamented the abuses of industrialization and urbanization, and prostitutes were thus seen as “social casualties,” who had no choice but to turn to prostitution to survive.<sup>138</sup> The rise in evangelism and associated moralism in the next decade abandoned this attitude and instead of protecting the women, focused on

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135. Ibid., 86.

136. Ibid.

137. Judith Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (Cambridge: Cambridge University Press, 1980), 32.

138. Ibid., 37.

repressing their immoral acts and in particular, stymie the rise of venereal disease, for which they placed most of the blame on female offenders, not on the men who solicited their services.<sup>139</sup> The writings of W. R. Greg underscore this new attitude of regulation. He explained that male sexual indulgence was natural, and thus did not need to be the focus of control. Instead, given their fallen state, women were a perpetual temptation and importantly, if they fell under any suspicion of venereal disease, should have then been locked in a hospital or asylum and kept under sanitary supervision.<sup>140</sup> These locked wards took advantage of the moral management perpetuated in asylums. Prostitutes kept there were seen as deviant and thus by extension as mad, so they were treated as such. For example, the Royal Albert Hospital committed itself to the moral, as well as physical, rehabilitation of its patients. To “eradicate evil,” women were set to occupational therapy like laundry, just as in more traditional asylums: “Clear starching, it would seem, cleanses all sin, and an expert ironer can cheerfully put her record behind her.”<sup>141</sup> Again, exactly like the norm in institutions like Bethlem and Hanwell, obedience and submission were main avenues and goals of treatment, with the hospitals reproducing the patriarchal order of Victorian society by stressing deference to the male doctors and dressing the patients in more socially acceptable clothing.<sup>142</sup> After these attempts of domestication, as long as they were cleared of being contagious, patients were discharged. Doctors fully expected these now socially aligned women to keep their new habits of respectful demeanor, no longer in

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139. Ibid., 42.

140. Ibid., 43.

141. A. E. Chesterton, *In Darkest London* (London, 1926), 79, in Walkowitz, 221.

142. Walkowitz, 221, 223.

danger of indulging in temptation. William Acton celebrated patients who maintained “no noise, no band language, no sullenness, no levity.”<sup>143</sup>

Essentially, a mad, deviant woman was treated by socially and environmentally manipulating her to curb her deviance. At the time of its conception and application to Britain’s asylums, moral management was praised as being an effective humanitarian replacement for the harsh methods of physical restraint. On the surface it was an innovation, but underneath it was just another way of domination, not a new way of healing. In his work analyzing the innovations of moral management, Andrew Scull concluded that it placed “a far more effective and thorough means of control in the hands of the custodians, while simultaneously, by removing the necessity for the asylum’s crudest features, it made the reality of that imprisonment and control more difficult to perceive.”<sup>144</sup> Instead of merely outwardly forcing compliance, like physical restraint did, moral management attempted change what deviant women felt internally. It did not take decades for this realization to come to light, as even a Victorian critic discussed how it was dehumanizing and was “not an apparatus calculated to restore [crazy men and women’s] positive condition and their independent self-governing existence.” Instead, they became “a member of a machine.”<sup>145</sup> But, these women were not always silenced. Even coming from a

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143. William Acton, *Prostitution: Considered in its Moral, Social, and Sanitary Aspects, in London and Other Large Cities and Garrison Towns*, (London: John Churchill and Sons, 1870), 91. Archive.org, <https://archive.org/stream/prostitutioncons00acto#page/n5/mode/2up>.

144. Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth Century England* (New York: St. Martin’s Press, 1979), 121.

145. John T. Arlidge, *On the State of Lunacy and the Legal Provision for the Insane with Observations On the Construction and Organization of Asylums* (London: John Churchill, 1859), 102. Google Books.,

background of submission to the men in their lives, some managed to rebel against the control of their new male doctors and attendants, just as they managed to rebel against the conventions put in place by fathers, brothers, or husbands, for which they were labeled mad in the first place. Both Conolly and Granville noted how the female side of the asylum was the more troublesome and susceptible to excitement, with the latter noting how they engendered “an excess of vehement declaration and quarrelling.”<sup>146</sup> One rebellious woman wrote, “when I was in the asylum they locked me up when they pleased but what did I care for that as long as they had no key that would fit my mouth. I knew that I should live through it all, and I told them I should, and that when I got out they would hear from me.”<sup>147</sup> Another woman, American Elizabeth Packard, who will be discussed at length in the next chapter, refused to be silenced. After a prolonged legal battle with her husband and her subsequent release from the asylum, she began to speak on behalf of women incarcerated within institutions, resisting the system by managing her release and publishing her demands for better and more legal rights for women.<sup>148</sup> It appears that no matter how hard moral psychiatrists like Conolly tried, the use of social control in lieu of the straitjacket was not any more curative.

#### **Chapter Four: The Voice of a Madwoman**

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[https://books.google.com/books?id=44JaAAAAcAAJ&printsec=frontcover&source=gbs\\_ge\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.com/books?id=44JaAAAAcAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false).

146. Granville, 180.

147. Phebe B. Davis, “Two Years and Three Months in the New York Lunatic Asylum at Utica,” in *Women of the Asylum: Voices from Behind the Walls, 1840-1945*, ed. Jeffrey Geller and Maxine Harris (New York: Doubleday, 1944), 49.

148. Packard will be discussed at greater length in Chapter 4 along with Phebe B. Davis and Elizabeth Stone. Her demands can be found in *Women of the Asylum*, 58-68.

The women who experienced insanity and its treatment provide an important perspective within their diaries and novels. Their words place female insanity in its social contexts, highlighting how the limited female existence in this time influenced the views and treatment of madness. For example, an unmarried middle-class woman was considered a social problem, as it was the duty of a Victorian woman to get married and have children, so it follows that those who did not follow this prescribed path were seen as odd and rather redundant.<sup>149</sup> Psychiatrists, though, did not zero in on this stigmatization as having any negative affect on women. In fact, as described in the examination of moral management, they encouraged these social attitudes, believing that they would pressure the madwoman to have more self-control. The women themselves, though, had a very different opinion; they were well aware of the effect that their marginalization had on their mental health. One, English poet Dinah Mulock Craik, argued that convents were an important resource for unmarried women and suggested that the sisterhood was the only preferable option, writing, “women with no ties, no duties, no ambition.... generally ending in confirmed invalidism, or hypochondria, or actually insanity! ... entering a Sisterhood, almost any sort of sisterhood where there was work to be done... would have saved many a woman from a lunatic asylum.”<sup>150</sup> To Dinah Craik and many other writers, it was the lack of meaningful work or companionship allowed to them that was responsible for melancholy or a breakdown, so finding it elsewhere, like in a convent, was the only way to avoid madness.

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149. Showalter, 61.

150. Dinah M. M. Craik, “On Sisterhoods,” in *About Money and Other Things: A Gift-Book* (New York: Harper & Brothers, 1887), 147-148.

Florence Nightingale, writing about her own experience, agreed with Craik's general observations. She saw herself as confined by her family, comparing it to an asylum, because she deviated from her parents' wishes. In her work *Suggestions for Thought to Searchers After Religious Truth*, she explained:

It is almost invariable that, when one of a family is decidedly in advance of all the others, he or she is tyrannized over by the rest, and declared, "quite incapable of doing anything reasonable." A man runs away from this—a woman cannot... It is not only against those esteemed physically insane that commissions of lunacy are taken out. Others have been kept unjustly in confinement by their well-intentioned relations, as unfit to be trusted with liberty. In fact, in almost every family, one sees a keep, or two or three keepers, and a lunatic.<sup>151</sup>

In the 1840s, Nightingale dismissed an offer of marriage so that she could study her preferred vocation, nursing. Her mother strongly opposed her training and kept her at home. Because of this constraint, Nightingale approached a breakdown. She was weak, fainted frequently, and would fall into what she described as trances. She felt guilty and held contempt for herself, writing, "My present life is suicide, I have no desire but to die."<sup>152</sup> This anger and despair was channeled into *Suggestions for Thought*, in particular to part three of the work, a semi-autobiographical novel called *Cassandra*. Based on the character from Greek mythology, the cursed Trojan Princess and prophetess Cassandra, Nightingale's modern version described a young woman whose intellect and passion had been crippled

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151. Florence Nightingale, *Cassandra and Other Selections from Suggestions for Thought to Searchers After Religious Truth*, ed. Mary Poovey (New York: New York University Press, 1993), 160.

152. Showalter, 63.

by social expectations. Divinely inspired, she attempted to awaken women from this destructive cycle, but no one listened to her claims.<sup>153</sup> In her analysis of the novella, Showalter claims “*Cassandra* is a scathing analysis of the stresses and conventions that drove Victorian middle-class women to silence, depression, illness, even lunatic asylums and death.”<sup>154</sup> Nightingale felt compelled to share what she believed was responsible for insanity: boredom and suffocation due to a woman’s prescribed social status and allowed activities. Using Cassandra’s voice, she lamented, “...I, who had grown to woman’s estate and to the ideas of the nineteenth century, lay down exhausted, my mind closed to hope, my heart to strength.”<sup>155</sup>

While Craik and Nightingale suffered from mental anguish and wrote of their awareness of how marginalization and societal pressures pushed them to that point, they did not spend time within an asylum. Writings and letters from women incarcerated within an institution are more difficult to come by than the works of published writers, particularly because of the censorship of women inside asylums. To protect women from “shameful self-revelation,” letters from madwomen to family or companions were read and were not delivered if in any way the words contained within would bring them (or, importantly, the asylum) into disrepute.<sup>156</sup> Men, on the other hand, were not subject to such close and careful surveillance.<sup>157</sup> Due to this scrutiny, an English collection of the letters

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153. Nightingale, 230-231.

154. Showalter, 64.

155. Nightingale, 232.

156. *Museums of Madness*, 241-245.

157. *Ibid.*

from asylum inmates is not vast, but Americans Elizabeth Stone, Elizabeth Packard, and Phebe Davis all left ample written commentaries on their time confined in asylums in the States in the 1860s.<sup>158</sup> The Victorian societal ideals of a subservient, “normal” woman, as well as the psychiatric treatment of moral management, were in full force across the Atlantic, too, so these women’s experiences give a voice to asylum-bound women.<sup>159</sup> They tended to agree with Nightingale and Craik, but took it a step farther, arguing that not only was their marginalization the cause of their madness, but that oppression was the only reason they were considered mad in the first place. In all three of these American women’s stories, it was their deviance from the norm—they had intellectual opinions or stood up to their husbands—that resulted in their internment within asylums. When they were free of the asylum, they published their experiences in an attempt to change the system, but efforts were made to discredit their accounts. One superintendent, using his position as an “expert,” wrote that madwomen were “liars by nature” and “have a hostile attitude toward the institution that had helped them in their recovery.”<sup>160</sup> Change for women was thus stymied, but these early female voices are important keys to understanding the social control imbedded within moral management.

Elizabeth T. Stone, after revealing to her family that she had converted to Methodism against their wishes, was admitted to the Charlestown McLean Asylum in

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158. These experiences are collected in Geller and Harris, 32-68.

159. Eli Todd, superintendent of the Hartford Retreat Asylum in Connecticut, is credited with bringing moral treatment to America from Europe in 1823. For a full discussion of moral management in the United States, see Abraham S. Luchins, “Moral Treatment in Asylums and General Hospitals in 19<sup>th</sup>-Century America,” *The Journal of Psychology* 123, no. 6 (November, 1989): 585-607.

160. Geller and Harris, 28.



1940.<sup>161</sup> At first, she believed she had to have been sent simply to a female boarding house, but soon discovered that attempts were being made to silence her religious opinions “under the garb of derangement.”<sup>162</sup> She described how she was drugged, throwing her into convulsions, which were then took as evidence of her insanity. She then moved into her plea, writing, “Let there be a mighty cry made by the public... Is this the state of our country, that the rights of a poor female are trampled upon, and the laws of our country, where there has been so much blood spilt to work out the liberty of every free born son and daughter of America.”<sup>163</sup> Because she was an unmarried woman who went against the wishes of her brother, who was legally responsible for her, she was considered by the patriarchal powers in her life and in society to be so deviant that she needed to be shut away. She took one step further, arguing that even if she had been mad, she still had a right to a joyful existence, writing, “If I had lost my reason is it right to take the advantage of a crazy person and destroy happiness? ...I hope this will be looked into before another one is destroyed, and that those still remaining in that awful place of imprisonment, weeping their hours away, may be relieved by seeing their friends soon. May God awaken the mind of the public to the sufferings of the helpless.”<sup>164</sup>

Elizabeth Parsons Ware Packard had a similar experience to that of Stone, as she too was confined to an asylum for voicing her religious opinions. Because she defended beliefs

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161. Elizabeth T. Stone, “A Sketch of the Life of Elizabeth T. Stone,” “Remarks by Elizabeth T. Stone,” “Exposing the Modern Secret Way of Persecuting Christians,” in Geller and Harris, 32-41.

162. *Ibid.*, 39.

163. *Ibid.*, 41.

164. *Ibid.*

that conflicted with those held by the Presbyterian Church, of which her and her husband were members, she was pronounced insane by two physicians—both of whom were members of that same church—and was kidnapped and incarcerated.<sup>165</sup> In her writings, she showed thorough understanding of the Illinois Law (her home state), as she explained clearly how a man could put his wife into an asylum without evidence of insanity and without providing the wife with an opportunity for self-defense.<sup>166</sup> She described how once inside the asylum, no one could take her out except the one who took her in, so she was completely at the mercy of her husband until her son, when he came of age, agreed to take legal responsibility for his mother and liberated her after three years of confinement.<sup>167</sup> Importantly, Packard had no agency in her newfound freedom—she was again subject to the power of a man, this time her son. She did rebel while within the asylum, asking the members of her hometown to petition for her release, but ultimately, she was legally powerless. Packard remained rebellious after leaving the institution, publishing her “Bills,” which outlined her demands for legal reform concerning women and the insane. In Bill No. 1, she immediately touched upon how the marginalization of her gender was an unjust cause of incarceration, writing, “No person shall be regarded or treated as an Insane person, or a Monomaniac, simply for the expression of opinions, no matter how absurd these opinions may appear to others.”<sup>168</sup> She went on to explain that this law was needed to

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165. Elizabeth Packard, “Marital Power Exemplified,” “Modern Persecutions, or Insane Asylums Unveiled,” “The Great Drama: or, the Millennial Harbinger,” in Geller and Harris, 58-59.

166. *Ibid.*, 60.

167. *Ibid.*, 63.

168. *Ibid.*, 66.

safeguard “Reformers, Pioneers, or Originators” who were attempting to make social change.<sup>169</sup> Clearly, Packard understood how the label of insanity was being used a social tool to maintain status quo and silence those that were attempting to upset the ingrained patriarchal way of society. If reformers were stigmatized and censored, change would not be a threat.

Phebe B. Davis directly called out how societal pressures silenced deviant voices, opening her work with an explanation of why she was confined to New York Lunatic Asylum from 1850-1853: “It is now twenty-one years since people found out that I was crazy, and all because I could not fall in with every vulgar belief that was fashionable. I never could be led by everything and everybody, simply because they all told me their arguments were right...”<sup>170</sup> Moral management encouraged the following of prescribed social scripts, as evidenced, for example, by psychiatrists’ focus on getting their patients to dress fashionably or their conviction that a madwoman’s marriage and the birth of her children was incontrovertible evidence that she had been cured.<sup>171</sup> Any woman—like Phebe Davis—who refused to follow those fashions and unapologetically voiced her opinion was a deviant and considered insane because of her lack of self-control, a central tenet of moral management. Davis was particularly concerned with the repression of women, echoing Nightingale:

I find that active nervous temperaments that are full of thought and intellect want full scope to dispose of their energy, for if not they will become extremely excitable.

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169. Ibid.

170. Phebe B. Davis, “Two Years and Three Months in the New York Lunatic Asylum at Utica,” in Geller and Harris, 47.

171. See Chapter 3.

Such a mind cannot bear a tight place, and that is one great reason why women are much more excitable than men, for their minds are more active; but they must be kept in a nut-shell because they are women. An active temperament generates what I call a surplus of thought because one cannot dispose of ideas as fast as they coin them. Society compels them to make their mouth a sealed book, for you must consult fashion at the expense of our reason.

Like Nightingale, Davis saw that the social claustrophobia of women led to their nervous states; not only did insanity get labeled because of social pressures to follow the status quo, but was created by those pressures. Packard and Stone were incarcerated because of their deviance, but Davis and Nightingale ultimately did suffer mental anguish because of stress that social demands created. Moral management codified the patriarchal views of the nineteenth century into an accepted psychiatric treatment. These women, whose voices were actively suppressed by authority figures in their lives, acknowledged what the medical world would not; women were not considered rational beings on the same level of men. Their opinions were treated as insane, their independence as madness, and essentially, they recognized that they were being domesticated, but they fought it.

### **Conclusion**

In 1852, John Everett Millais submitted his "Ophelia" to the Royal Academy art show. His Ophelia is young, dressed delicately and surrounded by flowers, but floats in the river with her breast above the water, her hair swirling around her, and with lips slightly parted.<sup>172</sup> This evokes the traditional Opheliac juxtaposition; she is feminine and innocent,

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<sup>172</sup> John Everett Millais, "Ophelia," in *The Female Malady: Women, Madness, and English Culture, 1830-1980*, ed. Elaine Showalter (London: Virago, 1987), 90. Several other

but passionate and sensuous. As thoroughly discussed in Chapter 1, Ophelia came to be the model for Victorian madness, with psychiatrists and superintendents turning to the Shakespearean character as models for their treatment, and actors in stage performances of *Hamlet* encouraged to visit asylums for inspiration. J. C. Bucknill remarked, “Every mental physician of moderately extensive experience must have seen many Ophelias. It is a copy from nature, after the fashion of the Pre-Raphaelite school,” and John Conolly urged, “The actress, ambitious of something beyond cold imitation, might find the contemplation of our cases a not unprofitable study.”<sup>173</sup> Beyond its role in the nineteenth century, though, Ophelia’s characterization reaches into the twenty-first, as the innocent-but-sexual dichotomy is long lasting.

In a recent psychological study on the modern sexualization of girls and girlhood, Laina Bay-Cheng, Jennifer Livingston, and Nicole Fava, explained: “The ‘madonna/whore’ dichotomy has been decried for decades for its narrow and rigid depiction of female sexuality: that a woman is... chaste and good or promiscuous and bad... Girls continue to contend with dueling messages of sexuality, albeit in updated forms.”<sup>174</sup> The authors conducted an experiment to further understand this dichotomy and its effects on girls and their treatment. As they expected, they found that most conversation young women are exposed to on the topic of sexuality is top-down and moralistic, with parents and schools

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artists, including Arthur Hughes, made submissions featuring Ophelia, reflecting the Pre-Raphaelite preoccupation with her.

173. These medical men made a point to study Shakespeare. See J. C. Bucknill, *The Psychology of Shakespeare* (London: Longman, Brown, & Green, 1859), 110, in Showalter, 90, and John Conolly, *A Study of Hamlet* (London: E. Moxon, 1863), 177-178, in Showalter, 91.

174. Bay-Cheng, Livingston, and Fava, 257.

attempting to shape and direct girls so they fit the desired feminine ideal. This attitude, coupled with competing sexualized messages from popular culture, results in “wide-ranging, detrimental impacts... on girls’ health and well-being, including greater depressive symptomatology, body dissatisfaction and eating disorders, and lower self-esteem and academic performance.”<sup>175</sup> These psychologists have found that in 2013, roughly 150 years after the Victorian obsession with the tragically beautiful, melancholic Ophelia, the binary she embodied still has powerful psychological effects on young women today. Just like was done in asylums utilizing moral management, girls are molded into what society expects from them. The authors comment on how today there is an, “achieved state with specific features and criteria,” that many authoritarian parents and schools attempt to reach with young women. Showalter, similarly, describes the criteria of the moral management of the nineteenth century: “Theories of moral management stressed the importance of enforcing good habits in patients, in an effort to teach them to steadiness and self-discipline of good citizens.”<sup>176</sup> The domestication of women rampant in psychological and societal culture of the Victorians clearly did not disappear with time.

The authors of the 2013 study demonstrate the difference between them and the culture of the Victorians: they are all women in the field of psychiatry. This was inconceivable in the time of Bucknill and Conolly. Not only were there no women in the medical field, but moreover, the few female proprietors of early nineteenth-century asylums were pushed out by the middle of the century. The Commissioners in Lunacy announced in 1859 that they would only consider granting new licenses for asylums to

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175. Ibid., 260.

176. Showalter, 31.

medical men and that women were discouraged from even applying.<sup>177</sup> It is obvious that strides have been made in the field of psychology, and within society in general, when it comes to leveling the opportunities available to women.

This paper is attempting simply to illustrate the nineteenth century's feminization of madness and the corresponding domestication of madwomen to suggest parallels with modern culture. If we can recognize that we are not so far removed from a barely industrialized culture, then maybe more progress will follow. When reading John Conolly's exhortations to control madwomen's dress and speech, readers may pause and reflect on similar regulation that is present today. Or, when examining Edward Tilt's arguments that women are biologically inferior and mentally subject to the whims of her uterus, readers might make the connection between his "science" and the stigmatic implications of the modern diagnosis of Premenstrual Dysphoric Disorder. Maybe as a whole, we will work towards a society where "we honor [young women's] subjectivity and rights: to their own perspectives and opinions; to experimentation and exploration, which are the keys to innovation and mastery," instead of continuing to attempt to shape and direct them into the feminine ideal.<sup>178</sup>

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177. *Ibid.*, 53.

178. Bay-Cheng, Livingston, and Fava, 274.

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