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Course: ENG 305
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Managing Women's Minds

Victorian psychiatry defined its task with respect to women as the preservation of brain stability in the face of almost overwhelming physical odds. First of all, this entailed the management and regulation, insofar as possible, of women's periodic physical cycles and sexuality. Secondly, 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.

Nineteenth-century medical treatments designed to control the reproductive system strongly suggest male psychiatrists' fears of female sexuality. Indeed, uncontrolled sexuality seemed the major, almost defining symptom of insanity in women. Both asylum doctors and male patients reported being shocked by the obscenity of female patients. At one private asylum, a gentlemanly inmate returned dazed to his room when a woman patient accosted him in the public road "with one of the worst words in the English language." Psychiatriasts wrote frequently about the problem of nymphomania. John Millar, the medical superintendent at Bethnal House Asylum in London, observed that nymphomanic
symptoms were “constantly present” when young women were insane. Another psychiatrist warned his colleagues, “how often sexual ideas and feelings arise and display themselves in all sorts of insanity... so that it seems inexplicable that a virtuous person should ever have learnt, as it is distressing that she should manifest, so much obscenity of thought and feeling.”

The regulation of women’s cycles in Victorian psychiatry often seems like an effort to postpone or extirpate female sexuality. Dr. Edward Tilt argued that menstruation was so disruptive to the female brain that it should not be hastened but rather be retarded as long as possible, and he advised mothers to prevent menarche by ensuring that their teen-age daughters remained in the nursery, took cold shower baths, avoided feather beds and novels, eliminated meat from their diets, and wore drawers. Delayed menstruation, he insisted, was “the principal cause of the pre-eminence of English women, in vigour of constitution, soundness of judgement, and... rectitude of moral principle.”

Menopausal women were more harshly discussed, more openly ridiculed, and more punitively treated than any other female group, particularly if they were unmarried. In this age group, expressions of sexual desire were considered ludicrous or tragic, and husbands of menopausal women were advised to withhold the desired “sexual stimulus.” Treatments suggested for the erotic and nervous symptoms of menopause were so unpleasant that one can easily imagine their deterrent effectiveness. W. Tyler Smith, for example, recommended a course of injections of ice water into the rectum, introduction of ice into the vagina, and leeching of the labia and the cervix. “The suddenness with which leeches applied to this part fill themselves,” he wrote admiringly, “considerably increases the good effects of their application, and for some hours after their removal there is an oozing of blood from the leech-bites.”

The most extreme and nightmarish effort to manage women’s minds by regulating their bodies was Dr. Isaac Baker Brown’s surgical practice of clitoridectomy as a cure for female insanity. Brown was a member of the Obstetrical Society of London who became convinced that madness was caused by masturbation and that surgical removal of the clitoris, by helping women to govern themselves, could halt a disease that would otherwise proceed inexorably from hysteria to spinal irritation and thence to idiocy, mania, and death. The first symptoms of the disease, he thought, manifested themselves at puberty, when girls be-
came “restless and excited . . . and indifferent to the social influences of domestic life.” There might be depression, loss of appetite, “a quivering of the eyelids, and an inability to look one in the face.” One clue was that such girls often wanted to work, to escape from home and become nurses or sisters of charity; we can easily imagine how he would have reacted to Florence Nightingale.

Brown carried out his sexual surgery in his private clinic in London for seven years, between 1859 and 1866. In the 1860s, he went beyond clitoridectomy to the removal of the labia. As he became more confident, he operated on patients as young as ten, on idiots, epileptics, paralytics, even on women with eye problems. He operated five times on women whose madness consisted of their wish to take advantage of the new Divorce Act of 1857, and found in each case that his patient returned humbly to her husband. In no case, Brown claimed, was he so certain of a cure as in nymphomania, for he had never seen a recurrence of the disease after surgery.

We can only speculate on the depths of shame, misery, pain, self-hatred, and fear that Brown’s patients experienced. The surgery they endured at his hands was a ceremony of stigmatization that frightened most of them into submission, or at least into greater secrecy and concealment of their discontent. His patients seem to have been unusually sensitive to the hypocrisy and repressiveness of Victorian social codes, and his case studies are almost poetically expressive of perceptions that Brown himself was too literal-minded to grasp. He was very proud, for example, of his successful treatment of “Miss E.R.,” who at thirty-four had never had an offer of marriage. She would not be polite to callers, took long solitary walks, was “forward and open” to gentlemen, and said “people’s faces were masks.” This angry and despairing woman called her mother “monsieur le diable” and her father “God.” She said of herself that she was “lost,” “dead,” and “buried.” After the operation, she was kept heavily drugged for a week with opium and chloroform. Thereafter, Brown reported, she recovered, “moved in high society,” and was “universally admired.”

Although Brown did not treat a great number of patients, clitoridectomy has a symbolic meaning that makes it central to our understanding of sexual difference in the Victorian treatment of insanity. Clitoridecto
tomy is the surgical enforcement of an ideology that restricts female sexuality to reproduction. The removal of the clitoris eliminates the woman's sexual pleasure, and it is indeed this autonomous sexual pleasure that Brown defined as the symptom, perhaps the essence, of female insanity. Many of his successful case histories ended with the woman's pregnancy. One twenty-year-old girl was brought to him because she had suffered “great irregularities of temper,” had been “disobedient to her mother’s wishes,” was sexually assertive in sending her visiting cards to men she liked, and spent “much time in serious reading.” Within two years of the operation, she was married, the mother of a son, and pregnant again. “Mrs. S.M.,” a thirty-year-old mother of three children, sent to Brown because of her “great distaste” for cohabitation with her husband, “soon became pregnant . . . and became a happy and healthy wife and mother.” With their sexuality excised, his patients gave up their independent desires and protests, and became docile child-bearers.

In 1867, Brown was expelled from the Obstetrical Society, not so much because his colleagues disagreed with his method as because patients had complained of being tricked and coerced into the treatment. Some had been threatened that if they refused to have surgery, their condition would worsen and they would become hopelessly insane. In his defense, Brown argued that many other members of the society had also performed the operation. Indeed, Dr. Charles Routh, an eminent gynecologist, was particularly impressed with the case of an idiot girl who after clitoridectomy improved so much that she was able to read the Bible, converse, and go into domestic service. Dr. T. Hawkes Tanner, however, who had performed three such operations, testified that he had been disappointed in his results; and both Henry Maudsley and Forbes Winslow testified that in their experience, female masturbation was, “not a cause, but a consequence of insanity.” Others granted the grave danger of masturbation, but wondered if less extreme remedies could be found. Among those who opposed clitoridectomy was Dr. Wynn Williams, who “thought that the clitoris was not the offending member, but the arms and hands. These, then, were the members that should be cut off.” Williams explained that while he was not seriously recommending amputation of the arms, he saw “no reason why they should not be put back by restraint behind the back.”

The final decision to expel Brown was made after a speech by Seymour Haden, secretary of the society, who appealed to the honor of his
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brother physicians. As Haden explained to them, the issues of the case had to do with misuse of male authority. As "a body who practise among women," he declared to applause,

we have constituted ourselves, as it were, the guardians of their interests, and in many cases, . . . the custodians of their honor (hear, hear). We are, in fact, the stronger, and they the weaker. They are obliged to believe all that we tell them. They are not in a position to dispute anything we say to them, and we, therefore, may be said to have them at our mercy. . . . Under these circumstances, if we should depart from the strictest principles of honour; if we should cheat or victimize them in any shape or way, we would be unworthy of the profession of which we are members. (Loud cheers.)

Haden's remarks were a forceful, if unintentional, description of the sexual power relationships in Victorian medicine. Within the lunatic asylums, the management of women's minds was carried out much more subtly than in Brown's clinic, but nonetheless it too expressed the power of male psychiatrists over definitions of femininity and insanity. Instead of the surgical knife, moral management looked to the physical design and domestic routines of the asylum to regulate even the most deviant female behaviors. While there can be no question that women were better off in Victorian asylums than in the days before moral management, they were nonetheless subject to ubiquitous male authority. Furthermore, women's training to revere such authority in the family often made them devoted and grateful patients of fatherly asylum superintendents.

In his work at Hanwell Asylum, Conolly had claimed that the "most striking instances" of the efficacy of moral management could be found in the women's side. A "young and delicate" widow, for example, was brought to the asylum in two straitjackets, with her ankles chained together. When she realized that her chains would be removed, "she broke out into the liveliest expressions of joyful gratitude, and from that time, although still for a while maniacal, and often excited, her confidence in those about her remained unshaken." After three months, she left the asylum "perfectly rational." A poor tailor's wife "was a kind of mad skeleton. Looking as if she might at any moment drop down and die, she still danced and sang, and ran to and fro, and tore her clothes, and all ordinary bedding to rags." She was given remnants
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to rip up instead; soon "she employed herself in making dresses instead of tearing them," and a happy recovery was achieved. Deeply depressed young women, emaciated, mute, feeble, sickly, who cowered against the walls, "the very personification of despair," were converted by means of good diet, kindly attention, and sympathetic words into "cheerful hopeful creatures, full of health and spirits, and unfeignedly grateful to those who had been their friends in the asylum." Conolly was proudest of his success with prostitutes and fallen women,

whose lives had been a sort of troubled romance. Profligate, intemperate, violent, regardless of domestic ties, their children abandoned to all the evils of homeless poverty, themselves by degrees given up to utter recklessness—they had been the cause of ruin and shame to their families, and the history of their wild life had closed with madness. Others, and not a few, were the victims of the vices of those of a station superior to them, and left at length to struggle with difficulties and mortifications and remorse, beneath which reason gave way.

Even these wretched outcasts, he boasted, could be tamed by patience and kindliness, so that eventually they became almost ladylike: "quiet, decorous in manners and language, attentive to their dress, disposed to useful activity, and able to preserve their good behaviour in the chapel." The ladylike values of silence, decorum, taste, service, piety, and gratitude, which Conolly successfully imposed on even the wildest and most recalcitrant female maniacs, 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. The sexes were always kept separate, to the point that some asylums even had separate kitchens and mortuaries. Women's dietary allotments, furthermore, were substantially lower. And though all asylum patients were subject to surveillance, or "careful watching," as the Victorians called it, women were more closely and carefully watched than men. At the 1859 hearings of the House of Commons Select Committee on Lunatics, representatives of the Alleged Lunatics' Friend Society protested against the censorship of patients' mail, but conceded that ladies needed to be protected in this way against possibly shameful self-revelation. Women patients also had to be protected against rape and seduction. Before 1845, Gardiner Hill reported, there were many
"instances on record of the female patients being with child by the keepers and the male patients." After 1845, therefore, the commissioners took particular notice of security arrangements for women. At Colney Hatch, for instance, only doctors and the chaplain had keys to the female ward. When, despite all these precautions, an unmarried woman bore a child in the asylum, the infant was turned over to the guardians of the mother's home parish, or, in the case of vagrants, to the local workhouse.

Furthermore, the institutions into which Victorian madwomen were moving were places in which women seemed strangely at home, and in their proper sphere. Female patients at Bethlem, in one journalist's description, might almost be a family of sisters spending an evening with their elderly mother: "Every conceivable kind of needlework is dividing their attention with the young lady who reads aloud 'David Copperfield' or 'Dred'; while beside the fire, perhaps, an old lady with silver locks gives a touch of domesticity to the scene." A drawing of

Figure 11. Women's ward, Bethlem Hospital, in the 1860s.
the women's ward of Bethlem, reproduced in *Illustrated London News* in 1860 (fig. 11), shows a long gallery in which the women patients are as evenly distributed as the decorative statues spaced in niches. There are ferns hanging in the windows, paintings and birdcages on the walls, books and flowers on the tables. But the women are oddly frozen in their domestic environment, like figures in a museum. These artifacts of the feminine role were less for the patients' pleasure than for their training in the discipline of femininity. In the foreground, one young woman, carrying a box, seems to be running, as if attempting to escape from the tableau.

Since women were accustomed to being ordered to submit to the authority of their fathers, brothers, and husbands, doctors anticipated few problems in managing female lunatics. Yet rebellion was in fact frequent. Victorian madwomen were not easily silenced, and one often has the impression that their talkativeness, violation of conventions of feminine speech, and insistence on self-expression was the kind of behavior that had led to their being labeled "mad" to begin with. Conolly noted that it was the female side of the asylum "where the greatest daily amount of excitement and refractoriness was to be met and managed." Mortimer Granville was concerned that female lunatics were always "chattering about their grievances" or else involved in "an excess of vehement declaration and quarreling." He recommended that the women be set to work that would keep them too busy to talk. The commissioners visiting Colney Hatch "regularly remarked that the female department, as is usually the case in all asylums, was the most noisy." And even a male patient at the Glasgow Royal Asylum felt qualified to complain that "female lunatics are less susceptible to control than males. They are more troublesome, more noisy, and more abusive in their language." Women's deviations from ladylike behavior were severely punished. At Bethlem, for example, women patients were put in solitary confinement in the basement "on account of being violent, mischievous, dirty, and using bad language." At Colney Hatch, they were sedated, given cold baths, and secluded in padded cells, up to five times as frequently as male patients.

The excessive confinement that replicated the feminine role outside the asylum may have contributed to the excitability and restlessness of asylum women. They simply had fewer opportunities than male patients for outdoor activity, physical recreation, or even movement.
within the building. While physical exercise and manual labor seemed more necessary therapies for male patients, social activities and social decorum were regarded as more important for women. In one large asylum in 1862, only 50 out of 866 female patients ever went from their ward to the day room. At Colney Hatch, women left the asylum for fewer walks or excursions than male patients. Although Dr. D. F. Tyerman, who headed the male department, believed physical exercise was essential to mental health and so had a “properly prepared and level Cricket-ground” constructed in the 1850s where male patients could play, women were only allowed to watch the games from a “specially fenced-off enclosure.” Ideally, women patients contented themselves with genteel, improving, and passive activities, as in Bethlehem, where they might admire the Landseer prints on the walls, feed the birds in the aviaries, sew, and make use of the library.

Women’s work within the asylum was also more rigidly circumscribed than that of men. Women’s occupations were intended to reinforce conventional sex-role behavior; in Conolly’s scheme for a model asylum, the domestic traits he thought healthy for women patients were reflected in his optimistic vision of their happy hours making puddings in the asylum’s “busy and cheerful and scrupulously clean kitchen.”22 While male patients worked at a variety of jobs in workshops and on the asylum farms, women patients had little choice in their employment, which took place indoors and in some cases was meaningless fancy-work or make-work, such as sorting colored beans into separate piles that were dumped together again at night.23 That task uncannily resembles the mythic labors of Psyche, who was ordered by Aphrodite to sort a huge pile of barley, millet, poppy seeds, peas, lentils, and beans. This motif, echoed in many fairy tales and folk tales, has been interpreted by Erich Neumann to mean that the woman is being assigned to bring order into the “disordered welter of fruitful predispositions . . . that are present in the feminine nature.”24

A more prosaic view of feminine nature was suggested by the primary tasks of women in the asylum: cleaning, laundry, and sewing. Female patients supplied the asylum with thousands of dresses, shirts, aprons, chemises, petticoats, and caps. Isaac Ray, a visiting asylum superintendent from Rhode Island, noted that the piles of fancy clothing produced by female patients at Wakefield and Hanwell were enough “to set up a respectable shop on Broadway.”25 The women’s work most highly touted by the Victorians for its therapeutic effects was laundry. Andrew Wynter proudly noted as a sign of progress that in Bethlehem
the old manacles had been converted into stands for flatirons, an ironically efficient transformation of restraint into domestic work. Apparent-ly laundry had been recommended as a therapy for female lunatics in England for some time; Thomas Rowlandson’s etching of St. Luke’s shows women ironing huge piles of clothes. Visiting Hanwell in 1834, Harriet Martineau had been impressed by the women busy in the wash-house and the laundry, “who would be tearing their clothes to pieces if there was not the mangle to be turned.” Presumably the aggressive activity of pounding the wet clothes, wringing them out, hanging them, and ironing them was thought to be a useful and effective outlet for the superfluous nervous energy (or the anger) of women patients. Conolly believed that only the salutary activity of the laundry prevented asylum washerwomen from becoming violent.

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

Asylum laundresses at Hanwell and Colney Hatch worked from six-thirty in the morning until late afternoon, six days a week. In order to provide the most time-and-energy-consuming amount of mangle and folding, asylum superintendents were urged to avoid the purchase and “the use in the washing-house of all machinery which diminished the amount of hand labour.” If the asylum linen alone was insufficient to occupy its women patients, washing for the neighborhood could also be taken in.

The relationship of madwomen and laundry filled one journalist, Francis Scott, with enthusiasm for the possibilities of moral management. In France, he informed his readers, laundry had even been divided into categories assigned to women patients according to the nature of their madness: the delirious washed, the imbeciles carried the linen to dry, the melancholy ironed it, and the monomaniacs folded it and put it away. No activity could be more proper and salubrious for crazy English women, he thought, than a day with the suds and the tubs; doing laundry might interest them in their surroundings and “bring back that...
vital activity which they so often lack."

Although Granville pointed out that "women's world cannot, even among paupers, be successfully limited to the washtub," the lunatic laundress, whose work not only paid for her treatment but also symbolized her purgation, was considered by many to be the perfect solution to two dirty problems."

Because male employment was considered psychologically more important, and because jobs for men were harder to find, male inmates were sometimes assigned domestic tasks, much to the disgust of asylum visitors. Isaac Ray was shocked to find men "demurely knitting stockings" at Surrey County Asylum, and Francis Scott deplored the laxity of English arrangements whereby "a large proportion even of the men act principally as male housemaids—an arrangement neither manly, healthful, nor useful." He much preferred the traditional division of labor in Scottish asylums, where women did "all the women's work, such as ward-cleaning and bed-making, leaving the males to the extent of 75 per cent free to engage in work more suited to their sex and habits."

Finally, but most tellingly, Victorian madwomen became subject to the moral management of their appearance. Victorian psychiatrists had strong views about the way their women patients should look. Female lunatics were expected to care more about their appearance than males, and indeed, their sanity was often judged according to their compliance with middle-class standards of fashion. Conolly worried about bare-headed female patients, believing that "it is not natural to the woman to neglect the dress of her head." This natural tendency could be encouraged or restored, he thought, by presenting each female inmate with "a neat or even pretty cap" for Sunday wear. In his own biweekly rounds of Hanwell Asylum, he noticed and commended women who had "hair more carefully arranged, a neater cap, a new riband." Inmates who wished to impress the staff with their improvement could do so by conforming to the notion of appropriate feminine grooming. Asylum superintendents were especially urged to use clothing as a weapon in managing women patients: "Dress is women's weakness, and in the treatment of lunacy it should be an instrument of control, and therefore of recovery."

Yet too much attention to dress and appearance was a sign of madness as well. James Crichton Browne, medical director of the West Riding Asylum at Wakefield, photographed a woman patient who suffered from "Intense Vanity" (fig. 12). Not content with the plain asylum
Figure 12. James Crichton Browne's photograph of a woman in West Riding Lunatic Asylum manifesting "Intense Vanity."
dress, she had chosen a ruffled shirtwaist decorated with jewelry, leaves, wide sleeves, and a wide belt, a costume too girlish for her years and unflattering to her heavy features, but hardly, it would seem, so tasteless as to demand sequestration. "‘Sane’ dress obviously had to coincide with male superintendents’ views of suitability for class and age.

As the photographs of madwomen in medical texts reveal, moreover, Victorian doctors imposed cultural stereotypes of femininity and female insanity on women who defied their gender roles. The advent of photography provided a valuable aid in the management of women. Dr. Hugh Welch Diamond, who succeeded Alexander Morison as physician to the female department at the Surrey Asylum in 1848, was the pioneer of psychiatric photography in England. During the ten years of his residence at Surrey, Diamond photographed many of his women patients. He argued that photography had a significant function in the asylum, not only as a record of patients and a diagnostic guide to insane physiognomy, but also as a therapeutic tool. For women patients especially, he maintained, it was salutary to have this reminder of personal appearance, and to have the natural feminine vanity, dulled by disease, stimulated by a photographic portrait. T. N. Brushfield, superintendent of the Chester County Lunatic Asylum, who had heard Diamond lecture on asylum photography at the Royal Society in 1852, wrote that “patients are very much gratified at seeing their own portraits. . . . In our worst female ward I have had a positive (on glass) framed and hung up for nearly eighteen months, and it has never yet been touched by any of the patients.” At Bethlem, Sir William Charles Hood noted that “the taking of portraits has become one of the pleasures of which the patients cheerfully partake in our lunatic asylums; and helps . . . to diversify and cheer the days spent in necessary seclusion from the busier, but scarcely happier world, without.” He gave the case of a woman patient who had worried about the portrait because she thought her dress was unbecoming, but whose “sense of propriety” was satisfied by being “represented with a book in her hand.”

Diamond particularly valued photography for its objectivity: psychiatric photographs, he believed, provided permanently valid records of types of insanity, “free altogether from that painful caricaturing which so disfigures almost all the published pictures of the Insane as to render them nearly valueless either for purposes of art or of science.”37 Indeed,