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The Pathologisation of Women Who Kill: Three Cases from Ireland

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Summary. Women who kill are frequently subject to discourses of pathology. This article examines the cases of three women convicted of murder in Ireland following Independence in 1922 and explores how each woman was constructed as pathologised. Using archival materials, the article demonstrates that diagnoses were contingent and imbricated with notions of gender, morality, dangerousness, and class. For two of the women, their pathologisation led to them being certified as insane and admitted to the Central Criminal Lunatic Asylum. However, pathologisation could be mediated by respectable femininity. The article also explores the pathways which facilitated judgements of pathology, including the acceptance of a framework of degeneracy, or hereditary insanity, and examines how women could be redeemed from the diagnoses of 'insanity'.

Keywords: gender; Ireland; murder; pathology; women who kill; insanity

Mad, bad or sad are frequent tropes used in discussions of women who kill. Such women have often been explained using psychological (or pseudo-psychological) theories. A tendency to pathologise women is common across the spectrum of offending, and the cultural association of irrationality with the behaviour of women has significant pedigree.[1] This is hardly surprising. The publication of Cesare Lombroso's *The Female Offender* in English in 1895 offered a purportedly empirical foundation for an essentialist view of sex which held that the nature of female crime was one of fundamental biology.[2] This biology rendered women intellectually and morally inferior to men. The corresponding belief that insanity was passed along the female line further compounded a pathologised role for women, suggesting a eugenicist solution of selective breeding which served to rationalise the preventive confinement of 'defective' women.[3] Prevailing late

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[1]Hilary Allen, 'Rendering them Harmless: The Professional Portrayal of Women Charged with Serious Violent Crimes', in Kathleen Daly and Lisa Maher, eds, *Criminology at the Crossroads: Feminist Readings in Crime and Criminology* (Oxford: Oxford University Press, 1998), 54–68, 56; Carol Smart, *Women, Crime and Criminology: A Feminist Critique* (London: Routledge and Kegan Paul, 1977), ch. 6. See generally on the association of women's behaviour with irrationality Elaine Showalter, *The Female Malady: Women, Madness and English Culture* (London: Virago, 1987).

[2]Cesare Lombroso and Guglielmo Ferrero (new translation by Nicole Hahn Rafter and Mary Gibson), *Criminal Woman, the Prostitute, and the Normal Woman* (Durham, NC: Duke University Press, 1895/2004), 28.

[3]On hereditary female insanity, see Oonagh Walsh, 'Gender and Insanity in Nineteenth-Century Ireland', in Jonathan Andrews and Anne Digby, eds, *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam/NY: Rodopi, 2004), 69–93, 73; Showalter, *The Female Malady*, 123. On eugenics as a solution, see Lombroso and Ferrero, *Criminal Woman, the Prostitute, and the Normal Woman*, 25.

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nineteenth- and early twentieth-century thought therefore proposed that all women were irrational, while the criminal woman downright abnormal.

The very low proportion of murders committed by women has tended to render such cases anomalous. These cases demand explanations, which are often sought within psychiatric diagnoses.[4] The resort to pathology in cases of women who kill has been criticised as diminishing women's agency.[5] However, psychological strategies are also a means of diminishing criminal culpability. Infanticide legislation, while offering a heavily medicalised framework, was historically grounded in more pragmatic factors such as an awareness of the economic and societal hardships facing these women.[6]

Nevertheless, the pathologisation of women who kill is not absolute. Psychiatric explanations are extended differentially according to a number of variables including class and respectability.[7] The influence of discursively created figures such as 'the Madwoman', and the symbolic weight of meaning associated with these archetypes, renders the means by which such women are pathologised a crucial means of interrogating the category 'women who kill'. Much of the existing scholarship on the pathology of women who kill hails from Britain or the United States. This article contributes a new perspective from Ireland, in the form of an analysis of three cases of women convicted of murder in the twentieth century.

Three Cases of Women Who Kill

This article investigates three women convicted of murder in Ireland following independence in 1922, and examines how these women were subject to discourses of pathology.[8] The case studies are drawn from the cases of women convicted of murder in this period. From 1922 until the Criminal Justice Act 1964, death was the mandatory sentence for murder. In this period, 22 women were convicted of murder and sentenced to death.[9] The article concentrates on the three women within this sample who were explicitly subject to discourses of pathology. Although other women among the 22 were subject to innuendo-laden judgements relating to 'feeble-mindedness', discussion in these cases tended to remain at the sub-psychiatric level.[10] Among the condemned women, two experienced certification as insane, while another was subject to various psychiatric diagnoses. The article focuses on these three cases.

[4]Lizzie Seal, *Women, Murder and Femininity: Gender Representations of Women Who Kill* (London: Palgrave, 2010), 50.

[5]Belinda Morrissey, *When Women Kill: Questions of Agency and Subjectivity* (Abingdon: Routledge, 2003), 25.

[6]Katherine O'Donovan, 'The Medicalisation of Infanticide', *Criminal Law Review*, 1984, May, 259–64, 261.

[7]Anne Worrall, *Offending Women: Female Lawbreakers and the Criminal Justice Systems* (Abingdon: Routledge, 1990), 34.

[8]Ireland gained independence from the United Kingdom in 1922. After two years of fighting during the War of Independence, from 1919 until 1921, during which Irish republican forces had fought British forces on Irish soil, the Anglo–Irish Treaty was signed in London in 1921. This Treaty provided for the partition of Ireland, into the six counties of Northern Ireland and the twenty-six counties of the Irish Free State. Ireland became a republic in 1949, following the Republic of Ireland Act 1948. Throughout the article, references to 'Ireland' refer to the twenty-six counties that constituted, first the Irish Free State, and then the Republic of Ireland.

[9] One of these women was executed and 21 had their sentence commuted to penal servitude for life, see Lynsey Black, '"On the Other Hand the Accused is a Woman . . .": Women and the Death Penalty in Post-Independence Ireland,' *Law and History Review*, 2018, 36, 139–72, 7.

[10]Lynsey Black, 'Gendering the Condemned: Women and Capital Punishment in Post-Independence Ireland' (PhD Thesis, Trinity College Dublin, 2016), 295–307.

Although there is considerable literature on gender and insanity in nineteenth-century Ireland, and some relating to the early twentieth century, less has been written on the post-1922 period.[11] Dermot Walsh and Antoinette Daly note that for the first half of the twentieth-century 'nothing much … happened'.[12] Much of the literature on this period relates to increasing rates of institutionalisation, a trend which did not abate until the 1960s.[13] The article offers a further consideration of meanings of insanity in this period. Although this article deals with only three cases, the processes by which these women were pathologised can reveal something about broader themes. A fuller sampling of cases from the post-1922 period, which reviewed pathologised discourses in all prosecutions for murder would reveal whether the findings herein were part of broader trends. Karen Brennan, for example, investigated murder trials from 1930 to 1945, analysing outcomes for men and women tried for the murder of a family member.[14] Brennan found that the most common disposals (40.7 per cent) were insanity-related, and placed this within the context of high rates of institutionalisation at the time. Research also exists on the role of insanity in infant murder prosecutions, from both Brennan and Clíona Rattigan.[15] The present analysis offers further qualitative detail and context on discourses of insanity in the criminal justice system during these decades.

Following a brief note on the archival materials used and the three case studies, the article overviews the context of the Irish psychiatric landscape. It then examines two causes of insanity particularly relevant for the cases herein, degeneracy and hereditary insanity, and female physiology. Discussion subsequently turns to issues of diagnosis in relation to the three women, before considering the factors which influenced how the women were constructed as pathologised. As Catherine Cox has noted of her nineteenth-century work on the Carlow and Enniscorthy asylums, medical opinion was significantly

[11]For the literature on the nineteenth-century association of gender and insanity, see Brendan D. Kelly, 'Clinical and Social Characteristics of Women Committed to Inpatient Forensic Care in Ireland, 1868–1908', *Journal of Forensic Psychiatry and Psychology*, 2008, 19, 261–73; Brendan D. Kelly, 'Folie à plusieurs: Forensic Cases from Nineteenth Century Ireland', *History of Psychiatry*, 2009, 20, 47–60; Pauline Prior, 'Prisoner or Lunatic? The Official Debate on the Criminal Lunatic in Nineteenth-Century Ireland', *History of Psychiatry*, 2004, 15, 177–92; Pauline Prior, *Madness and Murder: Gender, Crime and Mental Disorder in Nineteenth-Century Ireland* (Dublin/Portland: Irish Academic Press, 2008); Walsh, 'Gender and Insanity'. For the early twentieth century, see Áine McCarthy, 'Hearths, Bodies and Minds: Gender Ideology and Women's Committal to Enniscorthy Lunatic Asylum, 1916–1925', in Alan Hayes and Diane Urquhart, eds, *Irish Women's History* (Dublin/Portland: Irish Academic Press, 2004), 115–36. Although for studies spanning pre- and post-Independence see Brendan D. Kelly, 'Poverty, Crime and Mental Illness: Female Forensic Psychiatry Committal in Ireland, 1910–1948', *Social History of Medicine*, 2008, 21, 311–28; Niamh Mulryan, Pat Gibbons and Art O'Connor, 'Infanticide and Child Murder—Admissions to the Central Mental Hospital 1850–2000', *Irish Journal of Psychiatric Medicine*, 2002, 19, 8–12.

[12]Dermot Walsh and Antoinette Daly, *Mental Illness in Ireland 1750–2002: Reflections on the Rise and Fall of Institutional Care* (Dublin: Health Research Board, 2004), 32.

[13]Eoin O'Sullivan and Ian O'Donnell, 'Coercive Confinement in the Republic of Ireland: The Waning of a Culture of Control', *Punishment and Society*, 2007, 9, 27–48, 39.

[14]Karen Brennan, 'Murder in the Irish Family, 1930–45', in Niamh Howlin and Kevin Costello, eds, *Law and the Family in Ireland, 1800–1950* (London: Palgrave, 2017), 160–80, 162. The only woman given an insanity-related disposal had been charged with the murder of her infant.

[15]Karen M. Brennan, '"A Fine Mixture of Pity and Justice": The Criminal Justice Response to Infanticide in Ireland 1922–1949', *Law and History Review*, 2013, 31, 793–841, 814–18; Clíona Rattigan, '*What Else Could I Do?': Single Mothers and Infanticide, Ireland 1900–1950* (Dublin/Portland: Irish Academic Press, 2012), 203–7.

influenced by a patient's gender and class.[16] The importance of gender and class, as well as age and marital status, are explored with reference to the three case studies herein. Finally, the article addresses how these gendered interpretations resulted in the three women being understood as 'difficult', rather than 'dangerous'.

The materials used in this article are drawn from a number of sources, primarily the National Archives of Ireland. Individual files on the women were consulted, these were drawn from the Department of Justice and the Department of An Taoiseach; many files contained correspondence from doctors, prison medical officers, Gardaí and memorandum compiled by civil servants and others on the cases.[17] In addition to the primary archival material, contemporary press reporting was also consulted. Of relevance to the findings herein, it should be noted that throughout the archival documents produced by prison medical officers, doctors and psychiatrists, diagnoses and observations were made from an exclusively male experience and the judgements on women were socially, historically and culturally contingent. Áine McCarthy has noted, that 'the history of women's experience of the asylums can be read only through the male medical discourse'; the paper trail left by doctors, superintendents, and professionals analysed herein is a male discourse, created by men with the intention of explaining and treating women.[18]

The three cases discussed herein are those of Elizabeth D., Mary Agnes B.D. and Mary Anne C.[19] The cases of Elizabeth D. and Mary Anne C. are discussed in previously published accounts of abortion and infanticide in Ireland.[20] This article builds on the empirical work already undertaken on these cases and adds further detail. For example, Rattigan notes that 'it is not known how . . . insanity manifested itself' in Elizabeth D.'s case.[21] The inclusion of archival material on Elizabeth's transfer from prison, and her treatment in the Central Criminal Lunatic Asylum, sheds further light on such questions. First, a brief summary on the cases.

On 3 June 1926, Elizabeth D. was convicted of the murder of her infant. After spending a short time in Mountjoy Prison, on 24 July 1926, she was certified as insane and transferred to the Central Criminal Lunatic Asylum at Dundrum.[22] Elizabeth had given birth to her infant in a County Home.[23] Upon her release, a staff member had accompanied her to the train station and put her on the train. In her own words:

[16]Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820–1900* (Manchester: Manchester University Press, 2012), xii.

[17]The Taoiseach is the leader of the Irish government. The Gardaí, officially, An Garda Síochána, are the Irish police. They are also referred to as Garda or Guards.

[18]The quote in this sentence is from McCarthy, 'Hearths, Bodies and Minds', 118.

[19]Throughout, the names of the women are presented as first names and surname initials. This decision has been informed by works such as Lindsey Earner-Byrne, 'The Rape of Mary M: A Microhistory of Sexual Violence and Moral Redemption in 1920s Ireland', *Journal of the History of Sexuality*, 2015, 24, 75–98; Rattigan, *What Else Could I Do?*. The full names of the women are in the archival material referenced herein.

[20]Sandra McAvoy, 'Before Cadden: Abortion in Mid-Twentieth-Century Ireland', in Dermot Keogh, Finbarr O'Shea and Carmel Quinlan, eds, *Ireland in the 1950s: The Lost Decade* (Cork: Mercier Press, 2004) 147–63; Clíona Rattigan, '"Half-Mad at the Time": Unmarried Mothers and Infanticide in Ireland, 1922–1950', in Catherine Cox and Maria Luddy, eds, *Cultures of Care in Irish Medical History, 1750–1970* (London: Palgrave Macmillan, 2010), 168–90, 173–5; Clíona Rattigan, '"No Worse and No Better": Irish Women and Backstreet Abortions', *History Ireland*, 2013, 21, 42–3.

[21]Rattigan, 'Half-Mad at the Time', 184.

[22]National Archives of Ireland (hereinafter 'NAI'), GPB/PEN/3/216 and Department of Justice 234/1297.

[23]County Homes were established in 1925, in buildings which had previously been designated as workhouses under the Poor Law. Lindsey Earner-Byrne

> The child was born at —. I came on the train to —. I got out there and watched along the road. After a while I caught the child with my two hands by the throat and killed it. I there buried it in a sewer and came away.[24]

Mary Agnes B.D. was convicted on 29 April 1949 for the murder of Mary G., an elderly woman, whom Mary Agnes had attacked with a hammer, while the victim prayed in a Dublin church. The victim was unknown to Mary Agnes, but it was suggested that the attack resulted from Mary Agnes's attempt to steal bags from the victim. Mary Agnes was married and had a young infant; the family were facing eviction from their flat and were in financial difficulties.[25]

Mary Anne C. was convicted on 1 November 1956 for the murder of Helen O'R. The victim had died in Mary Anne's Dublin bed-sit while undergoing an illegal abortion performed by Mary Anne.[26] Mary Anne spent approximately one year and ten months in Mountjoy Prison following her conviction before she was certified as insane and transferred to Dundrum on 7 August 1958; she died in this institution on 20 April 1959.[27] Mary Anne had been convicted following a high-profile trial and was widely known to be an abortionist.

The Irish Psychiatric Landscape

Independent Ireland has been characterised as a nation of 'coercive confinement'.[28] Post-1922, the number of persons held in the network of institutions (such as prisons, Magdalen laundries, asylums) increased considerably until in 1951, over 1 per cent of the population was so detained. Of these, the majority were in asylums. This network was the result of a revolution in the care of the pauper insane in Ireland in the nineteenth-century, when 22 asylums had been built, mostly between 1820 and 1860.[29] Between 1851 and 1901, the Irish asylum population tripled.[30] By 1956, there were 21,720 psychiatric patients.[31] Expressed as the number of persons per 100,000, Ireland's psychiatric

has argued that many of the changes remained symbolic only, see Lindsey Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Dublin, 1922–60* (New York/Manchester: Manchester University Press, 2007), 183. County Homes were envisaged primarily as a place of care for the elderly poor; their use continued to be more diverse than this, however, and they also housed 'chronic invalids, idiots, epileptics, advanced cases of tuberculosis and unmarried mothers and their children', Report of the Commission of the Relief of the Sick, 35, cited in Ciara Breathnach, 'Medicalizing the Female Reproductive Cycle in Rural Ireland, 1926–56', *Historical Research*, 2012, 85, 674–90, 683. As noted by Maria Luddy, County Homes became the site of refuge for many unmarried mothers, despite efforts to move this cohort to religious-run 'special' homes, 'By 1929, 70% of unmarried mothers still found their way to the county homes', in Maria Luddy, 'Moral Rescue and Unmarried Mothers in Ireland in the 1920s', *Women's Studies*, 2001, 30, 797–817, 803.

[24]NAI Central Criminal Court (hereinafter 'CCC') Wicklow 1926 1C-90-28.

[25]NAI CCC Unknown Counties 1949 1D-50-42; Court of Criminal Appeal 68/1948; Department of An Taoiseach S.14430.

[26]NAI Department of An Taoiseach S.16116.

[27]NAI Department of Justice 18/3562. Notification of Discharge, Removal, Death or Escape of a Person Admitted from Gaol as a Criminal Lunatic, 21 April 1959. Her mental condition at the time of her death was listed as arteriopathic dementia.

[28]See O'Sullivan and O'Donnell, 'Coercive Confinement in the Republic of Ireland' (2007). See generally Catherine Cox, 'Institutionalization in Irish History and Society', in Katherine O'Donnell, Mary McAuliffe and Leeann Lane, eds, *Palgrave Advances in Irish History* (London: Palgrave Macmillan, 2009), 169–90.

[29]Walsh, 'Gender and Insanity', 69.

[30]If depopulation is taken into account, the asylum population had quadrupled, see Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (Kent: Croom Helm, 1981), 130.

[31]Damien Brennan, *Irish Insanity, 1800–2000* (Abingdon: Routledge, 2014), 26.

hospital population had risen from 88.43 in 1851 to 749.35 in 1956.[32] Such figures were interpreted by some as indicative of endemic mental ill health among the Irish.[33] However, as Damien Brennan notes, factors underlying high rates of psychiatric institutionalisation tended to be located at the societal and structural level, rather than collective national pathology.[34] An example of this is the disproportionately higher asylum populations in the West of Ireland, a rural area without concentrated industry, which had been impacted by falling marriage rates and high levels of emigration.[35]

Cox writes that although treatment philosophies were shifting in the late nineteenth century, it was less obvious how these changes were felt in practice in Irish asylums.[36] Elizabeth Malcolm has suggested that post-1922, little changed. It was not until the Mental Treatment Act 1945 that the regime became more liberalised, and many reforms continued to be resisted by the Catholic Church until the 1960s.[37] The Irish psychiatric landscape could be characterised as one of continuity over this period then. State reliance on institutionalisation persisted post-1922, and the network of asylums continued to grow in terms of population.

The system for the criminally insane was focused on the Central Criminal Lunatic Asylum, at Dundrum, County Dublin. This institution opened in 1850, following the Central Criminal Lunatic Asylum (Ireland) Act 1845.[38] The profile of inmates in Dundrum was heavily gendered.[39] Between 1850 and 1900, of 823 admissions, only 21 per cent were women.[40] Only a very small proportion of women who killed an adult, especially an adult male, attempted the insanity defence between 1850 and 1900.[41] Pauline Prior writes that only one woman was admitted to Dundrum in this period following successful use of the insanity defence in the killing of a male adult.[42] In contrast, over 20 per cent of men who killed their wives in Ireland from 1867 to 1892 were found insane.[43] The women admitted to Dundrum were more likely to have killed children.[44] Brendan D. Kelly has analysed the committals for women to the Asylum from 1868 to 1908 and 1910 to 1948 and found a similar profile for women throughout these periods. In both studies, the majority of women had been admitted for committing a crime, typically murder; of those women who had killed, the majority had killed an infant.[45]

[32]Brennan, *Irish Insanity*, 27.

[33]Cited in Kelly, 'Poverty, Crime and Mental Illness', 312.

[34]Brennan, *Irish Insanity*, ch. 3.

[35]Finnane, *Insanity and the Insane*, 136; Eoin O'Sullivan and Ian O'Donnell, *Coercive Confinement in Ireland: Patients, Prisoners and Penitents* (Manchester: Manchester University Press, 2012), 271.

[36]Catherine Cox, *Negotiating Insanity*, 244.

[37]Elizabeth Malcolm, '"Ireland's Crowded Madhouses": The Institutional Confinement of the Insane in Nineteenth- and Twentieth-Century Ireland', in Roy Porter and David Wright, eds, *The Confinement of the Insane: International Perspectives, 1800–1965* (Cambridge: Cambridge University Press, 2003), 315–33, 328 and 331.

[38]Prior, *Madness and Murder*, 31. Broadmoor, the institutional equivalent in England, opened in 1863.

[39]As was the work undertaken within the Asylum; women worked at domestic chores, including laundry, see Kelly, 'Poverty, Crime and Mental Illness', 319.

[40]Walsh, 'Gender and Insanity', 79.

[41]Pauline Prior, 'Murder and Madness: Gender and the Insanity Defence in Nineteenth-Century Ireland', *New Hibernia Review*, 2005, 9, 19–36, 32.

[42]Pauline Prior, 'Roasting a Man Alive: The Case of Mary Reilly, Criminal Lunatic', *Éire/Ireland,* 2006, 41, 169–91.

[43]Carolyn Conley, *Melancholy Accidents: The Meaning of Violence in Post-Famine Ireland* (Lanham, MD: Lexington Books, 1999), 62. In 1855, of nine men admitted to the Asylum, eight had killed their wives, see Walsh, 'Gender and Insanity', 81.

[44]Prior, *Madness and Murder*, 122.

[45]Kelly, 'Women Committed to Inpatient Forensic Care in Ireland', 264–65, and Kelly, 'Poverty, Crime and Mental Illness', 317–18.

Causes of Insanity

Degeneracy and hereditary insanity

Degeneracy was a popular late nineteenth-century theory which posited that the 'lower' races were predisposed to various mental, moral and physical weaknesses. Inevitably linked with theories of degeneracy was the notion that these undesirable traits, including insanity, were inherited. Beginning in the latter half of the nineteenth century, social researchers began to explore these ideas of inherited degeneracy.[46]

By the late nineteenth century, the rise in the numbers of Irish insane was being explained by reference to such causes.[47] Questions of insanity within the present sample were informed by consideration of the women's family networks. The tendency to seek insane relatives and familial forebears underlines the significance of heredity and degeneracy in Irish conceptions of insanity. This was exacerbated in Ireland by fears of increased familial intermarriage following the Famine of the mid-nineteenth century, which led Irish asylum inspectors to fear for a consequent increase in rates of hereditary insanity.[48]

Fears such as these carried with them some self-evident conclusions, and Fiachra Byrne has described Irish psychiatrists as 'enthusiastic purveyors of eugenics discourses'.[49] Byrne describes a meeting of the Irish Division of the Medico-Psychological Association, of 14 April 1910, at which Dr Henry Marcus Eustace delivered a paper advocating medical checks before marriage and the sterilisation of women who became pregnant with illegitimate infants. However, against a general fear of a degenerate strain in the Irish, the Catholic Church remained opposed to measures which would interfere with the natural rights of marriage and procreation.[50]

Within the present cases, internal government memoranda reveal that searches were made for family members who had exhibited signs of insanity. This was a frequent occurrence at the post-conviction stage, when the commutation of a death sentence was being considered.[51] Insane antecedents were sought out to explain the aberrant acts of the individual. The idea of hereditary insanity was therefore very much accepted within this framework of understanding. The mental state of Mary Anne C. was explored as a form of hereditary madness. In a comprehensive Garda Report, Mary Anne's childhood and family were examined; the Report revealed that the Gardaí had found 'no history of insanity in the … family, but there is a first cousin … a patient in — Mental Hospital for the past ten years'.[52] That such relatives could be located was hardly surprising; as noted, by the mid-1950s Ireland was experiencing its peak of institutionalisation, which was particularly pronounced in the West of Ireland where Mary Anne's family were from.[53] The importance of Mary Anne's family connection and reputation was pertinent within a schema of identity which relied on notions of heredity. For example, as a contrast to her

[46]Elof Axel Carson, 'RL Dugdale and the Jukes Family: A Historical Injustice Corrected', *BioScience* 1980, 30, 535–9, 535.

[47]Malcolm, 'Ireland's Crowded Madhouses', 316.

[48]Walsh, 'Gender and Insanity', 73.

[49]Fiachra Byrne, 'Madness and Mental Illness in Ireland: Discourses, People and Practices, 1900 to c.1960' (PhD Thesis, University College Dublin, 2011), 48.

[50]Greta Jones, 'Eugenics in Ireland: The Belfast Eugenics Society, 1911–15', *Irish Historical Studies*, 1992, 28, 81–95, 91.

[51]Black, 'Gendering the Condemned', 291–3.

[52]NAI Department of An Taoiseach S.16116.

[53]Finnane, *Insanity and the Insane*, 136; O'Sullivan and O'Donnell, *Coercive Confinement in Ireland* (2012), 271.

own suspect sanity and devalued reputation, it was noted that her brother was 'well-to-do and is respectable and law-abiding'.[54]

Similar enquiries into the family of Mary Agnes B.D. found that one of her uncles 'was religiously "touched"'.[55] The Garda Report also noted a first cousin who was admitted to an asylum after an attempt to slit his throat with a razor. However, her immediate family, and the entirety of her maternal relatives were judged to be 'free from insanity'.[56]

Judgements about the three women employed language which was suggestive of thinking at the time about heritability. For example, the view of a doctor that Elizabeth D. was 'of a low order of intelligence', used Darwinian-infused terminology to convey inferiority.[57] Such judgements invoked the idea of 'feeble-mindedness', a term which was popular from the late 1800s.[58] Similarly, the comment that Elizabeth's family were 'deficient' continued the allusion to inherited 'inferiority' and showed how the language used to describe Elizabeth was sometimes tinged with ideas from Lombrosian criminal anthropology.[59]

Female physiology

Female physiology, particularly pregnancy and childbirth, has also been suggested as a cause of insanity.[60] In Ireland, the Infanticide Act 1949 was premised on this link; this legislation created the offence of 'infanticide', and removed infant murder from the roster of capital offences.[61] Nevertheless, there was evident unease within the Irish government regarding the blanket pathologisation of infant murder. The later enactment of an Irish infanticide provision, two decades after the first English provision in 1922, may reflect Irish reticence towards reform.[62] Although the 1949 law aligned law with practice, and spared women the ordeal of a murder trial, its later enactment could reflect official concern with both infant mortality and maternal morality.[63]

Consultations in the 1940s revealed the views of some civil servants regarding the proposal to create a presumption of mental disturbance in cases of infant murder. The Parliamentary Secretary to the Minister for Local Government and Public Health noted that this was perhaps a step too far:

> If the killing of a helpless baby is as serious a crime as is the killing of an adult, I do not think the baby slayer ought to be given any special consideration. In making this submission I am mindful of the fact that the mother of an unwanted baby is sometimes a hardened sinner who appears to kill with full deliberation. It can, of

[54]NAI Department of An Taoiseach S.16116.
[55]NAI Department of Justice 170/7622.
[56]NAI Department of Justice 170/7622.
[57] See 'Woman Sentenced to Death' *Irish Examiner*, 4 June 1926, for the quote in this sentence.
[58]See, for example, Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England* (Manchester: Manchester University Press, 2000), 34.
[59]'Woman Sentenced to Death' *Irish Examiner*, 4 June 1926.
[60]Elaine Showalter, *The Female Malady*, 55.
[61]Brennan, 'A Fine Mixture of Pity and Justice', 794–5.
[62]Brennan, 'A Fine Mixture of Pity and Justice', 797–801.
[63]See Rattigan, 'Half-Mad at the Time', 178; Brennan, 'A Fine Mixture of Pity and Justice', 828 on the 1949 law. For its impact on infant mortality and maternal morality, see Maria Luddy, 'Unmarried Mothers in Ireland, 1880–1973', *Women's History Review*, 2011, 20, 109–26, 110.

course, always be argued that she had not fully recovered from the effect of giving birth to her child.[64]

He went on to remark 'that the condition known as Puerperal Insanity is comparatively rare'.[65]

Rattigan found in her sample of post-1922 cases, that situational understandings of the trauma of childbirth and associated stresses including illegitimacy, continued to be more common than explicitly psychiatric diagnoses. She found few diagnoses of puerperal insanity or mania.[66] Brennan has also noted that insanity-related disposals were quite rare prior to the Infanticide Act.[67] However, although there may have been few insanity verdicts, there was allowance made for presumptions of disturbance of mind in the cases prior to the 1949 Act, and considerations of insanity and culpability were common touchstones in practice.[68] Despite some official reluctance to explicitly diagnose women who killed infants, it nonetheless presented a means for judges and juries to avoid passing sentence of death.[69]

Reticence regarding an explicit link between insanity and childbirth was noted by Oonagh Walsh in her work on the nineteenth-century admissions; Walsh noted that there was no explicit link made between female physiology and insanity. Instead, women who killed their infants 'were in these cases judged to be acting under intolerable pressure which led to a temporary breakdown, from which they were likely to recover'.[70] In her analysis of cases from 1850 to 1900, Elaine Farrell found that while there was explicit acceptance of pathology in some infant murder cases, insanity was not assumed.[71] Women were more likely to be pathologised if they were viewed as 'weak-minded' or had family members who were insane.

Rattigan has suggested that many of the women tried for infanticide-related offences who were ultimately found insane were considered mentally 'defective', suggesting that an insanity finding was more often related to intellectual capacity than to a true 'psychiatric' diagnosis.[72] Throughout the period, illegitimacy was linked with suspicions that the woman was mentally deficient.[73] Within cases of suspected infanticide there was therefore a presumption of mental inferiority for women who became pregnant outside of marriage. Sandra McAvoy notes that there was a widespread view that women were incapable of making rational decisions on matters of fertility.[74] From the 1920s on, policies were implemented which had the effect of exerting greater control over female

[64]NAI, Department of Taoiseach, S. 7788A. Department of Local Government and Public Health Memorandum relating to insanity as a defence in criminal cases and infanticide, 2 February 1944.

[65]Puerperal insanity was strongly associated with infant murder, Elaine Farrell, '*A Most Diabolical Deed': Infanticide and Irish Society, 1850–1900* (Manchester: Manchester University Press, 2013), 95.

[66]Rattigan, 'Half-Mad at the Time', 180.

[67]Brennan, 'A Fine Mixture of Pity and Justice', 814–16.

[68]For an example of a pre-1949 judgment of mental disturbance, see Rattigan, 'Half-Mad at the Time', 177–9.

[69]Elaine Farrell notes that the use of insanity should not be misread as leniency, as the periods spent in confinement by women disposed of by way of insanity-related outcome were often longer than for women convicted of lesser offences such as concealment of birth or manslaughter, Farrell, *A Most Diabolical Deed*, 105.

[70]Walsh, 'Gender and Insanity', 80.

[71]Farrell, *A Most Diabolical Deed*, see 95–109 for extended discussion.

[72]Rattigan, 'Half-Mad at the Time', 176–7.

[73]Luddy, 'Moral Rescue and Unmarried Mothers in Ireland', 801.

[74]McAvoy, 'Before Cadden', 162.

sexuality.[75] This presumption of weak-mindedness is evident in Elizabeth D.'s case as she had killed her illegitimate infant; in a memo prepared after her conviction, it was stated that she was 'a woman of low mentality'.[76]

The effects of childbirth were also thought to last for some months, in extreme cases.[77] Mary Agnes B.D.'s offence was associated with the fact of her giving birth six months prior. Indeed, this was accepted by some as sufficient explanation. The trial judge noted in his correspondence to the Department of Justice that one of the grounds which would justify Mary Agnes' reprieve was that:

> her conduct [was] so inexplicable as to make her appear to have been for the moment insane and her action may have been due to some temporary mental disturbance connected with the birth of her baby some 6 months before.[78]

A member of the public also wrote to criticise the court which 'does not seem to have given any consideration to the fact that this poor woman's mental state is more than likely to have been unbalanced since the birth of her child'.[79] Mary Agnes's case makes explicit the links between psychiatric diagnoses and female reproductive processes.

In cases of insanity and infant murder, there was also an understanding that this was a temporary state. Elizabeth D.'s difficult behaviour in prison, although considered evidence of her insanity, was also judged to be 'probably curable'.[80] Walsh notes that the 'passing' nature of mental disturbance following birth was often viewed as a feature of the trauma, rather than explicitly as a result of female anatomy.[81]

Diagnosis

Although degeneracy and hereditary insanity were frequently proposed as a cause for the high numbers of Irish insane, Cox has noted that environmental factors such as poverty and the disappointments of life, continued to feature as common explanations.[82] Throughout the nineteenth century, diagnoses of insanity were classified into 'physical' or 'moral' causes. The term 'moral' covered a wide range of causes, usually related to emotional states, and 'physical' related to injury, mental handicap, and so on.[83] This framework was employed in gendered ways. Looking at the admission records for Dundrum in 1861, Walsh has noted that women were more likely to be admitted under moral causes, while alcohol abuse remained the most common cause for men.[84]

For women admitted to Dundrum from 1868 to 1908, the most common diagnoses were mania and melancholia.[85] In the period 1910 to 1948 the most common diagnoses were mania/delusional insanity and melancholia.[86] Such definitional commonality is evident in the cases of Elizabeth D. and Mary Anne C. The notes on the case of Elizabeth D.

[75]Luddy, 'Moral Rescue and Unmarried Mothers in Ireland', 798.
[76]NAI Department of Justice 234/1297. Memorandum 19 June 1926.
[77]Elaine Farrell, *A Most Diabolical Deed*, 96.
[78]NAI Department of Justice 170/7622. Letter from Gavan Duffy, 2 May 1949.
[79]NAI 170/7622. Letter, 28 November 1948.
[80]NAI Department of Justice 234/1297.
[81]Walsh, 'Gender and Insanity', 80.
[82]Cox, *Negotiating Insanity*, xix.
[83]*Ibid.*, 120–1.
[84]Oonagh Walsh, '"A Lightness of Mind": Gender and Insanity', in Margaret Kelleher and James H Murphy, eds, *Gender Perspectives in Nineteenth-Century Ireland: Public and Private Spheres* (Dublin/Portland: Irish Academic Press, 1997), 159–67, 161.
[85]Kelly, 'Women Committed to Inpatient Forensic Care in Ireland', 266.
[86]Kelly, 'Poverty, Crime and Mental Illness', 319.

reveal that she was diagnosed with 'delusional insanity'.[87] Mary Anne C. was referred to in medical notes as 'deluded'.[88]

As noted by Kelly, engaging in diagnoses decades or centuries after the fact is fraught with difficulty, however diagnoses and the behaviours which led to them, can be illustrative in the two cases herein involving admission to Dundrum.[89] Kelly cites an 1888 case of folie à plusieurs in which one woman patient of the Asylum was described as 'Very abusive and obscene in her language … is very violent, kicking, biting and striking the attendants with her head. She is also most destructive, tearing up her bed clothes and wearing apparel'.[90] This behaviour offers some parallels with the cases of Elizabeth D. and Mary Anne C. The behaviour which led to Elizabeth's certification included reports that she was 'very noisy shouting night & day, beating the walls violently'. Elizabeth was also reported to have developed 'dirty habits'.[91] Mary Anne was reported as 'violently resistive' to staff, while her behaviour was also labelled as 'obscene' and she was considered 'degraded in habits'.[92] It would appear from the consistencies in the types of behaviour diagnosed as insane across decades, that diagnoses can, in part, be supported by reference to 'unfeminine' behaviour. The physicality of resistance and obscenity exhibited by both Elizabeth and Mary Anne suggests aberrant female behaviour, more likely to be read as insanity.

In the case of Mary Anne C., and her certification as insane post-conviction, it seems likely that any diagnosis was resisted until after her trial, due to her devalued reputation and an expressive hostility towards her. Mary Anne came to trial as an abject figure. Known by many in Dublin as an abortionist, her reputation was significantly devalued from previous convictions for child abandonment and an attempt to procure an abortion.[93]

Although, Mary Anne's defence had not attempted to argue insanity, issues of pathology arose during the trial. For example, she was branded as 'mad' by her own counsel.[94] Prior to her trial, the prison medical officer had also expressed some doubts about her mental state, requesting a consultant psychiatrist examine her, and concluding that 'it is a very difficult matter to arrive at a proper estimation of her mentality'.[95]

These discourses also shaped rationales for commutation, for example, from her solicitor:

> She is of an abnormal mentality and while it is not suggested that this amounts to the degree of insanity exempting her from criminal responsibility, it occasioned considerable thought and anxiety to her advisors as to whether she was legally fit to plead.[96]

[87]NAI Department of Justice 234/1297. Medical Certificate.

[88]NAI Department of Justice 18/3562. Medical Certificate.

[89]Kelly, 'Folie à plusieurs'.

[90]'Folie à plusieurs' can be translated as communicated insanity. Kelly, 'Folie à plusieurs', 53.

[91]NAI Department of Justice 234/1297. Medical Certificate.

[92]NAI Department of Justice 18/3562. Medical Certificate.

[93]McAvoy, 'Before Cadden', 147; Rattigan, 'Half-Mad at the Time', 174–5.

[94]'Murder Trial: Conclusion of State Case', *Irish Independent*, 31 October 1956.

[95]NAI Department of Justice 18/3562. Prison Medical Officer, 29 August 1956.

[96]NAI Department of An Taoiseach S.16116. Telegram, 4 January 1957.

Her solicitor included her 'public outbursts from the dock' as typical examples of abnormality and stated that they presented 'a constant anxiety' to her legal team which had ultimately decided against putting her on the stand.[97] These outbursts included Mary Anne's words from the dock when sentenced to death: 'Well, I am not a Catholic. Take that now.'[98]

Mary Anne was therefore pathologised both implicitly and explicitly, before, during and after her trial. Despite concerns about Mary Anne's mental condition, considerable efforts were made to convict her of the capital charge, using the legal doctrine of constructive malice which compensated for her lack of the requisite mens rea for murder. Her conviction for murder is therefore suggestive of the possibility that other, extra-legal factors motivated the prosecution. Mary Anne was a 'bad' woman and an incorrigible offender, having been convicted twice previously.[99] The death of Helen O'R. during an abortion procedure, and the particular Irish cultural taboo regarding this practice, may have made Mary Anne's case one in which punishment had to be seen to be exacted.[100] For example, one letter writer described abortion as 'abhorrent', while still advocating commutation.[101] The 'monsterisation' of Mary Anne may therefore have justified a harsher criminal justice response and acted as an expressive punishment.[102] Therefore, despite doubts about mental competence, Mary Anne was endowed with agency because her status as an abortionist rendered her abject.

Age, Class and Marital Status

A range of factors shaped experiences of pathologisation. For example, men were more vulnerable to asylum admission through the nineteenth century.[103] However, while marriage was a protective factor for men, it did not operate in the same manner for women.[104] As the cases demonstrate, differences of age, class and marital status influenced how the women's behaviour was interpreted.

[97] NAI Department of An Taoiseach S.16116. Telegram, 4 January 1957.

[98] NAI Department of An Taoiseach S.16116. Trial judge's charge to the jury.

[99] She was described as 'of bad character' in a Department of Justice memorandum. The trial judge in her 1945 trial had stated that, 'Of all the persons, men and women who have stood in the dock before me during my eighteen years on the Bench, I think this woman is easily one of the worst.' Elsewhere it is noted that Mary Anne C. 'is undoubtedly a really "bad lot"'. Compounding this, the Prison Medical Officer's diagnosis of her as 'amoral' compounded the sense of her as truly bad. See, NAI Department of Justice 18/3562.

[100] Finola Kennedy has noted that 'Abortion was a term rarely mentioned in public in Ireland until the 1980s', in *Cottage to Crèche: Family Change in Ireland* (Dublin: Institute of Public Administration, 2001), 38.

[101] A letter urging commutation of sentence from a high-profile legal scholar noted that 'I can imagine that in [Mary Anne C.'s] case, arising as it did out of a crime which Irish people rightly find abhorrent, not much public sympathy for her exists'. NAI Department of Justice 18/3562. Letter from Pembroke College Oxford, undated.

[102] Subsequent accounts suggest there was significant animosity towards her, with Reddy writing that crowds yelled 'Hang her'. See Tom Reddy, *Murder Will Out: A Book of Irish Murder Cases* (Dublin: Gill and Macmillan, 1990), 109. Contemporaneous newspaper reporting recorded that significant crowds attended trial and verdict, and that some women in the public dock sobbed when sentence was passed, see 'Death Sentence is Imposed on [Mary Anne C.]' *Irish Press*, 2 November 1956; '[Mary Anne C.] Found Guilty of [H.O.R's] Murder' *The Irish Times*, 2 November 1956.

[103] Cox, *Negotiating Insanity*, 241–2; Walsh, 'Gender and Insanity', 72.

[104] Walsh, 'Gender and Insanity', 82.

Mary Agnes B.D. was 27 and married with a young child. The other two women were older; Mary Anne C. was unmarried and in her mid-60s, while Elizabeth D. was a 40-year-old widow with grown sons. The respectable morality of Mary Agnes stood in contrast to the devalued moral profile of both Elizabeth and Mary Anne, one of whom was considered 'depraved' and had killed her illegitimate infant, while the other was a known abortionist.[105] Mary Anne was even referred to as a 'mad, bad, old woman' by her defence counsel, her age clearly relevant in defence attempts to diminish culpability.[106] However, this phrasing also invoked the image of the witch, a well-worn archetype for older women who offend.[107] Seal writes that although 'spinster' could be a respectable status in Britain, it remained non-normative. Seal cites the links between 'spinsterhood', celibacy and psychological harm within psychoanalytic thought at the time.[108] Although Ireland had low marriage rates post-Famine, with high numbers of 'never married' women, research has suggested that 'never married' remained a marginalised status in Ireland too.[109]

Elizabeth was a widow, a status that was also common in Ireland due to post-Famine marriage patterns. As many women married older men, many Irish women experienced bereavement, and the 1926 census recorded 135,000 widows.[110] However, as Lindsey Earner-Byrne notes, there were expectations of sexual propriety attached to widowhood. The Irish family structure, premised on the male breadwinner, provided welfare assistance to widows only when they had dependent children. The 1933 Committee of Inquiry into Widows' and Orphans' Pensions, suggested that widows only receive assistance if they were 'of sober habits and of good moral character'.[111] Although this clause was not included in the final legislation there remained obvious moral limitations. Elizabeth, for example, would have been ineligible for the pension as her child was illegitimate. Although Elizabeth benefited from the support of her grown sons, her position as a widow carried with it inherent vulnerability.[112]

In contrast, Mary Agnes B.D.'s motherhood was referenced numerous times, and generally in her favour, such as during bail applications.[113] Her defence counsel had earlier argued that 'it would cause untold hardship' if she were to be separated from her baby.[114] In many ways, Mary Agnes's actions can be seen to be *for* her family, as she was accused of attacking the victim in an attempt to steal money for rent. As Seal has

[105] On Elizabeth's killing of her child, see NAI GPB/PEN/3/216. Garda Report, 3 July 1926.

[106] For defence counsel's comments, see 'Murder Trial: Conclusion of State Case', *Irish Independent*, 31 October 1956.

[107] Seal, *Women, Murder and Femininity*, 74.

[108] Lizzie Seal, 'Discourses of Single Women Accused of Murder: Mid-Twentieth-Century Constructions of "Lesbians" and "Spinsters"', *Women's Studies International Forum*, 2009, 32, 209–18, 214.

[109] Anne Byrne, 'Women Unbound: Single Women in Ireland', in Virginia Yans-McLoughlin and Rudolph M. Bell, eds, *Women on their Own: Interdisciplinary Perspectives on Being Single* (New Brunswick: Rutgers University Press, 2008), 29–73, 36.

[110] Kennedy, *Cottage to Crèche*, 45.

[111] Earner-Byrne, *Mother and Child*, 72.

[112] Catherine Cox and Hilary Marland, '"A Burden on the Country": Madness, Institutions of Confinement and the Irish patient in Victorian Lancashire', *Social History of Medicine*, 2015, 28, 263–87, 279–81.

[113] 'Postponement of Four Murder Charges' *Irish Press*, 29 March 1949.

[114] 'Attack in Dublin Church', *Irish Independent*, 12 August 1948.

noted regarding mid-twentieth-century English cases, respectable motherhood is an archetype which mobilises sympathy.[115]

Class was also crucial in how the women were understood. A report to the Inspector of Mental Hospitals, two years after Elizabeth D.'s committal, concluded that 'though free from delusions, [she] is both mentally and morally of a decidedly low type'.[116] The description of her as 'both mentally and morally' low invoked allusions of morality related to her illegitimate pregnancy, as well as Elizabeth's status as a member of the 'labouring classes'. Elizabeth's eventual release was also related to her class and her fulfilment of the behaviours expected of the respectable labouring classes. She was conditionally discharged after almost five years, on 7 May 1931, aided by the persistent petitioning of her adult sons. On her release, the Department of Justice requested that local Gardaí submit quarterly reports on her. The resulting Garda Reports were universally positive:

> [She] has been kept under close observation but nothing has come to notice to show that it is unsafe to have her at large. She is enjoying good health and works daily as a charwoman for shop-keepers in —. She is still residing with her three sons … is leading a regular life, is attending to her religious duties and is on friendly terms with her neighbours. She is seen and spoken to frequently by the Gardaí and her mental condition appears quite normal.[117]

On 2 November 1933, the final Report reiterated that as all previous reports 'show her to be behaving normally, perhaps they might be discontinued'.[118] In Elizabeth's favour was her industriousness, her attendance to religious duties and her good relations with persons in the area, all markers of good citizenship. Walsh found, in her work on the Ballinasloe Asylum in the nineteenth century, that as most of the inmates were drawn from 'the labouring classes', it was held as crucial to engage them in work.[119] Sanity then, along with respectability, could be redeemed through industry.

Elizabeth's case also demonstrates the value of family support in securing release. Without the petitioning of her sons, it is doubtful she would have been released when she was. Byrne notes that in most cases, the family's power lay only in its ability to refuse responsibility for family members. The positive power to petition for release depended upon the willingness of the officials in charge, and on the status of the family.[120] This can be seen through the investigation into Elizabeth's sons. The initial assessment was informed by class-based judgements. Initial fears, typified by the view expressed at trial that her family were 'deficient', were echoed by the Department of Justice.[121] A Garda Report outlined their employment status and earnings, which led the Department to

[115]Lizzie Seal, 'Issues of Gender and Class in the Mirror Newspapers' Campaign for the Release of Edith Chubb', *Crime Media Culture*, 2009, 5, 57–78; Lizzie Seal, '"She Killed Not From Hate, But From Love": Motherhood, Melodrama and Mercy Killing in the Case of May Brownhill', *Women's History Review*, 2017, 1–19, doi: 10.1080/09612025.2017.1332545.

[116]NAI Department of Justice 234/1297. Letter to the Inspector, 21 March 1929.

[117]NAI Department of Justice 234/1297. Garda Report, 3 August 1932.

[118]NAI Department of Justice 234/1297. Letter from Garda Síochána to Department of Justice, 2 November 1933.

[119]Walsh, 'A Lightness of Mind', 166.

[120]Byrne, 'Madness and Mental Illness in Ireland', 264.

[121] This 'deficient' view, expressed at Elizabeth's trial, was reported in 'Woman Sentenced to Death', *Irish Examiner*, 4 June 1926.

conclude that 'conditions do not appear ideal.'[122] However, this was in opposition to the Garda view that 'they are of sober dispositions and are generally sensible, well conducted young men.'[123]

Elizabeth's experience can be considered within the literature which has noted the difficulty of securing release from Dundrum.[124] From 1868 to 1910, only 20.3 per cent of women were released to family or friends.[125] From 1910 to 1948, 18.8 per cent were released to family, 6.3 per cent were released as 'cured', and one woman (3.1 per cent) was released to friends.[126] Kelly notes that in both periods, it was much more likely that women would be discharged to another asylum.[127] Further, 'discharge of individuals who killed children was particularly challenging'.[128] While Elizabeth's offence of child murder therefore rendered her a more likely candidate for admission to the Asylum, the nature of her crime also meant that her ultimate release was less likely.[129] Despite the fact that mental disturbance following childbirth was considered a transitory state, the irony was that these women often found it difficult to escape confinement due to aforementioned fears of their incorrigibility.[130] Although many such women were discharged from Dundrum, many were then transferred to a district asylum, and 'It is likely that many of these women spent the rest of their lives behind asylum walls.'[131] Prior notes that 'For the well behaved, even if still insane, there was the prospect of total discharge or transfer to their local asylum.'[132] However, it is also the case that those discharged completely tended to represent a minority of cases. As Prior found:

> Dundrum was happiest when it could simply transfer patients either to prison or to another asylum, thus relieving it of the responsibility for discharge into wider society.[133]

As Elizabeth's case demonstrates, certain markers of class and family respectability were invaluable in securing release.

Judgements about Mary Agnes B.D.'s class are explicit in a Psychiatric Report which stated that she was from 'a middle class family in the West of Ireland'.[134] In reports on her family it was noted that 'She comes from a middle class family [and] appears to have had a normal childhood and upbringing'.[135] It was also noted that her father was considered 'above the average of country folk in intelligence'.[136] Her own level of education was also advanced beyond many other women in Ireland at this time.[137] Mary Anne C.

[122]NAI Department of Justice 234/1297. Department of Justice document, 20 March 1931.

[123]NAI Department of Justice 234/1297. Garda Report, 12 March 1931.

[124]Walsh for instance considered it 'extremely difficult' to secure release during the nineteenth-century, 'Gender and Insanity', 79.

[125]Kelly, 'Women Committed to Inpatient Forensic Care in Ireland', 166.

[126]Kelly, 'Poverty, Crime and Mental Illness', 319. Release outcomes are known for 32 of 42 women; 15.6 per cent were released without details being recorded.

[127]Kelly, 'Women Committed to Inpatient Forensic Care in Ireland', 166; Kelly, 'Poverty, Crime and Mental Illness', 319.

[128]Kelly, 'Poverty, Crime and Mental Illness', 322.

[129] On the likelihood of commital to an asylum, see Kelly, 'Women Committed to Inpatient Forensic Care in Ireland', 263; Kelly, 'Poverty, Crime and Mental Illness', 318.

[130]Black, 'Women and the Death Penalty in Post-Independence Ireland', 168–71.

[131]Kelly, 'Poverty, Crime and Mental Illness', 322.

[132]Prior, 'Prisoner or Lunatic', 188.

[133]*Ibid*., 189.

[134]NAI Department of Justice 170/7622. Psychiatric Report, 29 October 1951.

[135]*Ibid*.

[136]Department of An Taoiseach, DT S. 14430 A. Memorandum for Government 2 May 1949.

[137]Kennedy, *Cottage to Crèche*, 54. Mary Agnes B.D. had trained as a state registered nurse in England, a qualification which immediately differentiated her

too had qualified as a midwife, although she had lost her licence after her 1939 conviction. At the time of her arrest for murder, she was living and practising illegally out of a bedsit. Elizabeth D., by contrast, as an uneducated woman, was typical of many of the women charged with infanticide in Ireland. This fact would have had repercussions for these women as they navigated the criminal justice system, and Rattigan has noted that many would have experienced significant 'difficulty expressing themselves'.[138]

Dangerous or Difficult—Gendered Understandings of Insanity

There is evidence that women convicted of murder in this period in Ireland were considered first as women, and only secondly as murderers.[139] This is in stark contrast to the view of male violence from the late nineteenth century, which Martin Wiener cited as a focus for concern which conflicted with new models of masculinity.[140] In Ireland, the link between dangerousness and insanity was forged in the Dangerous Lunatics legislation of the nineteenth century.[141] However, this was particularly concerned with male rather than female dangerousness.[142] Women tended to direct their violence towards the self and were only admitted to asylums when they became uncontrollable, while men were often admitted after a first violent incident.[143] This was reflected in the bed provision when the Asylum at Dundrum opened. From its inception, men were five times more likely than women to be admitted, and the Asylum had opened with 80 spaces for men and 40 for women, demonstrating 'the clearest instance of gendered difference in relation to danger'.[144]

This hierarchy of essential attributes meant that women were viewed as less dangerous than men who killed.[145] From the three case studies, it is evident that the women were viewed as 'difficult' rather than dangerous. In terms of 'perceptions of dangerousness', Prior found that patients in Dundrum who had previously been in prison were considered particularly troublesome.[146] Many of these patients were viewed as 'sane' albeit difficult to handle; such persons were often transferred back and forth between Dundrum and the larger prisons. Elizabeth D. and Mary Anne C. would have been among this cohort of 'difficult' patients.

Beyond this, there is evidence that the women were viewed as 'difficult' more broadly. The opinion that Elizabeth D. was suffering from 'delusional insanity' was reinforced by behaviour which can be classed as difficult:

from the majority of Irish nurses who instead were offered only the qualification of state enrolled nurse. Markers such as these highlight her 'difference' in class. See, NAI Department of Justice 170/7622. Psychiatric Report, 29 October 1951. For qualitative research into the experiences of Irish nurses working in Britain from the 1940s and 1950s, see Louise Ryan, '"Who do you think you are?" Irish nurses encountering ethnicity and constructing identity in Britain', *Ethnic and Racial Studies*, 2007, 30, 416–38, 428.

[138]Rattigan, 'Half-Mad at the Time', 176.

[139]Black, 'Women and the Death Penalty in Post-Independence Ireland', 171.

[140]Martin J. Wiener, *Men of Blood: Violence, Manliness and Criminal Justice in Victorian England* (Cambridge: Cambridge University Press, 2004), 6.

[141]Cox, *Negotiating Insanity*, 109.

[142]*Ibid.*, 111–12.

[143]Walsh, 'A Lightness of Mind', 160–1; Walsh, 'Gender and Insanity', 78–9; Byrne, 'Madness and Mental Illness in Ireland', 232.

[144]Walsh, 'Gender and Insanity', 79.

[145]Black, 'Women and the Death Penalty in Post-Independence Ireland', 171.

[146]Prior, 'Prisoner or Lunatic', 182.

> Some days ago this Prisoner became very noisy shouting day & night, beating the walls violently & recently has developed dirty habits. She was sane on committal & she suffers from delusional insanity.[147]

The Governor of Mountjoy Prison noted that on committal post-conviction Mary Agnes B.D. too 'was a very difficult prisoner'.[148] However, over time her behaviour improved:

> She has become more reconciled to her surroundings and far less prone to the extravagant statements and accusations against the prison staff, that were a feature of her previous behaviour.[149]

Mary Anne C.'s behaviour in prison can also be labelled as difficult. Some of the judgements about her behaviour indicate that her opposition to the prison regime was viewed as troublesome, such as the prison medical officer's claim that 'She is also aggressive in manner—demanding all things which she considers are her "rights" here.'[150] One interpretation of Mary Anne's behaviour could situate it as resistance and the demonstration of agency.[151] However, it was undoubtedly viewed by the prison authorities as difficult and disruptive. It was this behaviour which led to her certification:

> She is deluded, has ideas of persecution and after a short while becomes rambling and incoherent in speech. She states that the Catholic chaplain entered her cell aimed a gun at her and threatened to kill her. She states she is in prison 'through the underhand working of the Catholics.' She becomes abusive and obscene in language when [describing] her persecutions. She is degraded in habits, defecates in her bed and on the floor and is violently resistive to necessary nursing attention. She has attacked members of the staff on several occasions.[152]

Certainly, many of Mary Anne's outbursts, including a letter she had sent to her landlord in 1956, were full of anger and abusive language:

> No Dirty 'Underground Communist' can do that. 'Irish Landlords' If he comes in here to throw me out, I will shoot him dead and also put the Butcher Knife to the Handle in his Pot Belly.[153]

These outbursts were often motivated by antipathy towards authority figures, and the prison medical officer noted her 'especial animus against those who administer Justice

[147]NAI Department of Justice 234/1297.

[148]NAI, Department of Justice 170/7622. Letter, 8 September 1953.

[149]NAI, Department of Justice 170/7622. Extract from Medical Officer's Journal, 5 October 1953.

[150]NAI Department of Justice 18/3562. Prison Medical Officer, 29 August 1956.

[151]For example, Mary Anne C.'s use of faeces in her cell could be located within a larger history of prison resistance, particularly as applied to political prisoners in Ireland and the use of dirty protests. However, it could be problematic to attribute active resistance to Mary Anne; this attribution could obscure her vulnerability, and represent an attempt to inject agency in a case in which there is insufficient information to make such a conclusion. Certainly, over the years, Mary Anne's handwriting became an illegible scrawl, evident in letters she sent shortly before her certification as insane.

[152]NAI Department of Justice 18/3562. Medical Certificate.

[153]NAI Department of An Taoiseach .S16116. Letter to the Revenue Commissioners, 16 April 1956. Underlining in original.

and also Catholic clergymen'.[154] However, despite this aggressive behaviour, Mary Anne continued to be understood as difficult and troublesome, rather than dangerous.

The case of Mary Agnes B.D. presents the most atypical crime of the three. The murder of an adult and a stranger, supposedly for financial gain, rendered the offence almost 'masculine'. Mary Agnes was described in a psychiatric report as 'an hysterical psychopath'.[155] As Seal has noted in her typology of atypical cases of women who kill, the term 'psychopath' is generally coded 'male', and is a personality disorder associated with dangerousness.[156] However, despite emerging views on dangerousness and diagnosis, Mary Agnes was not transferred to Dundrum. In the 1966 Report of the Commission on Inquiry on Mental Illness, published almost two decades after her conviction, it was recommended that aggressive psychopaths who had been convicted of a violent crime be confined to a secure 50-bed unit at Dundrum.[157] Mary Agnes, despite a diagnosis as a psychopath, and the atypicality of the murder she committed, continued to be constructed within the victim paradigm, rather than as a dangerous offender. Instead, she was viewed as physically weak and mentally frail. The defence narrative suggested that Mary Agnes had been a victim who acted in self-defence after Mary G. attacked her.[158] During the trial, defence counsel asked the State Pathologist to examine Mary Agnes's hands to confirm how little gripping power they possessed.[159] Mary Agnes was also presented as pious, and she gave evidence that when she had occasion to leave her home she would pay visits to the church, she alleged also that when she was attacked by the deceased, she had been kneeling to pray.[160]

When Mary Agnes's possible release from prison was reviewed by the Department for Justice it was her depiction as emotionally frail which dominated. The memorandum suggested that she had attacked the victim in a panic without premeditation.[161] Mary Agnes's defence counsel, who had since been appointed to the judiciary, confided to the Department that the verdict of murder was the harshest he had ever encountered.[162]

Mary Agnes's background, and the interpretation of her as feminine, with the endowments of frailty and vulnerability this afforded, shaped the discourses of pathology in her case. When assessing her fitness to plead, the Prison Medical Officer reported:

> Whilst I do not consider her to be suffering from any gross mental derangement, she is in my view, a highly strung person, and from a study of the Depositions and her own account of her life since early this year, I consider she has been living for some months past under continuous mental strain.[163]

[154]NAI Department of Justice 18/3562. Memorandum, 1 January 1957.
[155]NAI Department of Justice 170/7622. Psychiatric Report, 29 October 1951.
[156]Seal, *Women, Murder and Femininity*, 50–7.
[157]'Report on the Commission of Inquiry on Mental Illness' (Dublin, Stationery Office, 1966), 96.
[158]NAI CCC Unknown Counties 1949 1D-50-42. Deposition of Mary Agnes B.D., 10 August 1948.
[159]'Second Day of Murder Trial', *The Irish Times*, 10 November 1948.
[160]NAI CCC Unknown Counties 1949 1D-50-42. Deposition of Mary Agnes B.D., 10 August 1948.
[161]NAI Department of An Taoiseach S.14430B. Memorandum, 19 December 1953.
[162]*Ibid*.
[163]NAI CCC Unknown Counties 1949 1D-50-42. Prison Medical Officer, 3 November 1948.

The use of the terminology 'highly strung' or 'neurotic', are pathological descriptors which are coded female.[164] These terms are used on a number of occasions to describe Mary Agnes.[165] Mary Agnes's emotionality was also recorded by press reporting. For example, during the retrial, she retired early and broke down on the stand; this was presented in bold in a paragraph in the *Irish Press*.[166] Correspondence from members of the public also provided gendered and sympathetic readings of the case. One letter writer argued that 'it is certain that the assault was unpremeditated, & that there were strong causes for loss of temper & an unbalanced state of mind in the young woman's condition.'[167]

Mary Agnes was therefore the beneficiary of discourses of pathology which ensured she was not constructed as 'dangerous'. While her crime was atypical, the introduction of pathologised explanations rendered her intelligible within the limits of femininity. This also served to create a sympathetic figure, and strip away her agency, facilitating the extension of mercy.

Much of the women's behaviour was therefore interpreted through the prism of appropriate gender roles. Behaviour which breached the bounds of female respectability could be classified as mentally aberrant. Walsh notes that 'wayward' females were often disposed of by admission to an asylum, and she cites one 1842 case of an 18-year-old who was admitted, not because she was insane, but because she was pregnant.[168] The label of mad was therefore often applied to women who transgressed social conventions; and there is evidence of the function of asylums as a disposal for difficult women.[169]

Conclusion

This article has examined the pathologisation of three cases of women convicted of murder in Ireland: Elizabeth D., Mary Agnes B.D., and Mary Anne C. These cases are drawn from the 22 cases of women convicted for murder between Independence in 1922, and the Criminal Justice Act 1964 which substantially reformed the criminal law. The three women herein are those who experienced explicit psychiatric diagnoses. The article can therefore contribute an Irish perspective to the literature on women who kill.

Female physiology has been a recurrent theme in the aetiology of women's insanity broadly, and within the subject of women who kill, more particularly; this link received legislative underpinning in Infanticide Acts, passed in the United Kingdom and Ireland in the twentieth century. In Ireland, there is some evidence that there was reticence to allow an explicit acceptance of mental disturbance following birth, preferring instead to allow these considerations to inform the exercise of discretion. This official reticence can be linked to fears for infant mortality and maternal morality through the 1920s and

[164]The terms 'highly strung' and 'neurotic' can be found at NAI, Department of Justice 170/7622. Letter, 5 October 1953. See also, Showalter, *The Female Malady*, ch. 5; Barbara Ehrenreich and Deirdre English, *For her Own Good: 150 Years of Experts' Advice to Women* (New York: Anchor Books, 1978), ch. 4.

[165]NAI PRES/1/P4283. Letter, 1 May 1949; Department of An Taoiseach S.14430A. Memorandum, 2 May 1949.

[166]Mary Agnes's collapse was reported in 'Third Day of Dublin Murder Trial', *The Irish Times*, 28 April 1949, and 'Murder Trial Evidence Concluded', *The Irish Times*, 29 April 1949. See also 'No Intention to Kill Says Mrs [D.]', *Irish Press*, 29 April 1949.

[167]NAI PRES/1/P4283. Letter, 1 May 1949.

[168]Walsh, 'A Lightness of Mind', 160–1.

[169]McCarthy, 'Hearths, Bodies and Minds', 123, 126–8.

1930s.[170] The case of Mary Agnes B.D. demonstrates, however, that childbirth as a cause of insanity was resorted to in cases to mitigate culpability, and to temper the severity of the law.

The article has also demonstrated the contingent nature of diagnosis. Definitional commonalities in the two cases of women who were certified as insane suggest that aggressive and unfeminine behaviour was associated with insanity. However, the case of Mary Anne C. also shows how diagnosis could be used to serve the needs of expressive justice. Her construction as 'bad' overshadowed her depiction as 'mad' for the trial, despite conflicting medical interpretations and some unease regarding her mental state.

The article has therefore attempted to demonstrate that discourses of pathology in the three cases were not value-neutral; they carried assumptions and associations and constructed the women according to elements of identity such as gender and class. The range of ages, class profiles and marital status in the cases allowed for an examination of how discourses of pathology were shaped around differing circumstances, from the marginalised identities of the widow and spinster, to the heteronormative identity of wife and mother.

In this vein also, the women discussed herein were primarily viewed as 'difficult' rather than 'dangerous', reflecting a general gendered understanding of the types of person and behaviour which could be labelled dangerous. This is true even in the atypical case of Mary Agnes B.D., who despite committing an unpremeditated and violent attack on a stranger, continued to be interpreted as feminine and frail.

The article also offers insights into discourses of gender and pathology in the criminal justice system in the decades after Irish Independence. While there are obvious limitations as the article deals with only three cases, it provides close reading of the behaviours, interpretations, and official responses to suspected insanity. These cases illuminate broader understandings of the aetiology of insanity in Ireland in these decades, including the continued salience of degeneracy and hereditary insanity. As noted by Byrne, Irish psychiatry strongly subscribed to theories of degeneracy, and the persistence of this as an accepted cause of insanity was present through the three cases.[171] The women were understood within a framework of identity which deciphered them according to family members and their antecedents. In a similar vein, throughout there was a clear embrace of the concept of 'feeble-mindedness' and of notions from criminal anthropology, understood through class position and through deviation from conventional morality. The case of Elizabeth D. demonstrates these discourses, and how markers of insanity were interpreted according to gender and class expectations. Elizabeth's case further demonstrates considerations of class and family through an analysis of her release from Dundrum. In light of Ireland's high rates of psychiatric institutionalisation, her experience sheds some light on how class, family, and respectability governed decision making about release. These decisions, which inevitably impacted rates of coercive confinement, were made within an Irish acceptance of the concepts of degeneracy, hereditary insanity and mental defectiveness.

[170]Luddy, 'Unmarried Mothers in Ireland', 110.

[171]Byrne, 'Madness and Mental Illness in Ireland', 48.

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