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WOMEN AND MADNESS IN NINETEENTH-CENTURY IRELAND

by

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LIST OF ABBREVIATIONS

HC House of Commons Papers

NLI National Library of Ireland.

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Joanne Parry

Dublin, 1997

Much Madness is divinest Sense -
To a discerning Eye -
Much Sense - the starkest Madness -
'Tis the Majority
In this, as All, prevail -
Assent - and you are sane -
Demur - you're straightway dangerous -
And handled with a Chain -

Emily Dickinson.

INTRODUCTION

The Social Construction of Mental Disorder and the Influence of Gender.

The Writing of Women's History in Ireland

Mary Cullen, in a recent article on women's history in Ireland, highlighted the age-old belief in a link between historical awareness on the one hand and adulthood and maturity on the other (1). Indeed, over two thousand years ago, Cicero wrote:

"Not to know what took place before you were born is to remain forever a child....only through knowledge of its history [can] a society have knowledge of itself. A man without memory and self-knowledge is a man adrift, so a society without memory and self-knowledge is a society adrift" (2).

Cullen notes that whilst individual men and women come equipped with personal memories, a society relies on its historians. Historians in essence construct the identity of society, in reconstructing its past. The problem with this for women is that they have been virtually written out of the history books. Cullen observed 'if historians were to be taken at their own valuation as selectors, recorders and interpreters of what was significant and what had contributed to change in human history, then the phenomenon of invisible women seems to bear witness that women had indeed been insignificant, unchanging and non-contributors....throughout human history' (3).

The writing of women's history is an attempt to construct women as historical subjects, and has come to be known as the 'new knowledge about women'. In essence, it constitutes an effort to make women in history visible. Joan Wallach Scott noted on the writing of women's history:

"The production of this knowledge is marked by remarkable diversity in topic, method and interpretation, so much so that it is impossible to reduce the field to a single interpretative or theoretical stance...women's history does not have a long-standing and definable historiographic tradition within which interpretations can be debated and revised. Instead, the subject of women has been either grafted on to other traditions or studied in isolation from them" (4).

There are two main approaches to the writing of women's history. Scott wrote 'one approach - the first chronologically - to the problem of constituting women as historical subjects was to gather information about them and write (what some feminists dubbed) her-story...the point was to give value to an experience that had been ignored (hence devalued) and to insist on female agency in the making of history' (5). This thesis on women and madness in nineteenth-century Ireland primarily an attempt to write the history of madness from a woman's perspective. It endeavours to write 'her-story' regarding madness in nineteenth-century Ireland.

In an attempt to comprehend more fully women's experience regarding madness in nineteenth-century Ireland, I have used gender as an historical tool. Indeed Joan Kelly set as a goal for the writing of women's history the making of sex 'as fundamental to our analysis of the social order as other classifications such as class and

race' (6). The use of gender enables one to understand better the significance of the sexes, of gender groups in the historical past. Scott described the use of gender in historical analysis as 'examining social definitions of gender as they were expressed by men and women, constructed in and affected by economic and political institutions, expressive of a range of relationships that included not only sex but also class and power. The results...would throw new light not only on woman's experience, but on social and political practice as well' (7). Using gender as an historical tool in the study of women and madness in nineteenth-century Ireland facilitates insight into the social contexts in which Irish women were labelled and diagnosed as mad. In essence, it gives a fuller story.

In sum, this thesis is an attempt to write the history of madness in nineteenth-century Ireland from a woman's perspective, using gender as an historical tool. To my knowledge this is the first major work exclusively documenting women's experience regarding mental illness in nineteenth-century Ireland. It is my hope that further research will soon be undertaken.

Women and Madness in Nineteenth-Century Ireland

This thesis aims to examine the experience of women regarding mental disorder in nineteenth-century Ireland. The central argument of this thesis is based on two claims. First, that mental disorder was **socially constructed** in nineteenth-century Ireland, and second, that the social construction of mental disorder was permeated by **gender and other social phenomena**.

The changing conceptualisation of madness throughout history proves that mental disorder is not an objective reality, rather the product of collective consensus on the definition of abnormality. In this view, madness is 'much more than a set of symptoms, [or] a diagnostic category' (8). Taussig argues convincingly that 'signs and symptoms of disease are not "things-in-themselves"; are **not only** biological and physical, but **are also** signs of social relations disguised as natural things, concealing their roots in human reciprocity' (9). This definition of madness means that to comprehend it fully, it must be studied in the light of specific social and historical contexts. By implication, the study of women and madness in nineteenth-century Ireland is most fruitful when examined in such contexts, and this thesis is an attempt to undertake it.

The definition of madness as social construct, fully understood only when examined in specific social and historical contexts, permits one to examine the influence of gender, as one of certain social circumstances, on the construction of mental disorder. Gender is an analytical category designed 'to refer to and aid the understanding of the social and cultural origins of male-female differences'. Gender is a distinct concept from biological sex in that the latter denotes 'bodily differences between men and women in the reproductive organs', whereas the former denotes 'differences between male and female qualities and behaviour which were held to be a product of social factors and could not be reduced to matters of biology' (10). Val Plumwood provides a concise definition of gender, or 'the social meaning of sex as embedded in social practices', stating:

'Perhaps we can say instead that gender is what the society or culture **makes** of the reproductive aspects of the body where this includes both material treatment and practices, and especially, how the sexual aspects of the body are given social meaning and significance, as well as how they are conceived to be. Gender thus incorporates a theory, or a story, of how the body is, and how the person is, as well as material treatment....(11). Arguing that true comprehension of the experience of women and mental disorder in nineteenth-century Ireland must account for the impact of gender on the definition, diagnosis and treatment of madness, this thesis is an attempt to illuminate this point.

Chapter one examines the position in nineteenth-century Irish society, illustrating the socially defined and accepted definition of femininity. This chapter also outlines international developments regarding lunacy in the late eighteenth and early nineteenth-centuries, and argues that the re-conceptualisation of madness which took place in the early 1800s was shaped by the prevailing ideologies of the time, and hence was permeated by the concept of gender. In essence, chapter one illustrates how madness was socially constructed in the early nineteenth-century Ireland, and therefore espoused and legitimated the traditional structure of society, and especially the prevailing ideology of femininity.

Chapter two discusses the rise of the Irish asylum, and argues that it institutionalised male power to define, diagnose and treat madness. This chapter argues that the Irish asylum which emerged in the early nineteenth-century was a gendered institution, and it originated from and espoused a gendered ideology regarding madness. This is of supreme importance in a discussion of women and madness

in as the asylum framed the discourse regarding madness in the nineteenth-century.

Chapter three illustrates and discusses the nineteenth-century medicalisation of madness. This chapter will argue that not only did the medical men assume power to define and treat madness based on an expertise which was patently non-existent, but their definition of madness in women was in essence a medical justification of existing social arrangements.

The fourth chapter examines the process whereby nineteenth-century Irish women were labelled and diagnosed as mad. The main argument of this chapter is that this process was permeated by gender, and hence Irish women's experiences regarding madness in the nineteenth-century was distinct from that of men. This chapter is divided into two parts. Part one argues that the labelling of women as mad took place in a social context in nineteenth-century Ireland, and hence was gendered. Part two looks at the clinical diagnosis of women as mad, and argues that medical men based their diagnoses on women's physiological difference, and their conception of women based on the prevailing ideology of femininity.

The final chapter of this work examines the treatment that women deemed mad received in nineteenth-century Ireland. In essence, this chapter will argue that the both the location and nature of treatment women received was gendered. This chapter will examine the treatment received by mad women outside the asylum system, in particular in the workhouse and those domestically restrained, and secondly within the asylum system, arguing that 'moral management' both originated from and espoused a gendered approach to madness, and hence as a treatment was essentially gendered. In sum, this

chapter aims to illustrate how the treatment received by women who were (labelled or actually) mentally disordered was distinct from that of men.

In conclusion, this chapter fundamentally aims to document the history of madness from the perspective of nineteenth-century Irish women. It is hoped that this work will stimulate further research in this area, as indeed in all areas of women's history in Ireland.

I

WOMEN AND MADNESS

"The Victorian woman's ideal social characteristics - nurturance, intuitive morality, domesticity, passivity, and affection - were all assumed to have a deeply rooted biological basis. These medical and scientific arguments formed an ideological system rigid in its support of tradition, yet infinitely flexible in the particular mechanisms which could be made to explain and legitimate woman's role" (Smith-Rosenberg and Rosenberg, 1973:334).

The aim of this chapter is twofold. Firstly, in an examination of the position of women in nineteenth-century Irish society, the socially defined and accepted definition of femininity will be outlined and discussed. Secondly, in a study of international developments regarding lunacy in the late eighteenth and early nineteenth centuries, the re-conceptualisation of madness which occurred in the early 1800s will be examined, and the argument put forward that this redefinition of mental disorder was shaped by the prevailing ideologies of the time, and hence was permeated by the concept of gender. In essence, this chapter will show how madness was socially constructed in the early nineteenth-century, and hence both espoused and legitimated the traditional structure of society (and especially the traditional definition of femininity), which at the time was increasingly under stress. The re-conceptualisation of mental disorder was designed to have the dual impact of labelling nonconformists as deviant, and

institutionalising a method of treatment which would reintegrate those afflicted into mainstream society. In sum, this chapter will chart these realities, and discuss their impact on women.

Women in Nineteenth-Century Irish Society.

"The **great** and **weighty** business of life devolves on men, but important business belongs to **women**....The larger portion of the labours of life - of public life - fall almost exclusively to the lot of men; but a most important portion of the duties of life, especially of private life, falls to the share of women. God has adapted our sex to the peculiar duties to which we are especially called, and for which you are not so well fitted; and He has adapted your sex to the peculiar duties to which you are called, and for which we are not at all fitted. **Society does best when each sex performs the duties for which it is especially ordained**" [my emphases] (Rev. John Gregg, 1856).

In outlining the position of women in nineteenth-century Irish society, two arguments will be made. Firstly, mental disorder among nineteenth-century Irish women was most probably a product of their social situation, that is the difficulties of living under the constraints of a very narrow definition of femininity. Secondly, this ideology of femininity, and the position in which it placed women in society, was the social structure which the new definition of madness (1) was designed to protect. This, it will be argued, shaped Irish women's experience of mental disorder in the nineteenth-century.

The prevailing ideology regarding women in the nineteenth-century centred on the belief that she existed for the benefit of her family. Ideally, a wife/mother was gentle, kind, moral and spiritual. She tended to the domestic sphere, to which she was especially suited due to her particular physical and mental capabilities, whilst the male members of her family engaged in the public world of work and politics (2). Set codes of feminine conduct were indeed associated with social stability, public order and the proper functioning of society (3). Indeed men of varied professions - clerics, philosophers, scientists and significantly doctors, had, for at least two hundred years prior to the nineteenth-century been concerned with how women should conduct themselves with respectability in society. Prescriptive literature detailing how women should live their lives flourished in the nineteenth-century, and Maria Luddy suggests that this phenomenon is indicative of general concern regarding how women were actually living their lives (4). Such literature, suggested and idealised a subordinate position for women in the world, happily engaging in the domestic sphere, and although much of this work was aimed at the better-off members of society, poorer women were nonetheless expected to conform to the 'natural' virtues of passivity, humility and gentility. This thesis will argue that it was this social structure, and women's subservient position in it, that the nineteenth-century institutionalisation of deviants was an effort to protect. Part of this process was the labelling of certain categories as 'mad', and sending them to be 'cured' - this work will explore the experience of Irish women at this time.

In Ireland this ideology of femininity manifested itself uniquely,

and gave rise to particular social, cultural, political and economic circumstances, the examination of which lends great insight into the oppressed position of nineteenth-century Irish women, and the likelihood of such restricted lifestyles leading to mental imbalance.

J.J. Lee recently argued that the Great Famine of 1845-9 severely weakened the position of women in Irish society. He observed that prior to the Famine, Irish women made an essential economic contribution to the household economy, indeed in 1841 they accounted for more than 50% of the total non-agricultural workforce, and as a result of this they enjoyed considerable independence. They were actively engaged in agricultural work also, and 'shared most of the normal male responsibilities' (5). According to Lee, the Famine changed, and simultaneously weakened, the position of Irish women in society in three ways. Firstly, it all but destroyed the domestic industry, which was the main source of women's independent income. Between 1841 and 1851 the numbers of spinners of wool, cotton and linen fell by about 75%. Secondly, the Famine initiated a change from tillage to livestock farming, which, being less labour intensive, meant that women, subsequently, were less needed on the farm. Even dairy farming, which traditionally employed women, became less of an employment option for women as milk began to be sent to creameries in the early twentieth-century. Increasingly, domestic service was the only major employment sector open to women, and by 1926, 60% of all women employed outside agriculture were engaged in domestic service. Finally, the Famine affected the lower classes of Irish society the worst, and as a result of it, the proportion of

labourers and smaller farmers to larger farmers fell sharply. As women had enjoyed most independence among the poorer classes on account of their economic contribution to the family economy, the result of the huge reduction of these classes meant that in post-Famine Irish society, which was largely composed of the relatively larger farmer whose class had better survived the Famine, the balance of economic power tilted in favour of men (6). Simultaneously, the greater sophistication of the household, particularly in the areas of diet, utensils and furniture, meant that the workload in the domestic sphere increased, and it fell to the wife to complete it. Pre-Famine women had not been confined to work in the home, simply because very little housework existed. This deterioration in women's economic status affected their marriage prospects. Prior to the Famine, a wife's earnings in the domestic industry and her engagement in agricultural work meant that marriage was viable for the poorer classes, since the combined efforts of husband and wife ensured in most cases adequate subsistence (7). Maria Luddy recently argued that the evidence provided to the Poor Inquiry commissioners of the 1830s, and the census data, indeed indicates that the 'lower classes' in Irish society tended to be 'imprudent' in their approach to marriage, and tended to marry earlier than the more well-off farmers (8). Marriage for those above the level of labourer, cottier or subsistence farmer was, however, a much more negotiated bargain, centring on the prospective bride providing a suitable dowry for her husband's family (9). After the Famine, the opportunities to establish independent households from one's parents became rarer, largely because the lower classes among which such tendencies

prevailed prior to the Famine were drastically reduced numerically by it. The loss of a woman's economic independence led to her dependence on her father for a dowry, or amount of capital she brought to a marriage, since it was now the case that she made far less economic contribution to the household. This need of a dowry meant economic dependence on one's father, who, by virtue of this power, assumed control over the choice of his daughter's marriage partner. As a result of this dramatic social change, the marriage rate in Ireland after the Famine fell. Whilst only 10% of women aged 45 were unmarried in prior to the Famine, by 1926 this figure had climbed to 25% (10). Also, as sons waited longer to inherit their farms, marriage was postponed for longer. Luddy notes that in 1841 the average age of marriage for an Irish woman was from 24 to 25 years, whereas in 1911, it had reached 28 years. For men the corresponding figures were 28 years and 33 years respectively (11). The age gap between husbands and wives widened after the Famine, affording the husband greater authority over his wife on account of his age and 'greater experience'. This, combined with the fact that at this stage most men were the sole earners of the family, ensured greater male dominance, and the introduction of a subservient role for women. Another point which must be made here is the social exclusion suffered by women who did not marry, in a society which believed that a women's only function was that of wife and mother.

Post-Famine Ireland was remarkable also for its high degree of permanent celibacy. Indeed, the proportion of women in Ireland who remained unmarried was exceptional by international standards. This was the case due to the tradition established of one son inheriting

the family home (and farm) and one daughter being provided with a dowry. Farmers would not normally dower two daughters since to do so would be too expensive and would reduce the social status of the family. Lee notes that Irish society, dominated by strong farmers and providing very little female employment, inevitably denied most of its children the chance to rear a family of their own in the country (12). Unmarried women who remained in Ireland were often viewed as a nuisance and a financial liability, and in many cases were labelled 'mad' so that they could be left in an institution and off the hands of the family (13). The isolation, misery and lack of purpose of life as a single woman in nineteenth-century Ireland could also have been conducive to the incidence of mental disorder. Indeed life for married women was barely easier. Bearing children year after year often caused married women to suffer from ill-health and exhaustion. Furthermore, living in complete subservience to their husbands, and with no outlet beyond the family, one can hardly express surprise at their high incidence of mental breakdown, compared to that of married men (14).

Not surprisingly, therefore, emigration rates for Irish women were high in the nineteenth-century. In the post-Famine period, from 1871 to 1911, 86,294 men emigrated from Ireland whereas 89,407 women did so (15). The pattern of migration for Irish women differed from the European counterparts in two main ways. Firstly, only one-third of emigrants from Europe from 1850 to 1950 were women, yet in Ireland the proportion reached 50% (16). Secondly, Irish women, in contrast to their European counterparts tended to be single whilst emigrating, rather than part of family groups (17). The high numbers of nineteenth-century Irish women emigrants

reflects the lack of marriage and employment opportunities, their inferior status regarding inheritance, their disadvantage in the new landholding practices, together with their clear desire for greater control over their own lives regarding marriage, work and general independence, none of which was possible in post-Famine Ireland.

As already discussed, marriage had become a means of transmitting property in Ireland. Economic security was of far greater importance than love or affection in arranging a marriage. The new order of Irish society, dominated by strong farmers, depended on these marriage practices, and indeed high emigration, particularly of single women, to maintain dominance. For this reason, Irish youth were far from encouraged to think of marriage, and Lee observed how 'sex, therefore, [was] denounced as a satanic snare, in even what had been its most innocent pre-Famine manifestations. Sex posed a far more subversive threat than the landlord to the security and status of the family' (18).

Dympna McLoughlin, in an exemplary study on women and sexuality in nineteenth-century Ireland, challenged the stereotype of Ireland as a land of exceptional chastity and purity, stating that there existed here, as in Europe generally, a spectacular range of sexual relationships. McLoughlin argues that economic factors determined Irish women's sexual expression, with women of property possessing less freedom in their behaviour than women of other socio-economic rank. She observes, however that 'by the late nineteenth-century, there was less and less tolerance of sexual diversity and of women initiating their own destiny. This period...witnessed the triumph of respectability. Henceforth, there was only one acceptable life

path for normal women - marriage and motherhood - and a diminishing tolerance for any type of sexual diversity' (19). McLoughlin's work yields insight into how views of femininity were associated with social class until the end of the century, when there emerged classless notions of women's innate nature and appropriate feminine behaviour. Increasingly, it was argued that appropriate feminine conduct was essential to the proper functioning of society. McLoughlin emphasises, however, that despite the prevailing ideology of women which existed throughout the century, though became more rigid in the latter half, extra-marital sexual relationships were very common in nineteenth-century Ireland, the most salient point being, however, that as the century progressed such activity, especially where women was concerned, was increasingly viewed as deviant. Part of the contemporary views on femininity was the belief that women possessed no sexual desire, and instead were gifted with a heightened sense of morality, most especially in sexual matters. As this ideology gained strength, it was women who suffered most in cases of sexual deviancy. In sum, the economics of the emerging middle class formed the basis of the increased sexual prudery in late nineteenth-century Ireland.

Lee remarked that at this point when there was emerging in Ireland a new image of woman, and a new public obsession with sex, simultaneously the Irish churches in general, and the Catholic Church in particular underwent an organisational overhaul. The two phenomenon did not remain distinct. Cardinal Paul Cullen in particular is credited with the dramatic increase in the administrative efficiency of the Catholic Church in Ireland, with the number of churches, clergy and devotions rising to a remarkable

degree in his lifetime. For the first time in Irish history, the church acquired the means to preach its doctrines to the Irish population at large, aided by the spread of literacy and the rapid growth in the numbers of publications, which also provided an excellent means of indoctrination (20). The huge expansion in the number of clergy is of particular relevance here. The proportion of priests in Ireland increased sixfold after the Famine, the vast majority of whom came from middle-class farming backgrounds. It is no surprise, therefore, that they espoused the attitudes of this class. The education of the clergy in Ireland, both Catholic, whose education in Maynooth and other seminaries equated sex with sin, and Protestant, who were taught in Trinity College Divinity School to be equally suspicious of sex and Catholicism. It is no surprise, therefore, that the post-Famine clergies displayed a far greater preoccupation with sex. On this point Lee observed:

'It is one of the ironies of the intellectual history of modern Ireland that at a period when Catholic propagandists lovingly portrayed everybody as out-of-step except our Paddy, and when they were prone to denounce England as decadent, they imbibed unconsciously, as their Protestant brothers did more consciously, the prudish values of Victorian middle-class morality, which simultaneously idealised and repressed women. Pre-Famine Irish society was renowned for its chastity, but prudery was conspicuously absent. As the Irish language declined, however, and Gaelic values were eroded, prudery seeped through Irish society, and came close to being equated with morality itself' (21).

Religion, therefore, came to define and limit women's position in Irish society.

It is worth stressing here how the farmer's values captured all levels of Irish society, in contrast to the case in England, where middle-class morality did not succeed in converting the poorer classes until the late nineteenth-century (22). In Ireland, the worst affected social classes by the Famine were the poorer orders, and the result of this was their destruction as an independent, numerous social grade. The values of the stronger farmer, who had survived the Famine much better, therefore, seeped through the remains of the lower Irish classes. The rural values penetrated the urban areas firstly through the medium of the church, whose clergy espoused the values of the class from which they, to a very large extent originated, and secondly through the educational system, which was becoming increasingly under church influence. The teacher training colleges, which began in 1870, were deeply influenced by the churches, and the result was the establishment of the prevailing orthodoxy in the educational system. Sadly, at a time when educational opportunities were opening up for women, they were increasingly taught to view themselves according to the prevailing male image of woman. Society accepted that a woman's place was in the domestic sphere, and their education was directed at inculcating the skills and values necessary for this expected role. Girls were taught to be obedient and docile, and made believe that their subservient position in society was not due to particular social circumstances, rather the law of universal nature.

In summary, the objective of this section was to illuminate the position of women in nineteenth-century Irish society. It has argued for two points. Firstly, the restricted and repressed

position of women in nineteenth-century Irish society was conducive to the incidence of mental disorder. Secondly, it was this structure of society, and especially women's position in it, which the process of institutionalisation of deviants, and the redefinition of madness, attempted to preserve.

Broader Contexts: International Perspectives on Nineteenth-Century Lunacy: France, America and England.

"Throughout Europe, the last decades of the eighteenth-century and the early ones of the nineteenth saw a blossoming of faith in the prospect of cures accomplished in the sheltered environment of the asylum ('far from the madding crowd') by the astute therapist...techniques of 'moral management' [were devised], through which the expert and astute mind of the therapist would outmanoeuvre the deluded consciousness of his charge. Shortly afterwards, the Tukes at the York Retreat developed their philosophy of 'moral therapy' with its systematic emphasis upon creating a family atmosphere of humanity, as an environment for reconditioning the behaviour of the lunatic" (Scull, 1996:290).

The central aim of this section is to illustrate firstly, how madness was socially constructed in the late eighteenth and early nineteenth-century, and secondly how this reconceptualisation of madness was permeated by gender and other social phenomenon, and hence had particular implications for women. It is necessary to outline such details as they were the social and ideological currents which gave rise to and shaped the Irish asylum system. The

Irish asylum system, in turn, frames the discourse of mental disorder in nineteenth-century Ireland. This section will discuss the beginning of the segregation of the insane, the reconceptualisation of madness in the early nineteenth-century, the rise of the asylum and finally the implications of this social revolution for women. Chapter three will then discuss the rise of the Irish asylum.

Roy Porter insightfully noted that over the past few hundred years, the seriously mentally ill (that is those generally termed in the past as 'mad', 'insane', or 'lunatic') have been subjected to a transformation in their legal status which has rendered their state more akin to that of criminals than that of the sick. He noted 'the emergence of the madhouse (later termed the asylum or mental hospital) spelt the coming of a 'total institution' which bore more likenesses to the prison than to the general infirmary (23).

There exists little evidence of specialised institutions for the mad prior to the end of the Middle Ages, rather lunatics seem to have remained under family care. More formal segregative techniques for dealing with the mentally disordered emerged in early modern times, a departure which was the result of various social and ideological currents. Certainly piety prompted the establishment of religious receptacles for the mad in certain countries, indeed some of the earliest specialised lunatic asylums were established by religious orders in fifteenth-century Spain, in Valencia, Seville, Toledo and Barcelona. In London, the religious foundation of St Mary of Bethlehem provided for lunatics also in the fifteenth-century, their institution later achieved notoriety as 'Bedlam' (24). Piety continued to motivate the foundation of

specialised institutions for the mad through the age of Enlightenment, indeed the eighteenth-century asylum at York was a Quaker initiative.

The emergence of the modern nation-state also contributed to the spread of the confinement of the mad. Michel Foucault argued that the rise of absolutism inaugurated the 'Great Confinement', in which all elements of society who stood for 'unreason' were at risk of being confined or shut away (25). Those who fell into this category were paupers, criminals, prostitutes, vagabonds and most importantly the insane. The 'Great Confinement', Foucault argues, represented the beginning of the utter degradation of madness. Porter observed that 'through institutionalisation....madness was robbed of all...positive features, its allure, its weird dignity. It was reduced to mere negation, the absence of all human characteristics. Small wonder...that lunatics in madhouses were often likened to, and treated like, wild beasts in a cage; for robbed of that essential human quality, reason, what were they but brutalised? In other words, the madman was not 'a sick man'; he was just an animal' (26).

Whilst Foucault's argument offers much insight into the beginning of the institutionalisation of the mad, his argument warrants much refinement. Firstly, the historical evidence does not support his assertion that the mid seventeenth-century represented a particular watershed in the process of institutionalising the mad. Porter noted that 'as custodial institutions such as houses of industry, workhouses, houses of improvement, and houses of correction emerged throughout urban Europe, offering putative solutions to the

problems of urbanisation, pauperisation and proletarianization, so they necessarily caught some mad people in their nets' (27). Secondly, institutionalisation as a process was never an automatic blanket solution across Europe from the mid-seventeenth-century, hence in this sense the term the 'Great Confinement' is a misnomer. Indeed the type of action pursued against the mad by various states differed quite fundamentally. Absolutist France, for example, had a centralist policy towards the insane, hence from the time of Louis XIV to the close of the ancien regime, it was the responsibility of civic authorities to provide institutional facilities for the insane poor. On obtaining a lettre de cachet from royal officials - a document which deprived the lunatic of their legal rights - families could have their mad relatives confined.

In England, however, the reality does not match Foucault's argument of an era of the 'Great Confinement', it was not until 1845 that it became compulsory to establish public asylums. Hence there is little evidence that the ruling orders in Georgian England perceived that insanity or 'unreason' posed a threat to their regime. Rather it seems that in England the rise of 'madhouses' was merely an offshoot of the emerging consumer society (28). At the beginning of the nineteenth-century, most mad people in specialised institutions were in private asylums, which operated for profit, and seemed indeed to be a 'trade in lunacy' (29).

Hence the evidence suggests that the it is far too simplistic to view 'the rise of institutional psychiatry in any crudely functional or conspiratorial terms, seeing it as a device to ensure the smoother running of the emergent capitalist economy, or as a

tool for coping with the casualties of industrialisation....we should perhaps view it as the outcome of myriad small renegotiations of responsibilities, in an economy in which services were increasingly provided by cash payments' (30).

Throughout Europe, the final decades of the eighteenth-century and the early ones of the nineteenth witnessed the rise of faith in the prospect of cures accomplished in the sheltered and controlled environment of the asylum. The most spectacular development of this movement was the psychiatric reform initiated in Paris by Dr Philippe Pinel, who, inspired by the ideals of liberty, equality and fraternity disseminated by the French Revolution, literally and figuratively removed the chains from the mad patients at the Salpetriere and Bicetre Hospitals in 1793. Pinel's action was inspired not alone by the ideals of the Enlightenment which culminated in the French Revolution. It was also driven by the contemporary progressive thinking about curative therapies. Porter summarised the approach as follows:

"If insanity was a mental disorder, a set of mental shackles imprisoning then patient, it had to be cured through mental approaches. Physical restraint was at best an irrelevance, at worst an irritant for the patient and a lazy alternative for real treatment. For Pinel and all other psychiatric reformers...madness was tantamount to a failure of internal, rational discipline on the part of the sufferer. His moral faculties needed to be reawakened and rekindled so that self-discipline and self-control could come to replace external coercion. In other words, psychiatry's task was to re-animate the rational consciousness or conscience' (31). Therefore, the beginning of the nineteenth-century

transformed the confinement of the mad from an ad-hoc experiment into an idealistic system with a formal place in the paternalistic state. A comparable program of reform was put through in England, in the face of determined opposition from the medical establishment there who feared for their lucrative private asylum practice. The emergence of scandals detaining the wrongful confinement of the sane in private madhouses in England ushered in The Madhouses Act of 1774 which set up a system whereby madhouses had to be licensed. The combination of further scandals and reformatory zeal prompted the parliamentary inquiries of 1807 and 1815 which assembled enormous evidence on the condition of madhouses throughout the nation. A series of Acts were passed in the 1820s in England which established the Commissioners in Lunacy, who had major inspectorial powers.

Throughout Europe in general, therefore, it was the nineteenth-century which witnessed the most rapid rise in the numbers of mental hospitals and the numbers of patients confined therein. This was indeed characteristic of the bureaucratic and utilitarian mentalities of the nineteenth-century which possessed a deep faith in the power of institutional solutions to solve the superabundant social problems of the age.

Elaine Showalter, in considering the revolutionary change which the theory and treatment of madness underwent during Victoria's reign in England, argued that the most significant innovation of psychiatric Victorianism was the 'domestication of insanity' (32). This phenomenon she defined as 'in one sense [the] taming of the brutish lunatic, a reassimilation of madness into the spectrum of recognisably human experience. In another sense, it referred to

Victorian efforts to bring madness into the circle of the familiar and the everyday, and to restructure the systems for its treatment in domestic terms...In this setting madness itself was domesticated, purged of its fantastical properties in a decided retreat from Romantic associations of inspiration and madness' (33). Henceforth, Victorian psychiatric theory and practice was based on 'moral insanity', 'moral management' and 'moral architecture'. '"Moral insanity" redefined madness, not as a loss of reason, but as **deviance from socially accepted behaviour**. "Moral management" substituted close supervision and paternal concern for physical restraint and harsh treatment, **in an effort to re-educate the insane in habits of industry, self-control, moderation and perseverance**. "Moral architecture" constructed asylums planned as therapeutic environments in which lunatics could be **controlled** without the use of force, and in which they could be **exposed to benevolent influences**' [my emphases] (34).

The concept of moral insanity, which was introduced by James Cowles Prichard in 1835, was the culmination of the ideology of the early nineteenth-century movement towards lunacy reform in England. In essence, it held that insanity, rather than being the result of a loss of reason, was 'a morbid perversion of the natural feelings, affections, inclinations temper, habits, moral dispositions and natural impulses, without any remarkable disorder or defect of the intellect...' (35). This concise definition of the predominant view of Victorian England on insanity is insightful, essentially because it brings insanity and madness back into the realm of the familiar, where it can be applied to almost any condition at variance with, or viewed as abnormal by, the wider community. This reassessment of

the concept of insanity coincided with a period in which women's position in society was especially restricted, and definitions of femininity were especially rigid, and hence the concept of moral insanity and the way it came to be treated, had very distinct implications for women. This view of madness fostered the belief that mental health, in contrast, could be achieved by exercising one's willpower and living a life of moderation. For those who, however, developed madness, their cure lay in treatment which developed and strengthened their personal will. In essence, the fact that women were not viewed as rational creatures, and hence had poorly developed 'will', made them liable to be labelled 'mad' under the new conception of madness, and in the asylum system to be re-educated to conform to society.

At this point it is necessary to make some observations on the concept of the 'asylum'. Perhaps the best illustration of the ideology of this institution is to be had by studying the situation in early nineteenth-century America. Here too was witnessed a revolution in social practice, with Americans in the Jacksonian era constructing and supporting institutions for deviant and dependent members of the community (36). In the decades after 1820 penitentiaries for the criminals were erected, as were asylums for the insane, almshouses for the poor, orphan asylums for homeless children and reformatories for delinquents. David Rothman stated of this development:

"The response in the Jacksonian period to the deviant and the dependent was first and foremost a vigorous attempt to promote the stability of society at a moment when traditional ideas and practices appeared outmoded, constricted and ineffective. The

almshouse and the orphan asylum, the penitentiary, the reformatory, and the insane asylum all represented an effort to insure the cohesion of the community in new and changing circumstances. Legislators, philanthropists, and local officials, as well as students of poverty, crime and insanity were convinced that the nation faced unprecedented dangers and unprecedented opportunities. The asylum, they believed, could restore a necessary social balance to the new republic, and at the same time eliminate long-standing problems' (37).

Americans of this time truly believed that insanity was curable, for they conceptualised it as a social problem. They believed that incarceration in an asylum would cure the patient of his affliction since it would facilitate his re-education and hence render him capable of reintegration into society. The ideology behind the asylum was that if one constructed an institution whose environment methodically corrected the deficiencies of wider society, then deviants could be re-educated into social conformity. In essence, America too was deeply influenced by the ideologies and events occurring in nineteenth-century Europe. This particular approach had many implications for women in that the asylum was built to preserve a society in which women held a subservient position, and the function of the asylum was to re-educate deviant women into behaving and thinking in a way which conformed to the prevailing ideology of femininity. Secondly, the asylum power relations were modelled on those present in society at large, that is, power rested in the hands of men. As such, men assumed the power to define, diagnose and treat madness in women. Thirdly, the colonisation of the medical establishment of the most powerful

position in the asylum as the century wore on gave the legitimisation of 'science' and 'reason' to the masculine definitions of madness. In this way, the asylum had a particular impact on the experiences of women regarding mental disorder.

If the first two-thirds of the nineteenth-century constituted a period of intense optimistic thought and action focusing on the asylum as the site for the cure of insanity, the remaining portion of the century, faced with asylums overcrowded with incurables, witnessed psychiatry adjusting itself to cope with the bleak prognosis - 'if "moral therapy" did not work, that seemed to indicate that much insanity was actually organic disease, indeed was ingrained and constitutional, probably a hereditary taint (38). The implications of this development in psychiatry for women was that male doctors began increasingly to argue that there was a link between female biology and female madness. This was the culmination of the development of medical and biological arguments to rationalise and legitimate almost every aspect of Victorian life (39). Women's place in existing social arrangements was now scientifically proven to be correct.

In conclusion, this chapter has made two arguments. Firstly that the nineteenth-century concept of madness was socially constructed, as 'deviance from socially-accepted behaviour', in an attempt to preserve the traditional structure of society and women's place in it. This coincided with a period when the definition of femininity was particularly narrow and had the effect of labelling non-conformist women as deviant and hence 'mad'. Secondly, the institution designed to treat such deviants, the asylum, aimed to re-educate deviant women into accepting their inferior role in

society as a 'cure' for their madness. In sum, madness became a social construct permeated by gender. The next chapter will assess the enormous impact such developments had in nineteenth-century Ireland, and their particular implications for Irish women.

II

THE RISE OF THE IRISH ASYLUM

"All of the promises and expectations of Victorian psychiatry centred on the asylum. By controlling the lunatic's environment down to the last detail, doctors and administrators hoped to make the new public asylums instruments as well as places of therapy; the building itself was a 'special apparatus for the cure of lunacy'. Reformers dreamed of asylums that would reflect not only the best of Victorian medicine but also those domestic values celebrated in Victorian fiction and art; these 'fitting receptacles' would truly be refuge, retreat and home" (Showalter, 1987:33).

This chapter will detail and discuss the rise of the asylum in Ireland. It is of the utmost importance to include this section in a study of women and madness in nineteenth-century Ireland as the rise of the asylum and the ideology to which it owed its origin shaped the discourse on madness throughout the nineteenth-century. Two arguments will be put forward regarding the establishment of an asylum system in Ireland. Firstly, the establishment of such specialised institutions for the 'mad' originated from the impact of the new ideology regarding madness, which coincided with a particular political structure in Ireland, and the effects of this was the institutionalisation in the asylum of the concepts of 'moral insanity', 'moral management' and 'moral architecture'. All of these concepts had particular implications for women, and this

will be explored throughout the chapter. Secondly, the power structure within the asylum resembled that of early nineteenth-century wider society - male dominance. The asylum, and the methods of entering it, institutionalised male power to define, diagnose and treat madness. Furthermore, the colonisation of power of the [exclusively male] medical establishment in Irish asylums meant that men had 'science' and 'rationality' to legitimate their positions and opinions.

This chapter will begin by outlining the ideological and political reasons behind the rise of the Irish asylum. It will discuss details of its emergence, and how it institutionalised a particular concept of madness and its appropriate treatment. The implications of these developments for women will be assessed at this point. The power structure within the asylum will then be outlined, and the medical takeover, and finally the effects this had for Irish women will then be explored. In sum, this chapter will argue that the Irish asylum which emerged in the early nineteenth-century was a gendered institution, in that it originated from and espoused a gendered ideology regarding madness. The particular implications of this for women will be explored.

The early nineteenth-century witnessed numerous institutional innovations in Ireland, following the Union with Great Britain in 1800. Such innovations were the fruits of the labours of 'reforming politicians, political economists and social observers, rising professionals, philanthropists and humanitarians of various persuasions and motivations...[who all] sought to bring order to Ireland, to foster the conditions in which the transition to a prosperous, capitalist agricultural society might be effected' (1).

A study of the writings of the lunacy reformers of Ireland reveals that they were already converted to the new conception of insanity and the merits of asylum treatment. In 1808 Dr Andrew Halliday conducted a survey of the provisions for the mentally-ill in Ireland and published a controversial account of his findings. He stated:

"It is a melancholy fact, that the insane, the most helpless, and at the same time the most destitute part of our species, have never, till of late been made the object of national humanity. The various institutions which our nation has to boast of, for the care of pauper lunatics, have been established either by the benevolence of one person, or the humane exertions of a few individuals....If..asylums have been found to be necessary in England and Wales, where several public institutions, upon a large scale, already exist, and where a very ample provision for the poor is established by law, there are obviously much more necessary in Ireland, where there are no public asylums, and where the pauper and the maniac depend alike for subsistence on the casual bounty of their more fortunate neighbours, or the scanty pittance of the feeling stranger" (2).

Halliday called upon the Irish representatives in Westminster to introduce a bill to remedy the situation in Ireland. 1810 saw the publication in the Belfast Monthly Magazine of two articles by Thomas Hancock advocating the merits of moral treatment and making a powerful plea for the introduction of moral methods (3).

Clearly those calling for reform were adherents of the new ideology of madness (deviance from socially accepted behaviour) and the relevance of asylum treatment. Yet that the reformers achieved

success in meeting their aims is also due to the political circumstances in Ireland at the time.

The fact that such radical changes in the area of public health were imposed on Ireland with relative ease was due to the fact it was a product of state initiative and control. In early nineteenth-century Ireland, state intervention, in contrast to the case in Britain, was decisive and extensive, originating from the centralised administration, the existence of which itself was evidence of the weakness of the Irish gentry, the inefficiency of Irish local government and the poverty prevalent in most of the parishes (4). Hence the establishment of lunatic asylums in Ireland was in part the product of the nature of the English government in Ireland, and the impact of English agitation for lunacy reform (5), as 'the ideological responses to the changing situation in Britain made themselves felt through the very assumptions of Ireland's rulers and leading parliamentary representatives' (6). However, other factors which contributed to Ireland getting a systematic network of lunatic asylums long before England, where much revolutionary change in the conception of the mad had taken place, were the absence of an Irish poor law, the lack of purpose built confinement for lunatics and finally the economic backwardness, poverty and hugely increasing population of rural Ireland which encouraged people to take steps to improve the country - if only for the purpose of maintaining social order (7). The new social ideology which had gripped Europe was very evident in Ireland at this time - the importance of **separating** and **classifying** the poor - differentiating between the sick, the poor and the criminal. There had come a realisation that accommodating lunatics in infirmaries

and workhouses was most unsuitable, since their presence tended to disrupt the day-to-day running of these establishments. Finnane observed that 'such views were becoming part of an orthodoxy to an age which saw opening up before it the possibilities of rehabilitation of the criminal, recovery of the lunatic and the ordinary sick, and economical relief of the poor. Thus the support...for a system of lunatic asylums was founded both on a belief in the possibility of effective treatment in such institutions and on a commitment to institutional rationality' (8). How did these ideological and political factors shape the rise of the asylum in Ireland? The tendency in the late eighteenth - century to begin to classify the poor, and on the basis of such classification introduce segregation, led to the provision in the Prisons Act of 1787 for grand juries to establish separate lunatic wards in the houses of industry. This move is of enormous significance in that it 'began a lengthy period during which the insane were seen anew as a class requiring separate accommodation and regulations' (9). The subsequent report from the Select committee of the House of Lords appointed to consider the state of the lunatic poor in Ireland, in 1843, described this measure as follows:

"...a few cells in Houses of Industry or Workhouses, and in the county gaols, were the only places provided for the reception of pauper lunatics. By an unrepealed clause in a Prison Act, 27 Geo. 3. c.39 s.8, the Grand Juries were empowered to raise funds by presentment for the support of the insane poor; but no system of superintendence, of moral government, or of medical treatment, was laid down, enforced, recommended, or even suggested; nor was this

Statute, 27 Geo. 3. c.39., brought into practical operation, except in the county of Cork" (10).

Furthermore, from about 1790 onwards, the state of Ireland's poor began to concern certain elements of the Irish upper class, indeed it formed the object of inquiry of a select committee formed on the recommendation of the Irish Whig, Sir John Newport in 1804. The 1817 legislation for a system of public lunatic asylums owed much to the fact that this committee 'found greater agreement on what to do with the insane [rather] than the sane poor' (11). The committee noted that the care of the insane could not be given to them in a workhouse, where their presence only proved a disruption to the day-to-day running of those institutions. In any case, separate lunatic accommodation had only been provided in Dublin, Cork, Waterford and Limerick, with most grand juries ignoring the 1772 legislation, and on this basis, the committee recommended:

"the establishment of four asylums for idiots and lunatics, one in each of the provinces of Ireland (including that of Dublin), placed in as central a situation as possible, to be erected and maintained in such manner as may hereafter be deemed advisable, either by Grand Jury presentments or otherwise" (12).

However, opposition to the cause prevented parliamentary moves for lunacy reform until 1817, meanwhile in 1810 the Dublin House of Industry sought and received from the Irish administration a grant to establish a separate asylum for lunatics. The grant establishing the institution deemed it an asylum 'for the reception of lunatics from all parts of the kingdom', and the Richmond lunatic asylum as it was called became the national centre for the mentally ill and was inundated with the lunatic poor from all parts of the kingdom

(13). The net effect of the establishment of this asylum was, as Finnane observed, the creation of the expectation for the provision of care for lunatics (14).

Yet the matter was far from resolved. The committee on the state of madhouses in England in 1815 reported:

"..that the necessity of making some further provision for insane persons appeared to be more urgent in Ireland than in England, as, with the exception of two public establishments and some private houses, there were no places appropriated 'separately for the insane'. The few other establishments were stated to be all connected with houses of industry or other establishments for the infirm poor, and in consequence of that the lunatics cannot receive that attention which the nature of the disorder requires" (15).

In 1817, the Chief Secretary Sir Robert Peel, authorised a committee to inquire into the relief of the lunatic poor of Ireland, stating his reasoning for this move as the unprecedented demand being placed on the Dublin institutions for the care of the insane, and the unacceptability of unchecked lunacy in society itself. The committee, composed largely of Irish members, almost from the outset devoted itself to the question of augmenting the institutional care of the insane in Ireland, deciding that the best way forward in relieving the condition of the insane was:

"...the formation of district asylums, exclusively appropriated to the reception of the insane....the successful treatment of patients depends more on the adoption of a regular system of moral treatment, than upon casual medical prescription" (16).

It is essential to note at this point that the committee held it to be self-evident that it was the duty of the state to provide for

the care of the insane in Ireland. As a direct result of the findings of this committee, legislation was passed carrying into law its main recommendations (57 Geo.III, c. 106 and 1 and 2 Geo. IV, c. 33). As a result, there were nine asylums completed in Ireland by 1835.

What were the implications of the rise of the Irish asylum for women? In essence, the asylum institutionalised the concepts of 'moral insanity', 'moral management' and 'moral architecture' in Ireland, all of which were gendered concepts and ensured women's experience of mental disorder in Ireland would be radically different from that of men. The following section will illustrate and discuss this argument.

The concept of moral insanity (17), in essence denotes the reconceptualisation of madness as deviance from socially-accepted behaviour, that is to say, traditional society was defined as normal, and violations of it labelled deviant. For women, this meant the risk of being labelled mad if one stepped outside the bounds of a very narrow definition of femininity. Furthermore, reasons for deviancy were the product of the ideologies governing society at the time - hence female madness resulted from 'weakness, or more flatteringly delicacy, of the body, and particularly of the senses' (18). Moral management was designed to re-educate the mad into the conforming to society, in the case of the female, into conforming to the notion of the 'ideal woman'. Moral architecture designed asylums conducive to the carrying out of moral management. Hence, the rise of the Irish asylum originated from, and in turn institutionalised the gendered concept of moral insanity, provided the setting (through moral architecture) for the gendered treatment of insanity - moral management.

Dr William Saunders Hallaran was the first Irish doctor to write a major work on madness - Practical Observations on the Causes and Cure of Insanity - published in Cork in 1810 and reissued in an expanded edition in 1818. Hallaran was thoroughly imbued with the traditional view of women's greater susceptibility to insanity. He wrote 'this cannot be wondered at when we take into account the many exciting causes to which females are more particularly exposed: such as those arising from difficult parturition; the sudden retrocession of the milk, immediately on delivery; the irresistible force of sudden terror, - or of severe disappointment, producing grief; or of unexpected fortune, - excessive joy or surprise' (19). Among men, however, the situation was radically different: 'Amongst males, on the contrary, though the proclivity as to temperament be equally strong, it is observed, even on exposure to that description of excitement to which they are obnoxious, that their superior powers of resistance will continue until, with the exception of a few particularities, the impulse ceases to be observed' (20). Insanity was now conceptualised in contemporary terms, and the prevailing ideology of femininity shaped theories on the causes of insanity in women. Gender thus permeated the definition of madness, and the asylum institutionalised it.

The lunacy reformers, armed with the above conception of madness, were convinced that moral management offered a cure. This cure was effectively the re-education of the mad into conforming to contemporary society. For women, this involved re-training the deviant into conforming to the prevailing ideology of femininity. The asylum institutionalised moral management as the

progressive form of treatment for lunacy in Ireland, and hence institutionalised a gendered treatment.

Alexander Jackson (1767-1848) was appointed in 1795 to the Dublin House of Industry, and, from 1815 was physician to the Richmond Lunatic Asylum in Dublin. He stressed moral management as the most effective treatment for the mad, and introduced to Ireland 'the moral methods of treatment of mental illness pioneered by the Tuke family at The Retreat at York, established in 1792....In his evidence to the select committee of the lunatic poor in 1817, John Leslie Foster indicated that 'moral principles' of management were adopted by the governors of the Richmond following their reading of 'a publication of a Mr Took, manager of the York Asylum'. This was Samuel Tuke's Description of the Retreat, published at York in 1813' (21). As modes of treatment in the many subsequent asylums of Ireland were modelled on that in the Richmond, the asylum did indeed institutionalise the gendered moral treatment.

Finally, how was the asylum structure itself gendered? The answer lies in the concept of moral architecture. During the planning process of their first district asylum (in Armagh), the Commission of General Control had no experience with the construction of establishments of this kind. The models which were available were unsuitable, and the legal guidelines were unclear, stating only that there was a capacity limitation of 150 inmates and the expectation that the interior arrangement would be in accordance with the principles of moral management (22). Hence, the design of the building had to permit a clear classification and constant surveillance of inmates. Michael Donnelly has argued that at this time it was understood that 'if properly designed and exploited the

interior space of the asylum could be a therapeutic tool; properly manipulated it could yield the alienist an even greater control over the inmate, and over all the "impressions" which reached his mind' (23). As moral management limited bodily restraint, it aimed to amplify inner restraint, the inmates had to be instilled with a feeling of constant control. Francis Johnson of the Board of Works, the architect of the Richmond Asylum in Dublin, was commissioned to produce the designs. Johnson chose the Richmond Penitentiary as a model for the new asylum, which was panoptic in design and in turn was inspired by British and continental models as well as the ideas of the philosopher and reformer Jeremy Betham, author of Panopticon; or, the inspection-house: containing the idea of a new principle of construction applicable to any sort of establishment, in which persons...are to be kept under inspection (London, 1791). At the time Johnson was planning the district asylum at Armagh, Betham's panoptic principle had become an accepted design for lunatic asylums. 'Remarks on the construction of public hospitals for the cure of mental derangement' by the Scottish architect William Stark, who also argued for the panoptic design, was also well received in Ireland.

Reuber described the panoptic design of the asylum as follows:

"The various parts of the building formed an oblong complex, divided axially into a half for women and for men. The two-story main building was erected over a cellar and had a K-shaped ground plan. The central part accommodated the administration and the living quarters of 'Matron' and 'Moral Manager'. As in the British models, Francis Johnson positioned the omnipotent 'Superintendent' like a giant spider overseeing the cobweb of radiating wings"

(24). Over more than a decade, Johnson's master plan was only slightly adapted for the asylums in Derry (1829), Belfast (1829), Carlow (1832), Maryborough (1833), Waterford (1835) and Clonmel (1835). Hence, the architecture of the asylums both originated from and **espoused** the gendered view of madness. In effect, it institutionalised it.

It will be argued in this section that the asylum was a gendered institution in another important way. In terms of who held the power within the institution it replicated the social structure of wider society - male dominance. The administration of the system was predominately in the hands of men. Each asylum had a Board of Governors, made up of prominent men from the surrounding county. Rarely, if indeed ever, did a woman feature on these Boards - the prevailing ideology of femininity held women to be mentally and physically unsuited to public life, and hence to holding public posts. Except for the position of Matron, all top staff positions (Medical Superintendent, Clerk, Storekeeper) were all held by men. In the early days of moral management, when asylums were run by a Moral Governor, women had a certain amount of power in the asylum system in that the Governor's wife usually superintended over the female wards. However, lay managers of asylums were gradually replaced by doctors as the century progressed, and simultaneously the role of matron declined in status. Medical superintendents believed they held their posts based on specific expertise, and hence could not justify their wives, in the absence of any expertise, holding any sort of managerial position in the asylum system. J.M. Granville noted in 1877:

"The circumstances of the superintendent's wife acting as matron

involves a sacrifice of social position injurious if not fatal to success. It is above all things indispensable that medical superintendents of asylums should be educated gentlemen; and if that is to be the case, their wives cannot be matrons" (25).

Henceforth, the role of Matron was made completely subordinate to the Resident Medical Superintendent:

"She shall reside in the asylum, and shall exercise immediate superintendence over the female department, **but in position and authority subordinate to the Resident Medical Superintendent**, to whom she is to report daily its condition, and any irregularity or misconduct that may occur within it" (26).

In sum, the picture depicted is one of complete male control. That this system worked is due in a large part to the fact that Irish women came to asylums already accustomed to submitting to the authority of their fathers, brothers and husbands. The implications of complete male authority in asylums for women were, in essence, their exclusion from power in an institution which was established to treat the mad. The asylum thus institutionalised male power to define, diagnose and treat madness, and hence define, diagnose and treat madness in women. Furthermore, the colonisation of the [exclusively male] medical profession of power in Irish asylums (see below, chapter three) ensured men had both the legitimacy of science, and a state mandate to define and diagnose mental disorder.

In conclusion, this chapter has made two arguments. Firstly that the rise of the Irish asylum institutionalised the concepts of 'moral insanity', 'moral management' and 'moral architecture' - all of which were gendered concepts and hence ensured that women's

experience of madness in nineteenth-century Ireland was distinct from that of men. Secondly, the power structure in the asylum was based on that of wider society - male dominance, and the colonisation of the medical establishment of power institutionalised male power to define, diagnose and treat women's madness in nineteenth-century Ireland. Therefore, the rise of the asylum in nineteenth-century Ireland indeed framed the discourse of women and madness throughout the century.



III

IRISH MAD-DOCTORS OF THE NINETEENTH-CENTURY

"Much psychiatric theory regarding women is revealed as more ideological than scientific. It contains images and symbols of women which, when examined, prove to be archetypes and stereotypes. These have changed and developed but have always been presented in a mythical manner as representing the actual nature of women for all times. Such images and symbols are part of the network of ideas which have been used to enforce women's roles and to control the activities of women through the centuries. In appropriating them as scientific theory, psychiatry functions as a form of social control through, over and above its actual practices of treatment and incarceration" (Penfold and Walker, 1984:viii).

The central aim of this chapter is to illustrate and discuss the nineteenth-century medicalisation of madness and the implications of this phenomenon for women. On this topic, four main areas will be examined. Firstly, the emergence of science as the dominant philosophy of the nineteenth-century will be outlined. Secondly, the medicalisation of madness, and how this process materialised in Ireland will be discussed. Thirdly, an examination of the qualifications of the medical men who assumed power over the mad will be undertaken, and here the argument will be put forward that such professionals achieved their position of dominance over the mad based expertise which was patently non-existent. Finally, and most importantly, the implications of the aforementioned developments for Irish women will be outlined.

Jane Ussher argues convincingly that in the nineteenth-century neither the concept of madness, nor the institutionalisation of the application of science and rationality to the problem of the insane were new phenomena. Speculation on the origins of insanity or melancholia dates back to ancient Greece, and Hippocrates in 430 AD advocated scientific investigation of both physical and psychological problems. Ussher observed however that "the Victorian era marked an important change in the discursive regimes which confined and controlled women, because it was in this period that the close association between femininity and pathology became firmly established with the scientific, literary and popular discourse: madness became synonymous with womanhood. It was also the era when madness became firmly conceptualised as mental illness, under the scrutiny and control of the rising medical establishment, where it remains today" (1).

The dramatic changes in discursive regimes and practices regarding madness have already been discussed (2). The re-assessment of the concept of madness which took place in the nineteenth-century also witnessed, however, the emergence of the discourse of madness as **illness**. This development fostered the establishment of 'scientific experts', who promoted the rise in the formal state institutionalisation and 'expert' care of the mad (3). The catalyst for these developments was the emergence of science as the dominant philosophy in the nineteenth-century.

The Scientific Revolution of the eighteenth-century and the consequent Enlightenment ensured that by the beginning of the nineteenth-century the application of human rationality to explain the phenomena of the world (in essence: science), was the single

most important and influential philosophy. Jane Ussher on this point quotes Littlewood and Lipsedge (1982:43) who noted: 'by 1800....science, not religion, determined what were acceptable thoughts within the heads of the average citizen. Reason instead of faith became the new measuring stick' (4).

The implications of this rise of science are many. Firstly, it both created and legitimated scientific experts, who, through the use of science, assumed the power to define reality. Secondly, women were excluded from obtaining such power as the prevailing ideology of femininity mitigated against their education. [It will be discussed later how science itself was employed to justify the contemporary ideology of women]. Finally, as Ussher observed, '"science" was effectively used to provide a smoke-screen for the more insidious role of the professional experts; to neutralise criticism and dissent through the belief that 'science' was rational and objective' (5).

What influence did this have on the conceptualisation and treatment of madness? The combined forces of scientific philosophy and the conceptualisation of madness as illness fostered the emergence of claims for monopoly of treatment of madness by scientific (medical) men. An examination of the victory of the Irish medical profession provides evidence for the above argument.

The early Irish asylums, inspired by the ideology of moral treatment, were managed by laymen - the 'superior resident officer' of the district asylum in the 1820s and 1830s was the 'Moral Governer', whose duties were in essence to familiarise himself with his patients, their specific afflictions and appropriate mode of treatment. Although at this stage it was mainly non-medical men

managing the district asylums, where medical men were appointed (in particular James Flynn, physician, appointed in Clonmel 1841) they campaigned for an asylum system dominated by medical men. In a pamphlet attacking the lay management of asylums and arguing for medical control, Flynn stated: 'in no instance was a medical man placed at the head of any one district lunatic asylum in Ireland when first they were opened, [hence] a favourable opportunity was therefore lost of laying the foundation of scientific and enlightened treatment towards the insane of Ireland...."

(6). Finnane argues that the emergence of medical take over of Irish asylums were due to the campaigning of an increasingly self-confident medical profession, who, having an organisational and political capacity far above that of the lay asylum managers, achieved medical hegemony (7). Combined with the campaigning of the medical profession, the foundation of a lunacy inspectorate by Dublin Castle ensured the attainment of medical control over madness in Ireland.

It was Francis White, surgeon to the Richmond asylum since 1835 who succeeded in attaining the separation of asylums from that of prisons. In a letter to a commission inquiring into the Grand Jury laws in Ireland, White criticised the inspection of asylums (which since 1787 was the duty of the Inspector of Prisons in Ireland). Arguing that inspecting asylums was a duty totally distinct from the inspection of prisons, White argued for a separate post occupied by 'persons who will be able to afford more time towards the performance of such important duties, and who should possess that species of knowledge which is necessary, and which cannot be possessed by those whose education and previous habits have not qualified them for the peculiar duty in question' (8).

White's agitation on the matter brought him to notice, and he himself was appointed inspector of prisons in 1841, from which position he sought to advance his calls for a separate lunacy inspectorate. White succeeded in his aims, just four years after his appointment a separate lunacy inspectorate was created. Finnane states that not only was Francis White himself appointed to the post on January 1st 1846, but 'from the beginning in Ireland it was assumed that only doctors would be appointed' (9). Such was the consensus for medical expertise in the management of the insane. When the second inspector was appointed in Ireland in 1847 it was again a doctor, John Nugent, who had been travelling physician to Daniel O Connell. Between them the two medical men ensured that by 1870 the asylums were removed from lay management or surveillance. (10).

A major advance in the medical take over of Irish asylums was the passing into law of the General Rules for the Government of all the District Lunatic Asylums in Ireland on March 27th 1843. White drafted the rules, believing that the failure of the asylum system to cure those afflicted with madness was due to the lack of medical management. Consequently the 1843 rules gave the visiting physician complete authority in Irish district asylums. Describing the duties of the various offices on the district asylums, the Rules state that the manager should 'under the direction of the Board, and **subject to the direction of the physician as to the treatment of the patients,** superintend and regulate the whole of the establishment' [my emphasis] (11).

The physician henceforth was 'to direct the course of moral and medical treatment of the patients' (12). The first victory of the Irish medical profession regarding madness was complete.

What expertise did the medical profession feel it had to assume power over the mad? The chairman of the select committee on medical charities in Ireland 'clearly considered that the classification of inmates and the recording of changes in the patient required 'the services of a scientific and well-educated individual'. So initially, physicians based their claim for power over the mad on superior organisational abilities, however the power they assumed enabled them in the future to define, diagnose and treat 'madness' scientifically, and use science as a defence against criticism levied against their actions.

However the Irish medical profession were to press their claim further to ensure complete supremacy over the diagnosis and management of madness. To ensure complete medical supremacy over the diagnosis and management of madness it was necessary to have resident medical managers in the district asylums of Ireland. It was to this end that the bulk of the Irish medical establishment began to agitate from the mid nineteenth-century.

James Flynn felt that the 1843 rules did not go far enough in legislating for the superiority of the Visiting physician, he petitioned strongly for resident medical managers, stating:

"It had been fondly hoped that the progress of public opinion,, the decay of prejudices, and the powerful influences of two great colleges in Dublin...might render during the last ten or fifteen years, the continuance of this barbarous, and I will add this inhuman plan ...of conducting without any resident medical authority, great lunatic asylums, containing from 120 to 400 inmates, too gross an outrage on the intellect and common sense of Ireland to be longer endured; however, the promulgation of a new

code of rules by the Privy Council of Ireland in March 1843...Parliament has dispelled this humane and I will say Christian illusion....the extinction of the last ray of hope, either for scientific improvement, or the exercise of resident professional humanity in the district lunatic asylums of Ireland" (13). Arguing that resident medical superintendents would increase the 'cure' rates of the asylum, Flynn reflects 'the appointment of medical superintendents in these asylums, with full and reasonable powers, much of that cry now raised for additional accommodation, either by enlargement of existing asylums, or the creation of additional ones, might never have been heard' (14).

The inspectors of lunatics promoted the appointment of resident medical superintendents from the start. The pages of the learned medical journals were filled with arguments for this further step in the medical take over of madness. Finnane identifies Robert Stewart as the anonymous reviewer of lunacy who constantly argued for this step in the Dublin Journal of Medical Science from 1846 (15). Contributors to the Journal of Psychological Medicine also criticised the absence of resident physicians in Irish asylums. Once again, the professional and organised agitation of the medical establishment enabled them to achieve their aims. The Association of Medical officers of Hospitals for the Insane, formed in England in 1840, began also to agitate for resident medical men in asylums, and as more medical men were appointed to the posts in Ireland due to the retirement of old managers and the opening of new Irish asylums in the 1850's, they joined the association, and it became a formidable lobbying organisation in which 'the English and Scottish members of the association were eager to support their Irish

colleagues on first lobbying for the appointment of medical men in all public asylums and then on their struggle against the authority of the non residential physicians. Professional opportunities and social status were both at stake in this campaign (16).

A deputation from the association presented their case to Sir Robert Peel with the result that in 1862 a complete revision of the 1843 rules took place. This second drafting of rules for the management of Irish district asylums established the 'resident medical superintendent' as the supreme authority in Irish asylums, casting the 'visiting physician' in a consultative role, and even then only when the resident physician saw fit (17).

What were the implications of this thorough victory of the medical establishment in Ireland? Firstly it confirmed such men in well rewarded positions of authority and secondly it provided for the emergence of a new specialty - psychiatric medicine. Thirdly, as Finnane noted, the victory of the asylum doctors resulted in the 'decline of lay interest and investment on the lunacy asylum. By handing over asylums to doctors, governments had, to a great extent, removed the institution and their inmates from the public arena' (18). What had once been an area of philanthropic interest and initiative was now controlled by the medical profession, who possessed certain 'expertise', and hence could not be criticised by lay people.

Thus, by 1862 in Ireland, medical men had assumed the power to define, diagnose, and treat madness, and their contention that they possessed specific scientific expertise, they protected themselves and their actions from criticism.

It is necessary at this point to examine the basis of the medical

profession's claim the expertise in defining and treating madness. To begin with, it is insightful to outline the course of study one undertook in order to receive the degree of M.D., in particular the curriculum taught, so as to gain insight into exactly what areas nineteenth-century physicians could claim expertise, and, more relevant to the subject of this thesis, what areas they could not.

In his study of the history of the Royal College of Physicians of Ireland, J.D.H. Widdess noted that during the last quarter of the eighteenth-century the Irish medical graduates at Edinburgh University outnumbered all others. In 1800 alone, fifty Irishmen graduated there. Certainly one reason for this was the fact that medical education in Scotland proved less expensive than its counterpart in Ireland. Widdess further remarked however that 'the Edinburgh school was one of the best in Europe, whose foundation was laid by Alexander Monro primus under the inspiration of Boerhaave of Leyden. Here was obtained the organised clinical teaching which could not be had in Dublin, and a comprehensive course of three years duration, consisting of chemistry, botany, anatomy, surgery, materia medica, pharmacy, the theory and practice of medicine, clinical medicine and midwifry. Of the following subjects two might be chosen: practical anatomy, natural history, medical jurisprudence, clinical surgery, or military surgery. Dublin had then nothing like this to offer, and there is no doubt that the association with Edinburgh teaching was an important factor in the rise of Irish medicine and surgery' (19). William Saunders Hallaran and Alexander Jackson are the founding fathers of Irish psychiatry. Hallaran supervised the Lunatic

Department of the House of Industry at Cork for some thirty years, from the end of the eighteenth to the early decades of the nineteenth-century. He was the first Irishman to write a major work on insanity. Alexander Jackson was appointed physician to the newly erected Richmond Lunatic Asylum in Dublin in 1815, and is credited with the introduction to Ireland of the moral methods of treating mental disorder. Both Hallaran and Jackson studied at Edinburgh, under William Cullen, one of the most influential contemporary figures in the teaching of medicine, a man who had 'a more profound influence on the course of psychiatric study in the English-speaking world than any other man of his time' (20). Cullen took the chair in Edinburgh formerly occupied by Whytt, a pioneer of studies of the central nervous system. Like Whytt, Cullen had studied at Lieden under the famous Dutch teacher, Herman Boerhaave. Cullen continued the work of Whytt on the central nervous system, and taught his findings to his students at Edinburgh. Such learning on the nervous system was applied to the study of insanity by much of Cullen's students, many of whom like Benjamin Rush and John Connolly went on to become leading psychiatrists of the nineteenth-century (21).

Two important points must be made here. Firstly, and most importantly, there was no course offered to students training to be physicians in the nineteenth-century on mental diseases. The reason for this is simple - at the time there existed little scientifically based knowledge of either the nature or cause of mental disorder. Hence the medical men's claim to superior capability in dealing with the mad was based on having scientific expertise which was patently non-existent. What physicians did have

was an eminent general education and training in clinical medical practice (such as their education in matters of the central nervous system) which they applied to the study of mental disorder and this, they argued, argued made them better able to define, diagnose and treat madness. This had very specific implications for women. Jane Ussher succinctly summarised the position regarding the conception of madness after the medical victory as follows:

"Madness was placed firmly within the scientific discourse, the professionals (mainly medical) took control of the treatment, excluding those they deemed mavericks, the lay healers and women. The medical practitioners and the developing psychiatric profession had their state mandate for control, a mandate they have to this day" (22).

The post-Enlightenment faith in rationality and science, and consequently scientific experts or professionals, did not challenge the prevailing ideology of femininity, rather it validated it. Ussher noted that 'it is interesting that the same discourse was used both to position women as liable to suffer from melancholy or madness, and to claim their unsuitability for any form of intellectual employment, particularly that in the emerging 'expert' professions. A woman doctor or psychiatrist was unthinkable. Women were seen to be pallid, pathetic creatures, in need of care themselves and incapable of extending treatment or advice to others. Any woman who aspired to such a role was seen as a freak, for 'femininity' would be appalled by the reality of madness.....' (23).

The medical take-over of madness was in essence the assumption of power by men to define, diagnose and treat mental disorder, based

on claims to expertise which they simply did not have. Women were denied access to this power. Henceforth, therefore, it was men who defined and treated madness in women. Science was increasingly employed to justify the prevailing ideology of femininity. Although since ancient times the roles assigned women attracted much medical and biological justification, 'this was especially true in the nineteenth-century as the intellectual and emotional centrality of science increased steadily. Would be scientific arguments were used in the rationalisation and legitimisation of almost every aspect of Victorian life, and with particular vehemence in those areas in which social change implied stress in existing social arrangements' (24). Medical arguments validating traditional sex-roles were based in the prescriptions of anatomy and physiology. This phenomenon came increasingly to the fore in the medical diagnosis of women's madness - especially by male doctors who believed in the prevailing ideology of femininity and employed biological arguments to legitimise it. The medical establishment viewed women as both the product and prisoner of her reproductive system, and drew on such medical theories in defining, diagnosing and treating madness in women. Indeed their belief that insanity was a disease of the central nervous system had very specific implications for women, as 'medical wisdom easily supplied hypothetical mechanisms to explain the interconnection between the female's organs of generation and the functioning of her other organs. The uterus, it was assumed, was connected to the central nervous system; shocks to the nervous system might alter the reproductive cycle - might even mark the gestating fetus - while changes in the reproductive cycle shaped emotional states. This intimate and hypothetical link between

ovaries, uterus, and nervous system was the logical basis for the 'reflex irritation' model of disease causation so popular in middle and late nineteenth-century medical texts and monographs on psychiatry and gynecology. Any imbalance, exhaustion, infection or other disorders of the reproductive organs could cause pathological reactions in parts of the body seemingly remote' (25).

In conclusion, the medical diagnosing of women's madness in the context of their reproductive role was a direct result of the training doctors received in anatomy, their absence of any scientific knowledge of mental disorders, their hypothesis in the link between the female reproductive organs and her central nervous system and finally their belief in the prevailing ideology of femininity.

IV

GENDER AND THE DIAGNOSIS OF MADNESS IN NINETEENTH-CENTURY IRELAND

"Beyond the initial hard core of easily recognisable behavioural and/or mental disturbance, the boundary between the normal and the pathological was left extraordinarily vague and indeterminate. In consequence insanity was such an amorphous all-embracing concept that the range of behaviour it could be stretched to encompass was almost infinite" (Scull, 1979:238).

The aim of this chapter is to outline and discuss the process whereby women in nineteenth-century Ireland were labelled and diagnosed as mad. The main argument which will be put forward on this topic is that this process was permeated by the concept of gender, and hence nineteenth-century Irish women's experience regarding mental disorder was distinct from that of men. This chapter aims to illustrate the above argument by examining firstly the social contexts in which nineteenth-century Irish women were labelled mad, and secondly, the clinical diagnosis of women as mentally disordered.

The first section of this chapter will discuss the social contexts in which nineteenth-century Irish women were labelled mad under three headings, which broadly correspond to three classes of women - the wealthy, poor and criminal. The social contexts in which the better-off women were labelled mad will be examined through the study of the female admissions to St Patrick's Hospital in Dublin - a private asylum. Following a study of the social and economic

backgrounds of the women confined therein, two arguments will be made based on this information. Firstly, the social exclusion suffered by most of these women was conducive to the incidence of mental disorder. Secondly, the social and economic backgrounds of the female patients rendered them most vulnerable to committal.

Following this the social contexts of poorer women labelled mad will be studied. In contrast to the case of women from higher socio-economic classes, there seems to have been little 'manufacture of madness' in the case of Irish women of the lower socio-economic classes. Rather the study of women who were institutionalised in the district asylums suggests that the harsh realities of their lives seems to have caused actual mental imbalance. The final part of this section examines the fate of criminal women deemed insane in nineteenth-century Ireland. It will be argued in this section that such women were labelled mad on account of their deeds so as to protect the traditional discourse of femininity, which would be challenged if one conceptualised such women as rational. This easy acceptance of such women as 'mad' contrasts with the position of criminal men in nineteenth-century Ireland, who were generally conceptualised as 'rational' and hence responsible for their actions. In sum, this section argues that as the labelling of women in nineteenth-century Ireland took place in a social context, it was necessarily gendered, as central to the structure of Victorian society was the concept of gender.

Part two of this chapter examines the clinical diagnoses of madness in women throughout the nineteenth-century. The central argument of this section is that in contrast to the vague definitions of madness which Victorian psychiatry produced, theories of female

madness were specifically linked to the crises of the female reproductive system. The origin and effects of such theories will be outlined, discussed and illustrated through the examination of the work of Dr William Saunders Hallaran and Dr Thomas More Madden. The role of gender in shaping the clinical diagnosis of madness in women will also be discussed.

In sum, this chapter aims to illustrate how nineteenth-century Irish women's gender (the cultural meaning ascribed to reproductive difference) determined and shaped both the social contexts in which she was labelled mad, and the clinical diagnosis of her as such.

Social Contexts

"Nonconformist women [were] treated as madwomen, [hence] the threat to the discourse of femininity was neutralised (Ussher, 1991:73).

The aim of this section is to illustrate and discuss the social contexts in which nineteenth-century Irish women were labelled mad, focusing in particular on three classes of women - the better-off, the poor and the criminal. The aim of this section is to illustrate how gender was of supreme importance in the social contexts in which women in nineteenth-century Ireland were labelled mad. This will be illustrated first with regard to wealthier women.

This section will examine the social contexts in which women in nineteenth-century Ireland were committed to a private asylum - St Patrick's Hospital, Dublin. Elizabeth Malcolm's comprehensive study of this institution includes a detailed examination of both the hospital's registry of patients (which began in 1835-6 and covers

2,549 patients admitted between 1795 and 1925), and two lots of surviving admission forms: approximately three hundred from the period 1841-53 and two hundred and thirty for the period 1873-87) (1). The registry contains basic information on the patients' background, illness and length of stay in the hospital, most of which information is drawn from the admission forms, 'which were completed by relatives or friends and also had attached a certificate, signed by two doctors, testifying as to the necessity for admission. These forms, however, were frequently accompanied by letters or petitions from relatives, providing further details of the case' (2). This information yields insight into the social contexts in which nineteenth-century Irish women from the wealthier classes were labelled mad, and how the gender influenced this process. The social and demographic backgrounds of the female patients of St Patrick's will be outlined first, and then analysed, discussed and illustrated with case histories.

The admission forms, according to Malcolm, are misleading in that they suggest that males outnumbered females in St Patrick's by a ratio of six to four. This may have applied to admissions, but the figures for those resident in Saint Patrick's at any one time show that the sexes were roughly equal, and if anything females predominate. More men were admitted than women, but women tended to stay significantly longer in the hospital. Another characteristic of the female patient population of St Patrick's was that they were less likely to be married (3). This fact almost certainly explains why women remained longer in the hospital - without a spouse to take them back, they had less chance of being discharged. Thirdly, the admissions to St Patrick's in the 1840s took place in a family

context - although the majority of the patients were single, most appear to have been living with their family prior to committal, indeed most were committed by a close relative. Malcolm observed that 'in only about five percent of admissions did the application come from a person not related to the patient' (4). Family financial problems seem to underlie many committals to the asylum, and this was particularly the case with regard to dependent women. Examples are common. Mary Anne Hickey, born in 1819, was the eldest of five daughters of Charles Hickey of New Market, Dublin, a brewer. Both her parents had died by 1837, and left their daughters with an income of just £70 per annum between them, in the care of their uncle and aunt, Denis and Julia Ford of Castle Street. Mary Anne was admitted to St Patrick's in April 1841, with her aunt and uncle stating that she had been perfectly well up to this, but the 'small property...belonging to the family had ceased to exist, it being derived out of two public houses, which in consequence of the march of temperance were obliged to be given up to the landlords...which leaves the said Mary Anne without any means of support whatsoever'. Mary Anne was admitted as a free patient in June 1841 and died in the hospital from tuberculosis in 1863 (5). It was sadly very common for young or middle-aged women to be admitted to asylums following the death of their fathers, which left them practically destitute. Some women sought work as governesses, much more were totally unequipped to deal with this new and precarious lifestyle, and due to the traumatic change in their life-circumstances their mental balance often suffered, resulting in committal to an asylum. More often than this, however, they became a financial burden on their relatives (as Mary Anne and

her sisters became to their aunt and uncle) and hence were disposed of in an asylum: the extremely vague definitions of insanity in the nineteenth-century facilitated this manufacture of madness.

Another group of women who were admitted in considerable numbers were middle-aged and elderly spinsters who depended on their brothers for support. In January 1843, Robert Story, a practising solicitor in Mountjoy Square applied for the admission of his sister, Eleanor, whom he described as vaguely as being of 'Unsound Mind'. More importantly, however, he stated that she was wholly dependent on him. When Story's offer of £28 for his sisters upkeep in the asylum was refused, he responded expressing disappointment that his application for his sister had failed, reminding the asylum governors that 'she has really no means, except depending on me who have a family to support'. Eleanor was admitted in March 1843 and discharged as relieved in June, which almost certainly was due to her brothers refusal to continue to pay the fee demanded (6). Indeed brothers were the most likely relatives to commit patients to St Patrick's Hospital throughout the nineteenth-century. This is not surprising, for whilst social mores dictated that one should care for one's spouses and children, this was not the case regarding siblings. Unmarried sisters who lived with their married siblings were at most risk of committal, for they suffered social exclusion in a society which increasingly saw women's role in the world to be that of marriage and motherhood.

The above two cases vividly depict how the women's madness was 'manufactured' in nineteenth-century Ireland. Due to certain social and economic circumstances, such women were left in a weak and dependent position, and were consequently viewed as an unwelcome

burden. To gain their admission to the asylum, frequently their madness was 'created'.

The situation regarding female patients in St Patrick's was even more remarkable in the latter half of the nineteenth-century. The number of patients fell by about one-third between 1861 and 1891, but at the same time the number of female patients increased from just under one-half to nearly two-thirds. In 1884 nearly two-thirds of the patients had no occupation, a figure that reached 90% in the case of females. Furthermore, some 87% of the patients were unmarried, yet women were much more likely to be single or widowed than men. Finally, though the hospital's population (only 7% over sixty in 1869, by 1884 this figure had reached 24%), women tended to be older than men, in 1884 more than twice as many women as men were over sixty (7). Elizabeth Malcolm noted 'whilst the typical patient admitted in the 1840s had been a male, Protestant, in his twenties or thirties, resident in Dublin city, single perhaps a professional man, a merchant or a student; the typical patient admitted in the 1870s and 1880s was a female, Protestant, over fifty years of age, resident in the Dublin suburbs, single, possibly committed by a distant relative and almost certainly without employment' (8). The social backgrounds of the women committed to St Patrick's Hospital in the latter half of the nineteenth-century will be analysed, discussed and illustrated with case histories below.

Cherry B, a sixty year old single Protestant from Booterstown, was committed in December 1875 by her brother. She was admitted as a first class boarder at £65 per annum, a sum which equalled her annual income derived from property owned in County Tipperary. Her

illness was ascribed to the death of her mother, and her chief symptom was hallucinations. She died in St Patrick's in 1885 from old age and the effects of diarrhoea (9). Eliza C was admitted in May 1880. She was forty years old, single, from Kingstown, with no occupation but deriving £70 per annum from land. She was committed by a relative by marriage, presumably a brother-in-law, and died in St Patrick's in 1887 from tuberculosis (10). Malcolm notes that such cases could be multiplied tenfold from surviving admission forms, such women were indeed the typical patient. Many of these women had small independent incomes, so small that they would not have sufficed to live on. Most lived with their married siblings, and depended on their goodwill for a roof over their heads. However, these women were often looked upon as an unwelcome burden, which could be offloaded to the asylum. In sum, it is possible to argue that social and economic circumstances which rendered women of a higher socio-economic bracket in a dependent position often led to situations where their relatives 'manufactured' their madness in order to gain their admission to an asylum, and relieve themselves of the burden of caring for them. This phenomenon seems to be unique to women of the higher classes in nineteenth-century Ireland, with poorer women who were institutionalised in the asylum system showing greater incidence of actual physical or mental distress. The following section examines the plight of such poorer Irish women labelled 'mad'.

This section will argue that the social and economic circumstances of poorer women's lives in Ireland was the single most important factor which led to their committal, in a number of ways, all of which will be examined here. In essence, it will be argued that the

harsh realities of the lives of poorer Irish women in almost all cases led to their committal to district asylums.

Although fewer women in general than men were committed to the district lunatic asylums of Ireland in the nineteenth-century (11), far more married women than married men were committed, at all stages of the century. In 1881 20.4% of men admitted to the district asylums were married, whereas 26.1% of women committed were married, the corresponding figures for 1891 were 28.5% for men and 33.7% for women (12). One can only guess that the difficulties of life as a married women, in a society which deemed her function as one of domestic life, rearing children and serving her husband as conducive to mental distress. Nineteenth-century Irish women were expected to be moral, passive nurturing, motherly and domestically orientated **naturally**. Her role in life was prescribed accordingly, yet it was a restricted and confined lifestyle, which many women found distressing, indeed unbearable. It is no surprise, therefore, that more married women than married men entered the asylums of the nineteenth-century.

A second characteristic worth investigation of women committed to the district asylums in nineteenth-century Ireland is their general ill-health, which in most cases was worse than that of their male counterparts. From the earliest inspectorial reports there was evidence of this. Indeed the superintendent of Killarney asylum noted that whilst 'by far the largest number were found to be in a low state of bodily health. This...was more marked in the case of females, a number of whom looked prematurely aged, and gave a history of having suffered from loss of appetite, constipation, insomnia, and other nervous phenomena for many months before the

complete mental breakdown supervened' (12). In the latter half of the nineteenth-century about one in fifty males died within a month of admission, and more than this among females. Indeed, Finanne noted that in 1901 and 1911 over three percent of females died within one month of admission and more than this among women (Finnane, 137). There are many examples. In 1885 a memorial to the Lord Lieutenant requested an inquiry into the detention in Down asylum of a woman with puerperal fever. In 1862 a 21 year old woman was sent to the Adelaide Hospital in a delirious state one week after the birth of her first child. She was discharged a week later, however her husband took her to Chancery Lane police station and swore she was a 'dangerous lunatic'. She was then sent to Grangegorman penitentiary where she died soon afterwards (13). In 1900 another woman was taken to the Coombe Lying-In Hospital having 'become insane' after childbirth. Both the hospital and the workhouse refused to admit her, so the police committed her to the Richmond asylum where she died shortly afterwards from exhaustion and loss of blood (14). Finnane noted of the committal of such cases:

"The criteria of insanity [was] ambiguous, even obscure. Popular and medical opinion equally saw fever, delirium or indeed any behaviour accompanied by sudden alterations in mental states as 'an attack of insanity' and made use of the asylum for its management...the health risks attendant on pregnancy and childbirth in particular necessarily left women vulnerable to the exercise of this ambiguity in the definition of insanity's boundaries. Committal of such women was but a reflection of the serious stress, both physical and social, placed on them by these

wives, but other female members of their households. This phenomenon was documented by the Inspectors of Lunatics, who noted in 1854:

"The most frequent kind of homicide among the men is wife murder...This fact, at first sight might seem to argue less constancy, fidelity and tenderness with the male sex; but there are strong causes to explain away, or, at least, reduce the force of the conclusion; for it is well known, that, occasionally among the first and most marked symptoms of the disease with lunatics may be reckoned a mistrust and aversion to members of their own family, and to those particularly with whom they had been united by the strongest ties of affection" (16).

"On the other hand, we have no record of a female killing her husband, the most common mode of destruction among women being infanticide...Great commiseration is, no doubt, due to many who come within this category; for we can fully imagine how shame and anguish must weigh on an unfortunate and betrayed female, with enfeebled system, what strong temptations induce her to evade the censure of the world in the destruction of the evidence of her guilt, by a crime that outrages her most powerful instinct, maternal love of her offspring" (17).

This passage clearly depicts society's readiness to accept the madness of a woman who commits murder, in all cases, whilst as regards men, insanity in some cases (and by implication not all) could drive them to murder. The following case histories depict more vividly this argument.

Hannah S, a single servant from Cork was indicted in 1895 for the murder of her newly-born illegitimate child. The official account

of the crime was that she had murdered the baby by 'cutting off its head in the loft of her master's premises at Tralee'. Hannah herself stated that during childbirth she did not know what was happening to her as she was unaware she was expecting a child. She was admitted to Dundrum in 1895 showing no signs of mental disorder, and was discharged into her mother's custody in 1896 (18).

Infanticide was extremely common in nineteenth-century Ireland - though the statistics do not accurately reflect the extent to which it occurred because it was often concealed and not reported to the authorities. It was a desperate measure used by women who had become pregnant outside marriage, and were desperate to avoid the social censure and extreme economic hardship which keeping the baby would ensure. Infanticide was also (although to a lesser extent) a means of birth control in Ireland, practiced by women who simply could not manage the physical and economic burden of another child. However, infanticide was illegal in Ireland since the seventeenth-century, and for the purposes of this paper it is interesting to note the easy acceptance of the 'madness' of a woman who murdered her infant - clearly this was easier to conceptualise rather than seeing the women as perfectly rational when committing the act. The latter view would challenge the prevailing discourse of femininity, which viewed women as passive, emotional and motherly. Furthermore, the medical establishment linked abnormal behaviour in women with the effects of the reproductive system (the incidence of puerperal insanity for example) and hence scientific evidence 'proved' women who committed such acts had taken leave of their senses. As a result, such women were sympathetically treated

by the authorities, as the following request for the release of such a woman denotes:

"A young woman of respectable condition and the mother of three children, who, from fright at her last confinement, was attacked by puerperal mania, and destroyed her infant. She is now and has been for about eighteen months restored to reason, her husband and family are urgent for her liberation (19).

For some Irish women, the only perceived escape from an intolerable marital situation was the drastic step of killing their children and attempting to kill themselves. Catherine Wynn, a 35 year old woman from Sligo, was admitted to Dundrum for murdering her children and attempting to kill herself. She had drowned them in a bath of boiling water and had attempted to kill herself by immersing her head in the water. She explained her reasons as desperation following her husband's confession of infidelity and his declared intention to abandon her (20). A similar case is that of Sarah Mc Allister, a 33 year old woman from Antrim, who was admitted in 1892 for poisoning her two children, and suicidal intention (21). She stated that she became depressed because of her husband's infidelity, and persisted in her attempts to die - Dr G Revington, Resident Medical Superintendent, wrote of her:

"We have great trouble getting her to eat food...she wants to starve herself...A very interesting case, extremely acute, rapidly passing from mania into melancholia, with lucid intervals followed by severe relapses. Resembles what is known as Folie Circulaire. Her health has improved very rapidly, but the mental recovery has not kept pace" (22).

Again, both these women and similar others were labelled 'mad', and

for much the same reason. The behaviour of these women exposed the powerlessness and dependence of Irish married women, and their desperate fear of being abandoned, which in nineteenth-century Ireland would have almost certainly ensured destitution. Their drastic actions were hence labelled as acts of 'madness', so as to protect society's deeply held values of femininity and the role of women. One further case history will be examined and discussed.

Joanna Doyle, a 45 year old mother of eight from Kerry was indicted in 1888 for the murder of her handicapped son. Apparently Joanna Doyle believed her son to be a changeling - a fairy in the place of her real son. This drove her to murder him (Patsy), in the presence of her three daughters and other son. Dr Revington, the Resident Medical Superintendent at Dundrum, described her as follows:

"A wild Kerry peasant, scarcely able to speak English intelligibly. It appears that she, her husband and a number of their children all became insane at once and jointly murdered one of the sons, an imbecile idiot" (23).

Dr Oscar Woods, the Medical Superintendent of Killarney Asylum (to which all involved were committed initially) was so fascinated by the case that he presented a paper on it to a meeting of the Irish branch of the Medico Psychological Association. He described it as a case of Folie a Deux - 'communicated insanity' - in five members of one family. Joanna's account of the crime is detailed below:

"On Saturday night at cock-crow I took that fairy Patsy - he was not my son, he was a devil, a bad fairy, I could have no luck while he was in the house - carried him out of the house and threw him into the yard, and then got a hatchet and struck him three blows to the head. I then came back, and we all prayed and went to heaven (24).

Dr Woods stated of the causes of this outbreak of insanity 'no doubt the hereditary tint and the strong superstitious ideas instilled into their ignorant minds by old country women, acting on people whose bodily health was somewhat undermined by bad food and loss of rest, had much to say to the cause of the attack' (25).

In contrast, Michael Cleary and eight others were found guilty of the manslaughter of his 26 year old wife Brigid, whom he also believed was a changeling. However there was no insanity defence plea put forward on his behalf, and he was sentenced to twenty years penal servitude. Joanna, in contrast was found 'not guilty on the grounds of insanity'. Yet again, the ready acceptance of deviant women as mad is illustrated. No such phenomena occurred regarding deviant men, who were more often seen as rational and in control of their actions.

The implications of this for women were profound. The labelling of deviant women as mad both illustrated and propogated the belief that women were passive, weak creatures prone to insanity. It thereby legitimated their subservient position in society. The rise of medical and 'scientific' theories to prove this in effect sealed such a conceptualisation of women in the nineteenth-century. The following section will examine and discuss this.

Clinical Diagnosis

'The nature of insanity, despite the attempts of a putatively scientific medicine to explain it - remained inexplicable throughout the nineteenth-century' (Finnane, 1981:150-1).

This section aims to examine and discuss the medical conception of insanity in women. The main argument here is that male doctors linked the incidence of insanity in women with the crises of their reproductive cycle, and this approach framed the medical discourse on women and insanity throughout the nineteenth-century.

Elaine Showalter insightfully noted: 'in contrast to the rather vague and uncertain concepts of insanity in general which Victorian psychiatry produced, theories of female insanity were specifically and confidently linked to the biological crises of the female life-cycle - puberty, pregnancy, childbirth, menopause - during which the mind would be weakened and the symptoms of insanity might emerge. This connection between the female reproductive and nervous systems led to the condition nineteenth-century physicians called "reflex insanity in women". The "special law" that made women "the victim of periodicity" led to a distinct set of mental illnesses that had "neither homologue nor analogue in man"' (26).

Chapter three, above, detailed the medicalisation of madness, which took place in Ireland in the early nineteenth-century. This section is concerned with how such medical men diagnosed insanity in women. To the medical establishment of the nineteenth-century, women were starkly different from men. 'Physically, she was frailer, her skull smaller, her muscles more delicate. Even more striking was the difference between the nervous system of the two sexes. The female nervous system was finer, "more irritable", prone to overstimulation and resulting exhaustion"...Few if any questioned the assumption that in males the intellectual propensities of the brain dominated, while the female's nervous system and emotions prevailed over her conscious and rational

faculties...Physicians saw woman as the product and prisoner of her reproductive system. It was the ineluctable basis of her social role and behavioural characteristics, the cause of her most common ailments; **woman's uterus and ovaries controlled her body and behaviour from puberty through menopause**" [my emphasis] (27).

Physicians also hypothesised a link between the uterus and the female central nervous system, and believed changes in the reproductive cycle of a woman shaped their emotional states. As in the nineteenth-century, insanity was vaguely conceptualised as a disorder of the nervous system, the causes of insanity in women were linked specifically to the crises of her reproductive cycle. Indeed physicians of the nineteenth-century, lacking any specific knowledge on mental diseases, but knowledgeable in the anatomical difference of women from men, the biological reason for their social role, not unnaturally diagnosed insanity in women in physiological terms. To illustrate the above argument, the writings on insanity of two nineteenth-century Irish physicians will be discussed here: Dr William Saunders Hallaran and Dr Thomas More Madden.

Hallaran, who wrote at the beginning of the nineteenth-century, firmly believed women had greater susceptibility to insanity. The table below outlines the causes of insanity in the men and women admitted to the Cork Asylum where he worked between 1798 and 1818.

'Table of the Causes of Insanity', 1798-1818.

Male

Female

Terror from the Rebellion	61	47
Jealousy	20	25
Pride	1	9
Grief	6	34
Fever	3	5
Epilepsy	33	24
Religious Zeal	11	9
Loss of Property	51	33
Excess in Drinking	103	57
Disappointment	10	37
Lues Venerea	12	1
Consumption	6	2
Injury on the Head	19	2
Heredity	41	38
Palsy	6	7
Difficult Parturition	-	36
Unknown	295	328
Total	678	694

(28).

Hallaran believed there were two basic types of insanity - that caused by physical disorders and that caused by emotional disturbance. The table above shows Hallaran believed men were more prone to insanity caused by physical disorders, whereas in women emotional factors played a more important part. However, his emphasis on childbirth and menopause as factors which led to insanity in women was the beginning of what would become medical

orthodoxy - the link between female biology and insanity. The work of Thomas More Madden, at the end of the century, shows how this opinion of the causes of insanity had gained wide acceptance.

Madden, who was physician to St Joseph's Hospital, Dublin, argued forcefully that insanity in women was caused by their reproductive capacity. Madden stated:

"Further experience proves that more than thirty percent of all the patients under observation in the gynaecological department of the hospital to which I am attached show unmistakable symptoms of nervous, hysterical or mental disturbances, consequent on their gynaecological complaints. **The functional connection between the cerebro-nervous and reproductive systems in women is apparent at every catamenial period from the first appearance of menstruation to its cessation at the menopause....**A peculiar tendency to nervous or mental excitability generally accompanies pregnancy; whilst the reflex peri-uterine causation of certain cerebro-nervous disturbances is also evidenced during parturition by puerperal convulsions and after delivery by puerperal mania...The period of the change of life, or menopause, is one of special interest in this connexion...In many instances I have seen women thus affected display such excitability of mind and temper, perversion of the moral faculties, and disturbances of mental power, that it was difficult to say whether or not that undefinable boundary line which separates sanity from lunacy was passed" (29).

Madden's work represents the height of medical theorising on the link between female biology and insanity. His theories both originated in and propogated the contemporary conception of women's gender.

In conclusion, this chapter has illustrated how nineteenth-century Irish women's gender determined and shaped both the social contexts in which she was labelled mad, and the clinical diagnosis of her as such.

MANAGING AND TREATING WOMEN'S MINDS

"John laughs at me, of course, but one expects that in marriage...You see he does not believe I am sick! And what can one do? If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression - a slight hysterical tendency - what is one to do?...So I take phosphates or phosphites - whichever it is, and tonics, and journeys, and air, and exercise, and am absolutely forbidden to 'work' until I am well again. Personally, I disagree with their ideas. Personally I believe that congenial work, with excitement and change, would do me good. But what is one to do?" (Charlotte Perkins Gilman, 1892:10-14).

The central aim of the final chapter of this work can be put very succinctly: to illustrate and discuss the treatment that women deemed mad received in nineteenth-century Ireland. In essence, this section will argue that both the location and nature of treatment received by women categorised as mad was gendered.

This chapter is divided into two parts. Firstly, the treatment 'mad' women received outside the asylum will be discussed, and the argument put forward that gender accounts for the fact that such women did not enter the Irish asylum system. In particular the experiences of women domestically restrained and confined in the workhouses will be examined. Secondly, the treatment

nineteenth-century Irish women received in the asylum will be outlined and discussed, and here it will be argued that the Irish asylum institutionalised a gendered treatment of madness, and the implications of this for women will be explored.

Mark Finnane, in his masterful study of mental disorder in post-Famine Ireland, observed how in Ireland women were almost invariably less vulnerable to committal than men (1). The first section of this chapter will attempt to explain how Irish women, who were deemed mad in the nineteenth-century, did not enter the asylum system.

Any discussion dealing with the lack of representation of women in the public asylums of Ireland, in contrast to England and France where the numbers of females predominated throughout the nineteenth-century, must note the phenomenal emigration of those Irish women who were most at risk of committal - the young and single. In the period from 1871 to 1911, 86,294 men emigrated from Ireland, whereas 89,407 women did so. Ide O'Carroll wrote of Irish women's emigration to the America:

"The nineteenth-century was the period of greatest movement. After the 1840s the main ethnic groups emigrating [to America] were Jews, Italians and Irish. Irish women migrating at this time were generally unmarried. Their passage was paid for by female relatives and once established they generally assisted other women to emigrate, principally by sending home passage money. This pattern is known as female chain migration and is unique to Irish women at this time" (2).

Evidently, Irish women's decision to emigrate reflected a conscious decision to seek to live elsewhere where they could exercise more

autonomy over their own lives. One cannot help but wonder if in doing so Irish women left a society where conforming to a very narrow definition of femininity proved conducive to mental breakdown for many women. Furthermore, they left a society where the subordinate and dependent position of women often rendered them most vulnerable to being deemed mad and left in an asylum. In sum, it is reasonable to argue that the mass exodus of young Irish females in the nineteenth-century probably contributed to the fact that less women were committed to Irish asylums.

Furthermore, the ways of entering Irish asylums ensured there were more committals of men than women. In Ireland, the contexts of committal to an asylum in the nineteenth-century was both significant and unique. Both in England and Scotland, committals after 1853 were part of the poor-law system, and consequently were not part of the judicial system. In Ireland, however, the law and its instrumentalities assumed a central position in the committal process. The Dangerous Lunatics Act, passed in 1838, and retained in its essentials well into this century, formed the basis of the judicial committal procedure which became the most important mode of admission to Irish asylums. In essence, this Act was to a large degree similar to its English predecessor, being introduced following the murder of a citizen by a man who had been earlier refused entry to the Richmond Lunatic asylum. The Act provided for the detention of persons denoting 'a Derangement of Mind, and a purpose of committing some Crime', or indeed the detention of persons who were believed, on the basis of other proof, to be insane and hence dangerous (3). From the beginning committal was notoriously easy to obtain, and for relatives there were

considerable advantages in using the Act for it did not require a commitment to take the lunatic back following treatment. Despite widespread criticism of the Act, it was not amended until 1867, and even then the new Act had the effect of enshrining the judicial committal procedure of the old, with the English example of using the poor-law system not being adopted. Finnane observed that 'in spite of the attempts by central and local authorities to minimise the impact of the Act, it was quite evident by the end of 1868 that it had been widely, and probably loosely, used' (4). Indeed, by 1890 committal under the Dangerous Lunatics Act had become the routine mode of entering the asylum. More importantly for the purposes of this work, the Act was used to commit far more men than women in nineteenth-century Ireland. The table below illustrates this phenomenon.

Committal of Dangerous Lunatics as a Percentage of Overall Admissions to District Lunatic Asylums. (5).

	Male	Female
1854-6	41.8	31.8
1860-2	49.8	34.7
1870-2	56.9	43.3
1880-2	62.5	48.0
1900-2	72.3	60.2

Why were men committed as 'dangerous' far more frequently than women? The reason for this seems to have been the greater difficulty in controlling violent men in the home environment, and hence the need to go to the authorities for help. Female violence, on the other hand, was easier neutralised in the home, more often than not by counteracting male violence. Finnane noted:

"Judged by the complaints received at official level, women appear to have suffered more frequently than men from the practice of domestic restraint. Certainly...men were more likely to be committed to an asylum as 'dangerous' indicating a greater resort to the resources of the police; violence or restlessness on the part of women, on the other hand, was evidently more readily met by a countervailing violence on the part of males in their domestic environment' (6).

Thomas Spring Rice, giving evidence to the Select Committee in 1817, depicted the domestic restraint of lunatics at the beginning of the century as follows:

"There is nothing so shocking as madness in the cabin of the Irish peasant, where the man is out labouring in the fields for his bread, and the care of the woman of the house is scarcely sufficient for attendance on the children. When a strong man or woman gets the complaint the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to prevent his getting up. The hole is about five feet deep, and they give this wretched being his food there, and there he generally dies. Of all the human calamities, I know of none equal to this in the country parts of Ireland that I am acquainted with" (7).

This depiction of madness in the cabin of an Irish peasant is important not for the details of how the mentally disordered person was restrained, rather for what it shows about the cruelty inflicted on the person deemed mad due to the ignorance and fear of his or her family.

Examples of women who were restrained at home are common. A 44 year old woman was admitted to the Richmond asylum, due to 'domestic troubles', on examination her who body was bruised, as if beaten by a stick. She informed the doctor that one of her sons had beaten her because she was noisy (8). A 60 year old woman who had been in the Richmond asylum was admitted with several bruises on her legs, caused, she stated, by her husband hitting her on the legs with a stick (9). Once again, fear and lack of knowledge of mental illness ensured those restrained at home, who were to a very great degree women in nineteenth-century Ireland, were subjected to cruelty in an effort to control or subdue them.

Moreover, of the poorer Irish women who did show signs of mental disorder, many were sent to the workhouse. At all times since their foundation the workhouses received lunatics, and it is important to note that of the numbers of insane there, there were always greater numbers of women than men. The reason for this was observed by the Inspectors of Lunatics in 1891. They stated:

"The explanation of this relative excess of male patients [in district asylums] would appear to us to be found in the cumbros and difficult procedures necessary to obtain admission to public asylums in Ireland; so that the women, **more easily controlled in their homes or contributing less to the family support, remain at home or gravitate to the workhouses'** [my emphases] (10).

On the condition of such lunatics, largely females, in the workhouses, the inspectors noted:

"In nearly all the workhouses there is an absence of proper supervision, the only attendance provided being that of pauper inmates, often grossly ignorant and careless, to whom are entrusted, in many cases, the instruments of mechanical restraint, which they often apply because the patient is troublesome or noisy, or because the imperfect nature of the accommodation will not admit a better mode of treatment...The condition of the patients as regards personal comfort and cleanliness is, at least in the case of some workhouses, far from satisfactory; in these the insane inmates are found without occupation or amusement - living, eating and sleeping, in the same rooms, with no means of artificial heating, and often with flagged floors" (11).

The presence of mentally disordered persons (mostly female) in the workhouse was seen as a hindrance to the running of the institution in an orderly fashion. The emphasis in these institutions was control therefore, as opposed to treatment, which they possessed neither the facilities nor the time to deliver.

The following section aims to examine the treatment women received within the Irish asylum system, and argues that the treatment women received in the asylum was distinct from that of men, as 'moral management' both originated from and espoused a gendered approach to the definition and treatment of madness.

Elaine Showalter, on the subject of the treatment of madness instituted by Victorian psychiatry, observed:

"Victorian psychiatry defined its task with respect to women as the preservation of brain stability in the face of almost overwhelming

physical odds....It meant the enforcement in the asylum of those qualities of self-government and industriousness that would help a woman resist the stresses of her body and the weaknesses of her female nature" (12).

Moral management aimed to re-educate deviant women to conform to Victorian society. Of necessity, this meant educating women to conform to the ideals of the prevailing ideology of femininity. As a result of this, the treatment women received in Irish asylums, being orientated to this end, was essentially gendered.

Showalter observed that 'the ladylike virtues of silence, decorum, taste, service, piety, and gratitude...were made an integral part of the program of moral management of women in Victorian asylums. Within the asylums the experience of women would not be identical with that of men' (13).

The sexes were always kept separate in Irish asylums, indeed the buildings had been constructed in such a way as to ensure complete segregation of the sexes. This complete segregation of the sexes facilitated the conceptualisation of madness in women as distinct from that in men, and hence warranted distinct treatment. Furthermore, although all patients were subject to surveillance, women were at all times more closely and carefully watched than men. Despite this, female patients on numerous occasions were raped or seduced. The Resident Medical Superintendent of the Richmond asylum, Connolly Norman, reported in 1893 that a female patient had been raped. Norman indicated the following which was to ensure the patients safety:

"I have now to state the strictest and most emphatic orders were given by me repeatedly to the female assistant storekeeper and to

everybody else employed about the kitchen and stores to prevent the possibility of patients being left unguarded. A nurse is placed at the back door, whose sole duty is to open and close the door, and see that no patients go in or out unguarded. Special locks have been put on other doors leading into the storekeeper and engineer so as to prevent the possibility of patients straying" (14). Women, therefore, as possible victims, were subjected to a severe prison discipline. Despite such precautions, in June 1893 a man was found having sexual intercourse with a female patient. Joseph Reynolds noted 'while Norman's concern for the safety of his patients is understandable, it is clear that the severe restrictions he imposed on their movements emphasised the custodial nature of their treatment and that at least some of the nurses were simply jailors. Any attempt by a member of the staff to allow the ordinary amenities of living could merit sharp censure' (15). Once again, the close surveillance of women patients was similar to the surveillance of women in Irish society in general, women led restricted, confined and supervised lives in nineteenth-century Ireland, the asylum merely adopted this in its regime of treatment. The institution in which female patients were confined aimed to create a domestic setting, in essence creating the proper sphere for women. Women were confined together, and encouraged to partake in the pastimes appropriate to women, such as needlework and embroidery. The creation of a domesticated environment and the artefacts of the feminine role, as Showalter observed, were less for the patients pleasure than for their training in the discipline of femininity.

Furthermore, in Irish asylums women were excessively confined, a

phenomenon which replicated the confined feminine role outside the asylum. Showalter noted 'they simply had fewer opportunities than male patients for outdoor activity, physical recreation, or even movement within the building. While physical exercise and manual labour seemed more necessary therapies for male patients, social activities and social decorum were regarded as more important for women' (16).

The inspector of lunatics, Plunkett O'Farrell, visiting the asylum on the 28 December, 1896, 'was disturbed to find that most of the female patients were confined indoors every day, whatever the weather' (17). The inspector was told it was not customary to take female patients out during the winter months. Women were kept in the domestic environment, indoors, where they could be trained to conform to the prevailing ideology of femininity.

Finally, women's work within the asylum was based on that appropriate for females based on the prevailing ideology of femininity. Once again, the Irish asylum was training Irish women deemed 'mad' to conform to the ideal woman of the nineteenth-century. In his report, the inspector general of lunatics provided a table detailing patient employment in St Patrick's Hospital, Dublin in 1843. This table accurately depicts the assignment of women to gender specific work, in essence to re-educate them to conform to the appropriate feminine role.

Patient Employment During 1843 (18).

	Male	Female
Working in Garden	24	0

Housework	7	6
Knitting	0	12
Sewing	0	18
Washing	0	6
Various Amusements	18	10
Total	49	52

Similarly, in the Richmond asylum, the work which the patients undertook was in keeping with the sex roles dictated by the prevailing ideology of femininity. John Mollan, physician to the Richmond Asylum, commented on the benefits of laborious employment in the treatment of insanity:

"An average number of sixty men are constantly employed in the cultivation of the grounds; and although entrusted with the use of spades, shovels and other implements no serious accidents have ever occurred. There are, of course, at all times under proper superintendence. About fifteen men find employment in various trades as tailors, shoemakers and carpenters. A few are occasionally engaged in breaking stones and making mats, others in the performance of various domestic offices in the house. The female occupations consist of spinning, knitting and the various branches of needlework, and they assist in washing and in all the offices of housemaids. All the clothing for both males and females is made up by the patients, with the exception of hats and shoes. During the last year, 2,088 yards of linen and calico were woven in the establishment, the yarn for the linen having been spun by the females, and 524 pairs of stockings were made by them" (19).

Joseph Reynolds, in his work on the Richmond asylum, noted 'the men laboured at all sorts of trades - plastering, painting, carpentry, paving, plumbing, slating and tailoring. There were stokers, coopers, locksmiths, tinsmiths, tent-makers, and several engaged in more specialised work, such as harness-making, picture-framing, piano tuning and rustic furniture-making. Others assisted the clerks and storekeepers, helped in the wards and kitchens, worked in the gardens, and ran messages. The women were mostly engaged at needlework, knitting, spinning, weaving, carding, warping, mat-making and embroidery. Many worked regularly as domestics in the wards, kitchens and laundry" (20).

Mollan's statement reveals the appropriating of work based on gender in Irish asylums. Men were encouraged to pursue a trade, develop talents and generally engage in productive work. Women on the other hand were encouraged to work at specifically feminine pursuits, all of them indoors, usually in a domestic setting. In this way, moral management aimed to train deviant women in the discipline of femininity.

In sum, the chapter aims to show how gender shaped the treatment women deemed mad received, both within and outside the asylum system. Regarding treatment outside the asylum system, this chapter has argued that social factors both determined the location of and mode of treatment given to Irish women outside the asylum, in particular in the domestic setting and in the workhouse. Regarding treatment within the asylum system, it has argued that moral management both originated from, and espoused, a gendered definition and treatment of madness. Therefore, moral management aimed to train deviant 'mad' women to conform to the 'ideal woman'.

CONCLUSION

THE ANATOMY OF WOMEN'S MADNESS IN NINETEENTH-CENTURY IRELAND

This work was an attempt to write the history of madness in nineteenth-century Ireland from a woman's perspective, using gender as a historical tool. In essence, this thesis attempted to document Irish women's experiences regarding mental disorder in the nineteenth-century.

The central argument of this work was based on two claims. Firstly, that mental disorder was socially constructed in nineteenth-century Ireland, and secondly, that the social construction of mental disorder was permeated by gender and other social phenomena. In sum, this work argues that the true comprehension of the experiences of women regarding mental disorder must account for the impact of gender on the definition, diagnosis and treatment of madness.

Chapter one opened this work with an analysis of the position of women in nineteenth-century Irish society. It was argued that the prevailing ideology regarding women in nineteenth-century Ireland was that she existed for the benefit of her family, ideally she was gentle, kind, moral and spiritual, and tended to the domestic sphere to which she was especially suited due to her particular physical and mental capabilities. Women occupied a subordinate position in society, and set codes of feminine conduct were associated with social stability, public order and the proper functioning of society. Two arguments were made in this chapter. Firstly, mental disorder among nineteenth-century Irish women was most probably a product of their social situation, the

difficulties of living under the constraints of a very narrow definition of femininity. Secondly, this ideology of femininity, and the position in which it placed women in society, was the social structure which the new definition of madness aimed to preserve.

Part two of chapter one examined the international developments regarding lunacy in the late eighteenth and early nineteenth century, as it was these developments which gave rise to and shaped Irish initiatives regarding mental disorder. This chapter briefly outlined the beginning of the segregation of the insane, and discusses in depth the social and ideological currents which led to the reconceptualisation of madness. It was argued that madness was domesticated and defined as deviance from socially-accepted behaviour, the treatment of which was the teaching of the lunatic to conform. Madness was redefined in contemporary terms and both originated from and espoused the ideologies of the time including the prevailing ideology of femininity. This had the effect of labelling deviant women as mad. In sum, this chapter argues that madness in nineteenth-century Ireland was a social construct permeated by gender.

Chapter two examined the rise of the Irish asylum in the early nineteenth-century. This chapter outlined the ideological and political reasons behind the rise of the asylum in Ireland. Details of the emergence of the network of asylums were discussed, and how it institutionalised a particular concept of madness and its appropriate treatment. The power structure of the asylum was examined and the medical assumption of power, and the effects of all these developments on women was explored. In essence, this

chapter argued that the Irish asylum which emerged in the early nineteenth-century was a gendered institution, in that it originated from and espoused a gendered ideology regarding madness, and this ensured women's experiences regarding mental illness in nineteenth-century Ireland was distinct from that of men.

Chapter three discusses the Irish proto-psychiatrists of the nineteenth-century. It examined the emergence of science as the dominant philosophy in the late eighteenth/early nineteenth century. The medicalisation of madness and how this process materialised in Ireland - the medical assumption of power over madness - was discussed. Thirdly, an examination of the qualifications of the medical men who assumed power over the mad was undertaken, and the argument put forward that such medical men gained power based on expertise which was patently non-existent. The implications of these developments for women was explored. The central argument put forward in this chapter was that the medical diagnosis of madness in women was in the context of her reproductive role and this was a direct result of the training doctors received in anatomy, their lack of knowledge of mental diseases, their hypotheses of a link between the female reproductive organs and the central nervous system and their belief in the prevailing ideology of femininity.

Chapter four outlines and discusses the process whereby women in nineteenth-century Ireland were labelled and diagnosed as mad, arguing that this process was permeated by the concept of gender. This argument is illustrated by the examination firstly the social contexts in which nineteenth-century Irish women were labelled mad, and secondly the clinical diagnoses of women as

mentally disordered. The first section of this chapter discussed the social contexts in which women in nineteenth-century Ireland were labelled mad under three headings which broadly corresponded to three classes of women - the wealthy, the poor and the criminal. The contexts in which the wealthy women were labelled mad was examined through the study of the female admissions to St Patrick's Hospital, Dublin - a private asylum. Following a study of the social and economic backgrounds of the women confined therein, two arguments were made. Firstly, the social exclusion suffered by most of these women was conducive to mental breakdown. Secondly, the social and economic backgrounds of these female patients rendered them most vulnerable to committal. Next the social contexts in which poorer women were labelled mad were studied, and this section found that in contrast to the women from higher socio-economic brackets, there was less 'manufacture of madness' among poorer women. Rather the study of women institutionalised in the district asylums suggests that the harsh realities of their lives either caused actual mental imbalance, or conditions of poverty and hardship which rendered them vulnerable to committal to the institution. The final part of section one of this chapter examined the labelling of criminal women as mad in nineteenth-century Ireland. This section argued that such women were labelled mad on account of their deeds so as to protect the traditional discourse of femininity, which would be challenged if one conceptualised such women as rational. In sum, this section of chapter four argued that the labelling of women as mad in nineteenth-century Ireland took place in a social context, and was permeated by the concept of gender.

Part two of chapter four examined the clinical diagnoses of women as mad in the nineteenth-century. The central argument of this section was that in contrast to the vague definitions of insanity which Victorian psychiatry produced, theories explaining female madness were specifically linked to the crises of the female reproductive system.

The final chapter of this thesis discussed the treatment that women deemed mad received in nineteenth-century Ireland. In essence, this chapter argued that both the location and nature of treatment received by women categorised as mad was gendered. Firstly, the treatment given to women outside the asylum system was examined, in particular in the domestic setting and in the workhouse, and here it was argued the gender explains why such women did not enter the asylum. Secondly, the treatment women received in the asylum was examined, and it was argued that moral management both originated from, and espoused, a gendered definition and treatment of madness. In conclusion, it is hoped that this work illustrated that women had unique and distinct experiences regarding mental disorder in nineteenth-century Ireland. Moreover, it is hoped that this thesis illustrates that this is a subject worthy of much more research.

Introduction

Gender and the Social Construction of Mental Disorder: The Case of Women and Madness in Nineteenth-Century Ireland

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Chapter One

Women in Nineteenth-Century Irish Society

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