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**Mania, Madhouses and Moral-Management:
What light does the case study of moral-
management shed on the gender dimensions
of asylum treatment in the Bethlem Lunatic
Asylum under the Resident
Physician Superintendent William Charles
Hood (1852-62)?**

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Mania, Madhouses and Moral-Management

What light does the case study of moral-management shed on the gender dimensions of asylum treatment in the Bethlem Lunatic Asylum under the Resident Physician Superintendent William Charles Hood (1852-62)?

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Introduction



Sir William Charles Hood, Resident Physician Superintendent (1852-62)¹

In the year 1852, William Charles Hood entered the gates of the Bethlem Lunatic Asylum.² Unaware of the innovation he would deliver, his appointment as Resident Physician Superintendent is now understood to be the main agent of great metamorphosis at Bethlem.³ Above all, his career marked the end of 'Bedlam' – the sinister alter-ego that aligned the Hospital with the worst excesses of psychiatric care – and the beginning of a more humane system of treatment in the form of moral-management.

Pioneered by reformers in the early-nineteenth century, moral-management was a revolutionary practice that involved patient classification and behavioural conditioning.⁴

¹ Beckenham, Bethlem Museum of the Mind, LSC/191/A07/1 'Photograph of Sir William Charles Hood', 1852; 'Bethlem Lunatic Asylum' will now be referred to as 'Bethlem'.

² Jonathon Andrews, Asa Briggs, Roy Porter, Penny Tucker and Keir Waddington, *The History of Bethlem* (Oxon: Routledge, 1997), 484.

³ David Russell, *Scenes from Bedlam* (London: Bailliere Tindall, 1996), 151-2.

⁴ William F. Bynum, Roy Porter and Michael Shepherd, *The Anatomy of Madness: Essays in the History of Psychiatry, Volume II, The Asylum and its Psychiatry* (London: Tavistock Publications, 1985), 2.

Under this rehabilitative program, Hood rejected the use of straitjackets and shackles that had featured in asylum treatment prior to his arrival, and instead placed both male and female patients under the careful surveillance of medical attendants.⁵ In addition to this, he employed work therapy, exercise, and spatial arrangements to aid with inmate recovery.⁶ On this basis, historians have propounded the view that Hood transformed Bethlem 'from grub to chrysalis', asserting that his far-reaching reforms saw the Hospital experience a golden age in psychiatric practice.⁷

In past decades however, innumerable asylum histories have conceived moral-management in very simple terms, deeming it a practice that no longer physically, but instead psychologically oppressed patients in Victorian institutions. A common thread along which scholars have interrogated this system of treatment, has been to exhibit how patients were subjugated by the new authority wielded by medical superintendents. In the 1980s for instance, a crusade of revisionism was launched against the much-feted ideologies of the practice. The historian Andrew Scull belongs to this revisionist school of thought. In his book *Museums of Madness*, Scull proposes that moral-management was enforced to secure 'a more effective and thorough means of control in the hands of custodians' – certainly not to manage patients in a more humane way.⁸ Roy Porter's conclusions are equally scathing, suggesting that the omnipotence of self-serving superintendents was achieved through the 'infantilisation' and subordination of the patient.⁹ Such disenfranchised revisionism is however, best articulated in Michel Foucault's masterpiece *Madness and Civilisation*. Here, Foucault concedes that moral-management did not see 'reason liberated', but rather 'madness mastered' – or simply, a better execution of patient control.¹⁰ Historiographically then, it appears that such enquiries have assessed the practice of moral-management in seemingly broad terms, measuring how it affected the patient body as a collective. As such, scholars are yet to shed light on the individual experiences of male and female patients, or even acknowledged the disparity between the two under the practice.

⁵ Andrews (et al.), *History*, 488.

⁶ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (New York: Virago, 1987), 78.

⁷ Edward G. O'Donoghue, *The Story of Bethlehem from its Foundation in 1247* (London: T. Fisher Unwin, 1914), 353.

⁸ Andrew Scull, *Museums of Madness: Social Organisation of Insanity in 19th Century England* (New York: Allen Lane, 1979), 122.

⁹ Roy Porter, *Mind Forged Manacles: A History of Madness in England from Restoration to Regency* (London: Athlone Press, 1987), 6.

¹⁰ Michel Foucault, *Madness and Civilisation* (London: Tavistock Publications, 1967), 243.

However, debates surrounding women and psychiatry have long dominated the landscape of asylum histories. Indeed, in the late-twentieth and twenty-first centuries, these histories became distinctly characterised by the motif of the incarcerated and shackled woman. Elaine Showalter conveys this idea most emphatically in her provocative work *The Female Malady*. Her piece essentially proposes that asylums were places saturated with misogyny and saw the needless victimisation of women by the wrath of the 'masculine scientist'.¹¹ Her striking assessment contributed to a broader 'women's history', asserting that sexist psychiatric practice has continued to exploit female patients throughout history. The rhetoric of the 'masculine scientist' has been a reoccurring theme in much feminist literature too. In the works of prolific feminists, such as Betty Friedan and Simone de Beauvoir, patriarchal control in medicine and psychiatry is also vehemently scrutinised.¹²

It is not surprising therefore, that scholars have recently acknowledged there to be a mainstream neglect of gender in asylum studies. Mark Micale confirms this idea, remarking that most literature on institutions hitherto has 'focused narrowly, and quite separately, on the historical experience of women'.¹³ John Andrews and Anne Digby substantiate this notion, and concede that the history of British asylums has been dictated by an 'exclusive focus on women' and female-specific forms of treatment.¹⁴ Thus, it appears that almost no attention has been given to what should be one of the most significant aspects in the field of asylum histories – 'a *comparative* study of the two sexes.'¹⁵ This view concurs with Joan Scott's conclusions, which stipulate that gender is a valuable category of analysis and one that should be utilised more liberally in such studies. Ultimately, she observes that women and men 'are defined in terms of one another', and hence, no understanding of either sex can be obtained by examining them separately.¹⁶

¹¹ Showalter, *Female Malady*, 75-6.

¹² Betty Friedan, *The Feminine Mystique* (New York: W.W Norton and Co., 1963); Simone de Beauvoir, *The Second Sex* (Paris: Editions Gallimard, 1949).

¹³ Mark S. Micale, 'Hysteria Male/Hysteria Female: Construction in Nineteenth Century France and Britain' in Marina Benjamin, *Science and Sensibility: Gender and Scientific Enquiry 1780-1945* (Oxford: Wiley-Blackwell, 1993), 200.

¹⁴ J. Andrews and A. Digby (eds.), *Sex and seclusion, class and custody: perspectives on gender and class in the history of British and Irish psychiatry* (Amsterdam: Rodopi, 2004), 8.

¹⁵ Micale, 'Hysteria Male/Hysteria Female', 200.

¹⁶ Scott, 'Gender: a useful category of historical analysis', *American Historical Review*, 91 (1986), 1054.

And so, this paper proposes to bring the study of moral-management and gender together. It will use Hood's application of the practice as a lens through which the gender dimensions of Bethlem's asylum treatment can be better understood. Indeed, as the above analysis has demonstrated, historians have given scant attention to this combination, with many failing to gauge just how gendered moral-management was. Even the limited scholarship on the case of Bethlem, such as *The History of Bethlem* (1997), provides useful insight into Hood's system of moral-management, but lacks specific reference to the experiences of male and female patients.¹⁷ Therefore, by taking Bethlem as its case-study, this hybrid will prove valuable to the field of asylum studies for three reasons. Firstly, it will nuance existing historiography on moral-management, and advance the debate beyond the rhetoric of revisionist historians that has exhaustively critiqued the practice. Secondly, it will urge scholars to refrain from making sweeping generalisations about the treatment of each sex under the practice. For instance, although this study will not entirely refute scholarly claims that moral-management reinforced conventional feminine decorum, it will demonstrate that masculine behaviour was promoted with exactly the same energy throughout Bethlem – an idea scholars are yet to acknowledge. In addition, this analysis will illuminate that moral-management was not an inherently sexist practice, but one that needs to be examined alongside the Victorian gender code. Finally, this enquiry will conclude that, under Hood's system of moral-management, female inmates had a greater voice in the asylum than hitherto assumed.

The compilation of any asylum history must heed what Roy Porter urges historians to do, and attempt to 'get inside the heads of the mad'.¹⁸ Therefore, to best understand the treatment of patients, the individuals who experienced the psychiatric practice in question need to be consulted. This, however, is not an easy task; many asylum inmates left little trace of their existence behind, and thus there is a dearth of evidence available to resurrect their voices. Consequently, scholars have resorted to using the talk of superintendents, families, and legal records to ascertain the experiences of asylum inmates.¹⁹ Indeed, due to the paucity of material recorded by individuals themselves, this enquiry will partially rely on the institutional reports, such as those compiled by Hood himself. It must be stressed however, that while Hood's accounts will offer a useful glimpse into his system of moral-management, it is probable that their content would naturally be biased towards its practice.

¹⁷ See Andrews (et al.), *History of Bethlem*, 484-498.

¹⁸ Porter, *Mind Forg'd Manacles*, 229.

¹⁹ Porter, *Mind Forg'd Manacles*, 227.

And yet, despite this obvious challenge, there is still a range of evidence within which the patient's voice can still be indirectly heard. For instance, to help compensate for the inherent bias of Hood's writing, the reports compiled by the Visiting Commissioners in Lunacy will be used. The Commissioners were an independent body of government officials who oversaw the care administered by the asylum.²⁰ Their reports therefore, are indispensable to this analysis as they provide a near objective account of life under Hood's care due to their separation from the Hospital. Additionally, patient casebooks will be employed to help recreate a micro-history of inmate experience. Such evidence will be substantiated by the photographic collection of Bethlem's inmates taken by Henry Hering between 1857 and 1859, as ultimately they provide 'a window into unique patient stories'.²¹ Finally, this investigation will shed light on the drawings of Bethlem's interior published in *The Illustrated London News*, since they will help to accentuate the disparity in living and working quarters of both sexes. Under this rubric, this enquiry will attempt to conduct a 'history from below' – a method discussed by Porter in his paper 'The Patient's View' that specifically alludes to psychiatry.²² Although this study will not be utilising any material written by patients themselves – a key component of Porter's methodology – through examining the sources listed above, this analysis will still endeavour to empower and give voice to the psychiatric patient of Bethlem's past.

This investigation into Bethlem will be divided into three chapters: 'The Aims of Moral-Management', 'The Operation of Moral-Management' and 'Doctor-Patient Relations under Moral-Management'. The first chapter, 'The Aims of Moral-Management', will use the work of those who pioneered the practice – men like John Connolly, John Haslam, Thomas Clouston, and Thomas Prichard – to ascertain its goals and evaluate how they differed for male and female patients. As such, this section will consider contemporary ideas about masculinity and femininity, and the concept of the 'separate spheres' which formed a cornerstone of Victorian society. With this, it will assess how these gendered norms affected the treatment of men and women in asylums like Bethlem. This chapter will reach a conclusion based on the premise that moral-management sought to render *both* sexes productive

²⁰ Andrews (et al.), *History*, 489.

²¹ Colin Gale and Robert Howard, *Presumed Curable* (Petersfield: Wrightson Biomedical Publishing, 2003), 3.

²² Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 12, 2 (1985), 175-198.

members of society again, hoping to transform them into the best versions of their masculine and feminine selves.

The second chapter, 'The Operation of Moral-Management', will scrutinise the daily organisation of inmates through investigating the disparity in male and female living quarters, work therapy, exercise regimes, diet, and recreation. Using the evidence provided by *The Illustrated London News* and the General Reports compiled by Hood and the Visiting Commissioners in Lunacy, this section will demonstrate that moral-management established highly gendered spaces and reinforced masculinity and femininity with equal determination. Additionally, this chapter will propose that Hood's application of moral-management was not inherently misogynistic or sexist, but simply reflected Victorian standards of gender normality that permitted men to do one thing, and women another.

In the final chapter, 'Doctor-Patient Relations under Moral-Management', the rapport between Hood and his inmates will be scrupulously examined. The power dynamic between the doctor and patient has continually attracted the interest of medical historians, with many identifying the omnipotency of the former and the subjugation of the latter.²³ This analysis however, seeks to conclude otherwise. Through extrapolating details from patient casebooks, this chapter will deduce that both sexes – but most notably females – had a greater voice and played more of an active role in their treatment than hitherto assumed. Ultimately, it will accentuate that Hood established a 'new pattern of institutional psychiatric bedside' – a modernised ethos that consisted of him listening to patients, not just their family members or friends, to discover the true cause of insanity.²⁴

²³ See Foucault, *The Birth of the Clinic* (London: Tavistock Publications, 1973).

²⁴ Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), 131.

Chapter One – ‘The Aims of Moral-Management’

Historiographically, there have been many studies illuminating how women fell victim to the male-orchestrated abuse that abounded Victorian asylums. However, as Regina Morantz notes, this has become a ‘sterile and tedious line of inquiry’, and one that finds relatively little support in this paper.²⁵ Indeed, if the theoretical aims of moral-management are examined and applied to patient treatment at Bethlem, it is apparent that both sexes were subjected to the same ideological goal, which sought to return them as productive and respectable individuals to life outside the asylum. Essentially, Hood’s criteria for patients to be from the ‘educated-classes’ meant that his system of treatment reflected the way polite Victorian society functioned; it endeavoured to return men to their commercial role in the public sphere, and women to their domestic role in the private sphere.²⁶ In this way, both sexes were subjected to an arrangement that reinforced femininity and masculinity with equal determination. Therefore, contrary to historical consensus, the prevailing aims of moral-management did not oppress women any more than their male counterparts, as both sexes were ultimately bound to an arrangement that enforced their gender identity. As a rebuttal to this point, it could be argued that as the role of women in Victorian society was so restricted in comparison to that of men, that this in itself gave rise to the oppressive treatment of female patients under moral-management. However, as this study will reveal, the aims of Hood’s practice were not *inherently* sexist or misogynistic, but merely reflected a strict gender code that assigned men and women different societal roles.

The thrust of modern historiography propounds the view that moral-management gave rise to the strict control and classification of psychiatric patients in the Victorian era, with the implication that female inmates were subjected to a more severe mode of treatment than their male counterparts.²⁷ However, analysis of John Conolly and John Haslam’s work – medical men who pioneered moral-management in the early-nineteenth century – demonstrates that the ideological aims of the practice were strikingly consistent for both male and female patients. This is largely confirmed in the men’s discussion of work-therapy – an integral component of moral-management that, arguably, speaks to the wider aims of

²⁵ Regina Morantz ‘The Lady and Her Physician’ in M. Hartman and L. Banner (eds.) *Clios Consciousness Raised: New Perspectives on the History of Women* (New York: Harper & Row, 1974), 50-51.

²⁶ W. Charles Hood, *General Report of The Royal Hospitals of Bridewell and Bethlem and of The Houses of Occupations, for the year ending 31st December 1854* (London: David Batten, 1854), 54.

²⁷ Bynum, *Anatomy of Madness*, 2; Showalter, *Female Malady*, 79.

the practice. For these men, work therapy was not only considered therapeutic and contributed to the asylum economy, but more importantly, it had the capacity to render men and women useful and productive members of Victorian society again.²⁸ At this point, it is worth noting that Conolly and Haslam were writing at the inception of moral-management in the early-nineteenth century – a time that saw ‘an unprecedented expansion in the techniques of intervention in the lives of the working-class individual’.²⁹ Therefore, in the beginning, moral-management was exclusively employed in pauper asylums like the York Retreat, whose study has dominated much of the historiography concerned with the early-nineteenth century asylum reform.³⁰ It is possible therefore, that work therapy was thought to be an indispensable element in the moral-management of working-class patients, as it helped to facilitate their economic survival after being discharged. To aid with this, Conolly proposed that such asylums required the following:

‘There should be workshops and workrooms, and schoolrooms...there should be a kitchen, a laundry, a bakehouse, a brewhouse, and all the requisites for gardening and farming for patients to work in.’³¹

As the references to ‘workshops’ and ‘laundry’ suggest, Conolly sought for moral-management to mirror working-class life beyond asylums in order to best equip male and female patient for the demanding daily grind. This notion is substantiated by the remarks of an earlier advocate of moral-management, John Haslam:

‘The employment may be that to which they have been accustomed, and to which they will conform by habit...because when poor men [and women] recover from insanity, they must be returned to salutary and productive labour...’³²

While Haslam does not explicitly hint at the experiences of male and female patients, it is implied that ‘productivity’ was a vital characteristic that each inmate needed to attain before their discharge. Although there would have been a gendered element to this work therapy (the following chapter on ‘The Operation of Moral-Management’ will accentuate this idea further), the prevailing goal outlined by Conolly and Haslam strove to restore each patient to a level of industriousness that would enable them to prosper outside the asylum.

²⁸ Jane Hamlett, *Residential Institutions in Britain, 1725-1970: Inmates and Environments* (London: Routledge, 2015), 54.

²⁹ Anita Levy, ‘Psychology: The Other Woman and The Other Within’ in *Other Women: The Writing of Class, Race, and Gender, 1832-1898* (Princeton: Princeton Legacy Library, 1991), 99.

³⁰ Michael Brown, ‘Rethinking Early Nineteenth-Century Asylum Reform’, *The Historical Journal*, 49, 2 (2006), 427.

³¹ John Conolly, *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* (London: John Churchill, 1847), 8.

³² John Haslam, *Considerations on the Moral-Management of Insane Persons* (London: Hunter, 1817), 73.

Hood built on the ideological parameters set out by Conolly and Haslam, and not only sought to practically equip inmates for life beyond the asylum, but aimed to condition their behaviour and decorum too. By the time Hood assumed his title as Resident Physician Superintendent at Bethlem, there had been a significant shift away from admitting paupers in favour of those from the middle class, such patients for whom 'the association of a County Asylum would have been very painful'.³³ Therefore, by examining how polite Victorian society functioned beyond the asylum walls – paying particular attention to the concept of the 'separate spheres' – scholars can better gauge the theoretical aims of moral-management both sexes at Bethlem. In addition to Conolly and Haslam's instructions, Hood's practice sought to re-establish male and female inmates to positions in either the public or private sphere. At its simplest level, these two spheres were a binary arrangement and formed a cornerstone of Victorian society; men dominated the public sphere, and women operated in the private sphere.³⁴ John Ruskin's essay '*Of Queen's Gardens*' (originally given as a lecture) captured the distinction between men's active and women's passive role in the public sphere:

'The man's power is active, progressive, defensive. He is eminently the doer, the creator...But the women's power is not for rule, not for battle – her intellect is for sweet ordering, arrangement and decision.'³⁵

As Ruskin implied, the concept of the 'separate spheres' permeated every aspect of Victorian society. This stricture certainly applied to Hood's practice of moral-management at Bethlem, which effectively used spatial arrangements, architecture, material culture, amusement programs and exercise regimens to reinforce gender identities, as the following chapter will explore in greater depth.³⁶ By placing this issue in a broad historical context then, while Showalter is correct to acknowledge that moral-management promoted conventional feminine decorum, she wholly overlooks how the practice endeavoured to do the same with masculine behaviour.³⁷ In light of this, it would be overly simplistic to deem Hood's system as misogynistic or sexist since male inmates were implicated by this arrangement too. As Henry Hering's photographic collection will further accentuate, Hood's system of moral-management enforced the gender identity of both sexes with equal

³³ Gale, *Presumed Curable*, 5; Hood, *General Report of The Royal Hospitals of Bridewell and Bethlem and of The Houses of Occupations, for the year ending 31st December 1861* (London: David Batten, 1861), 50.

³⁴ Richard Price, *British Society 1680-1880: Dynamism, Containment and Change* (Cambridge: Cambridge University Press, 1991), 205.

³⁵ John Ruskin, '*Of Queens' Gardens*.' *Sesame and Lilies, Unto This Last and the Political Economy of Art* (London: George Allen, 1884), 68.

³⁶ Hamlett, *Residential Institutions*, 56.

³⁷ Showalter, *Female Malady*, 82.

conviction, not only striving to render patients industrious again, but seeking to return them to a respectable position in either the public or private sphere.

Indeed, defying rigidly drawn gender boundaries was thought to be a pronounced sign of 'moral insanity', or as Michael Clark terms it, 'morbid introspection'.³⁸ For Victorian psychiatrists like Sir Henry Holland, the state of 'morbid introspection' was believed to be triggered by the 'mind turning inwards upon itself', causing perverse moral tendencies and the defiance of normative gender roles.³⁹ James C. Pritchard, an early advocate of moral-management, substantiated this view, conceding that moral insanity was often an exaggeration of a character trait that was inconsistent with an individual's gender.⁴⁰ On this basis, morbid introspection could be exhibited through a woman's immodesty or a man's effeminacy. Patients at Bethlem were often typified as being morally and gender perverse. For instance, Hood described William Andrews as 'incapable of remembering the usual duties of his station in life' implying that he defied his role as father and breadwinner.⁴¹ Harriet Jordan exhibited a similar moral perversity, and was characterised as 'having a great propensity to destroy and tear her clothes'.⁴² For a middle-class Victorian woman, clothing was perceived to be a basic symbol of conformity to feminine propriety. Harriet's destruction of her dress therefore, demonstrated a deviation from femininity, and thus from mental wellness. For both male and female patients then, Hood's system of moral-management endeavoured to undo this perversity; it worked to redirect inmates' thoughts and feelings from morbid introspection to their proper role as a Victorian man or woman.

This prevailing aim of Hood's moral-management is most aptly captured in Hering's photographic collection. Hering was commissioned by Hood in 1858 to photograph a number of inmates at Bethlem, documenting their appearance when they entered and left the hospital.⁴³ This collection of photographs corroborate the notion that Hood's practice of moral-management aimed to return patients to society as fully productive men and women:

³⁸ Michael J. Clark, 'Morbid Introspection, Unsoundness of Mind, British Psychological Medicine, 1830-1900' in Bynum, *Anatomy of Madness*, 73.

³⁹ Henry Holland, 'On Dreaming, Insanity, Intoxication, etc.' in *Medical Notes and Reflections* (London: Longman, 1839), 240.

⁴⁰ James C. Pritchard, *A Treatise On Insanity and Other Disorders Affecting the Mind* (New York: Arno Press, 1835), 20-30.

⁴¹ BMM, MS/CB/066/76 'Male patient casebook', 29 December 1854.

⁴² BMM, MS/CB/073/24 'Female patient casebook', 13 May 1858.

⁴³ Gale, *Presumed Curable*, 12.

to either the public – masculine – sphere, or the private – feminine – sphere. Nonetheless, Hering's motives for photographing Bethlem's inmates, and Hood's reasons for permitting him to do so, are unrecorded.⁴⁴ For the sake of discussion however, it is plausible that Hood commissioned the photographs as a way of showcasing the success of his innovative practice at Bethlem, ensuring that Hering's photographs presented his system the best possible light. This view concurs with the findings of M. Hill and V. Pollock, which urge scholars to refrain from taking photographic sources at face value due to their subjective nature:

'It is easy to forget that every photograph is the result of more or less careful contrivance by the photographer.'⁴⁵

In light of this, it is highly likely that Hood manipulated the background, dress, and even hairstyle of the patient to accentuate the reformatory nature of his moral-management. Yet, this interpretation does not diminish the usefulness of this source, as ultimately it exhibits what Hood thought a reformed and recovered patient of each sex should resemble. Indeed, as the following analysis will showcase, there were stark and telling differences between the photographs of patients on admission and on leaving the hospital. Such disparities confirm that Hood's practice of moral-management intended transform patients into the best version of their masculine and feminine selves.

⁴⁴ Gale, *Personal communication*, 10 December 2015.

⁴⁵ M. Hill and V. Pollock, 'Images of the Past: Photographs as Historical Evidence', *History Ireland*, 2, 1 (1994), 10.



Figure 1



Figure 2

Henry Hering's photographic collection includes two photographs of Eliza Camplin. Figure 1 features Eliza on admission, a female inmate whose hair appears loose and unkempt, and is clad in an ill-fitted issue gown.⁴⁶ Although Eliza is pictured holding a book, the clumsiness of her attire and unwomanliness of her dress, dispel any elements of female respectability. Figure 2, the patient's discharge photograph, conveys a very different image.⁴⁷ Here, Eliza not only stands tall, but wears a dress that accentuates her feminine features and new-found care she has for her appearance. John Conolly, who scrupulously examined these particular photographs in the *Medical Times and Gazette*, commented on the notable difference between the two images:

'In the second portrait, there is no longer the drooping despondency, and in the dress there are marks of great care.'⁴⁸

Conolly clearly associated Eliza's change in her appearance with an improvement in her sanity, evident from the way she takes marked 'care' over her dress and general

⁴⁶ BMM, HPA/01/A07/6 'Portrait of E.C., a female patient diagnosed with acute mania', 9 February 1857.

⁴⁷ BMM, HPA/02/A07/6 'Portrait of E.C. in convalescence, a female patient diagnosed with acute mania', 22 February 1857.

⁴⁸ John Conolly, 'The Physiognomy of Insanity' in Adrienne Burrows and Ian Schumacher, *Portraits of the Insane: The Case of Dr. Diamond* (London: Quartet Books, 1990), 149.

countenance. In his analysis, Conolly even went as far to call Eliza 'beautiful'.⁴⁹ As such, it could be said that Figure 2 is demonstrative of Hood's ideal picture of a recovered woman. Arguably, Eliza's dress mirrors her function as a woman, emphasising her separation from the world of work and position in the domestic sphere. By dressing a way that could even resemble interior furnishings, women like Eliza became emblems of their social purpose – as wives, mothers, and commanders of the home. Undeniably then, the second portrait of Eliza speaks to the wider aims of Hood's moral-management; it demonstrates how the practice sought to restore women, like herself, to the domestic sphere after recovery.

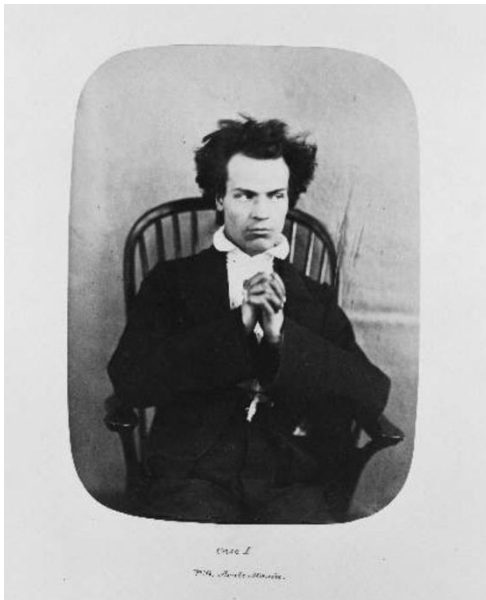


Figure 3



Figure 4

Many of Hering's photographs display how this prevailing ideology affected male patients too. Take William Thomas Green for instance. He is captured on admission in Figure 3. With his bedraggled hair and ruffled collar, this photograph seemingly presents William as the antithesis of masculine refinement and respectability.⁵⁰ Figure 4 however, reveals a very different image. Here, William assumes an assertive stance and commands the landscape of the whole photograph.⁵¹ Further, his dress and combed hair give the impression of propriety

⁴⁹ Conolly, 'Physiognomy', 149.

⁵⁰ BMM, HPA/26/A07/6 'Portrait of W.G., a male patient diagnosed with acute mania', 10 March 1857.

⁵¹ BMM, HPA/27/A07/6 'Portrait of W.G. in convalescence, a male patient diagnosed with acute mania', 8 February 1858.

and professionalism. Overall, the second portrait suggests William is a wholly changed and seemingly healed man, ready to return to his respectable position in middle-class society. Arguably, men like William could exhibit their psychological improvement by accentuating their gender identity, and championing their own masculinity. As with Eliza's discharge photograph, Figure 4 seems to portray an image of Hood's ideal, rehabilitated man, thus demonstrating how his practice worked to restore men like William to the masculine public sphere.

The prevailing aims of Hood's moral-management were, therefore, unchanging and consistent for both male and female patients throughout Bethelm. As the above analysis has showcased, Hood nuance the ideologies of Conolly and Haslam and not only endeavoured to render his middle-class patients productive members of society again, but sought to reinforce their gender identity with great zeal and energy. Furthermore, the examination of Hering's photographic collection reveals that Hood aimed to re-establish men and women to their assigned sphere in Victorian society – the public sphere for male patients, and the private sphere for female patients. And thus, Hood's system of moral-management aimed to promote femininity *and* masculinity with equal determination.

Chapter Two – ‘The Operation of Moral-Management’

Hood’s operation of moral-management meticulously and carefully carried out this gender-based ideology. Through analysing the built environment, work therapy, exercise, diet and recreation of Bethlem’s male and female patients, this chapter will accentuate that both sexes were subjected to a form of treatment that reinforced their gender identity with unwavering purpose. On this basis, it will elucidate that Hood’s practice not only promoted conventional female decorum, as is so often assumed, but subjected male patients to an arrangement that did much the same with their masculine behaviour.⁵² Finally, this discussion will propose that Hood’s system of moral-management needs to be understood in the wider context of the Victorian gender code, and hence deeming it inherently sexist and misogynistic would be overly simplistic.



Figure 5



Figure 6

The built environment of Bethlem imitated polite Victorian society in which ‘spaces were coded as masculine or feminine’.⁵³ Throughout the Hospital, separate quarters were allocated to male and female patients to ensure that ‘sexes were strictly segregated’.⁵⁴ Although this meant that men and women had different experiences of the institution, admittedly, it did not result in one sex being less well equipped or catered for than the other.

⁵² Showalter, *Female Malady*, 79.

⁵³ Elizabeth Langland, ‘Nobody’s Angel: Domestic Ideology and Middle-Class Women in the Victorian Novel’, *PMLA*, 107, 2 (1999), 295.

⁵⁴ Andrews (et al.), *History*, 497.

This view aligns with an independent report conducted by the Visiting Commissioners in Lunacy in 1860, which was highly praising of Bethlem's interior:

'The ordinary Galleries are enlivened by a great variety of subjected of interest, which the Patients appear to fully appreciate.'⁵⁵

Given the Commissioners worked for the government and were entirely separate from Bethlem, it is probable that this was a somewhat impartial, and therefore, reliable impression of patient living quarters. An article published in *The Illustrated London News* of the same year accentuates the conclusions drawn by the Commissioners, reproducing two drawings of the male and female galleries at Bethlem. Figure 5 presents the women's ward, depicting a finely furnished room, decorated in flowers, paintings, birdcages and books. Ultimately, this drawing recreates a typical domestic scene within a private sphere setting.⁵⁶ On this basis, it appears that Bethlem aimed to reinforce and promote the gender identity of its female inmates by treating them in respectable, elegant and civilised quarters. Bethlem's male patients, whose gallery is reproduced in Figure 6, were subjected to a similar arrangement.⁵⁷ Akin to the female ward, the male gallery appears to also be embellished with paintings and birdcages. Additionally, it displays some patients playing musical instruments, reading, and smoking, capturing much of what Elizabeth Langland describes as being 'the male-domain' or public sphere of nineteenth-century society – a domain that often comprised of 'smoking rooms and bachelor suites'.⁵⁸ As such, this illustration showcases how Bethlem enforced the strength and virility of its male patients through the hyper-masculinity of their quarters. Both sexes then, were treated in a setting that replicated polite Victorian society, and thus, one that reinforced their gender identity. Although this meant that male and female patients experienced the physicality of the asylum differently, this did not result in one sex being less-equipped than the other in their miniature private or public sphere, as the contemporary news items and the reports from the Visiting Commissioners in Lunacy suggest.

⁵⁵ The Visiting Commissioners in Lunacy as cited in Hood, *General Report of the Royal Hospitals of Bridewell and Bethlem and of The Houses of Occupations, for the year ending 31st December 1861* (London: David Batten, 1861), 35.

⁵⁶ BMM, LSC/192/A07/1 'Engraving of the female ward at the hospital, published in *The Illustrated London News*', 24 March 1860.

⁵⁷ BMM, LSC/193/A07/1 'Engraving of the male ward at the hospital, published in *The Illustrated London News*', 31 March 1860.

⁵⁸ Langland, 'Nobody's Angels', 295.

TABLE XVII.
OCCUPATION.

Means of Occupation provided for the Male Patients.		Means of Occupation provided for the Female Patients.
Basket Maker	Lace Making	Bed Furniture
Blanket Quilting	Mason	Drawing
Bricklayer	Mattress Making	Dress Making
Brush Maker	Painter and Glazier	Fancy Work
Carpenter	Plasterer	Household Work
Cooper	Plumber	Lace Making
Engineer and Smith	Reading, Writing, Drawing	Laundry
Gardener	Shoemaker	Music
Household Work	Straw Plaiting	Plain Needle Work
Kitchen	Tailor	Shirt Making
Knitting and Glove Making	Weaver	Wash-house
		Ward Cleaning
		Worsted Work

Figure 7

A vital component of moral-management at Bethlem was the introduction of work therapy. For Hood, occupational therapy was thought to be ‘one of the most important curative agents’ since it preoccupied the minds and bodies of the inmates.⁵⁹ As Figure 7 demonstrates however, there were noteworthy contrasts in the work undertaken by male and female patients. While the majority of men worked outdoors as ‘bricklayers’ and ‘gardeners’, women tended to participate in domestic chores such as ‘laundry’ and ‘plain needle work’. Historians, like Showalter, have used similar evidence to conclude that ‘women’s work was more rigidly circumscribed than that of men’, implying that it was a wholly sexist practice and one that fiercely reinforced typical feminine behaviour.⁶⁰ Louise Phillips substantiates Showalter’s assumption, asserting that ‘women were only encouraged to pursue domestic tasks’.⁶¹ While the claims made by Showalter and Phillips are grounded in some truth – female work therapy did, as Figure 7 exhibits, seem to be unwaveringly tied to their domestic duties – they overlook how occupational therapy also mirrored the work of men outside the asylum, and thus promoted conventional masculine behaviour too. Indeed, as established in the former chapter, Hood’s system of moral-management worked to return male and female patients to their appropriate sphere in Victorian society. As such, work-therapy at Bethlem should not be understood as overtly misogynistic, but merely a practice that allocated male and female inmates a job that would facilitate their participation in society outside the asylum and, hopefully, their eventual prosperity.

⁵⁹ Hood, *General Report of the Royal Hospitals of Bridewell and Bethlem and of The Houses of Occupations, for the year ending 31st December 1852* (London: David Batten, 1852), 48.

⁶⁰ Showalter, *Female Malady*, 82.

⁶¹ Louise Phillips, *Mental Illness and the Body: Beyond Diagnosis* (London: Routledge, 2006), 56.

The rural setting of Bethlem made it possible for patients to enjoy the therapeutic powers of nature in the form of exercise, which, as Hood asserted, was ‘a great incentive to mental restoration’.⁶² As with work therapy however, exercise at Bethlem was similarly segregated. The disparities in leisure are best communicated by the Charity Commissioners – an independent government agency who ensured the income of charities like Bethlem was used for its intended purpose.⁶³ In their annual account, they observed that while men tended to play more vigorous exercise, such as ‘trapball, leapfrog and cricket’, women were ‘encouraged to dance together in the evenings’.⁶⁴ Although it could be argued that this division demonstrated Hood’s misogynistic conduct, it is also plausible that his moral-management simply reflected the Victorian understanding that strenuous exercise was harmful and unsuitable for females. Indeed, it was widely believed that vigorous exercise would ‘compromise a women’s health and ability to bear children’.⁶⁵ This interpretation provides further confirmatory evidence that Hood’s practice of moral-management was not inherently sexist and chauvinistic, but a system that simply abided by the traditional Victorian gender code and promoted masculinity and femininity accordingly.

⁶² Hood, *Statistics of Insanity Being a Decennial Report of Bethlem Hospital, From 1846-1855 Inclusive* (London: David Batten, 1855), 102.

⁶³ Gale, *Personal communication*, 3 December 2015.

⁶⁴ *An Account of Bethlem Hospital of the late Charity Commissioners* (London: David Batten, 1853), 26.

⁶⁵ Nadya Sweden, *Women’s Sports Medicine and Rehabilitation* (Maryland: Lippincott Williams & Wilkins, 2001), xxxi.

DIETARY TABLE.

BREAKFAST.

Every Day.. Males .. Tea, with 7 oz. of Bread and Butter.
Females.. ,, 6 ditto

DINNER.

Sunday	Males	{ 6 oz. Boiled Beef free from bone }	4 oz. Bread, 3lb. Vegetables, 1 pt. Beer.
	Females.. 5 ..	4	1/2
Monday	Males .. 6 ..	Roast Mutton, 4	1
	Females.. 5 ..	4	1/2
Tuesday	Males .. 6 ..	Boiled Mutton, 4	1
	Females.. 5 ..	4	1/2
Wednesday..	Males .. 6 ..	Roast Beef, 4	1
	Females.. 5 ..	4	1/2
Thursday.....	Same as Monday.		
Friday.....	Same as Tuesday.		
Saturday... ..	Males .. 16 oz.	Meat Pie, 4 oz. Bread, 1 oz. Cheese, 1 pt. Beer.	
	Females.. 14 ..	4	1/2

SUPPER.

Sunday, Monday, Tuesday, Thursday, and Friday } Males .. Same as Breakfast.
Wednesday and Saturday.. Males .. 7 oz. Bread, 2 oz. Cheese, 1 pint Beer.
Every Day Females.. Same as at Breakfast.

Figure 8

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Patients in employment in the Grounds, Workshops, or Laundry, to be allowed 4 oz. of Bread, 1 oz. of Cheese or 1/2 oz. of Butter, and 1/2 a pint of Beer for Luncheon, and 1/2 a pint of Beer in the Afternoon.

Every Patient to be allowed 1 3/4 oz. Tea, 8 oz. of Sugar, 8 oz. of Butter, and 1 1/2 pints Milk weekly.

On Christmas Day the Dinner to be Roast Beef and Plum Pudding.

On New Year's Day, a Mince Pie to be added to the usual fare.

On Good Friday, a Bun.

On Easter and Whit Monday, 6 oz. of Roast Veal to be allowed instead of the usual Meat for the day.

The Dinners to be further varied by the occasional substitution of Pork and Bacon, when Peas and Beans are in season; and also by the occasional substitution of Fish, and Fruit Pies, when Fish and Fruit are plentiful and good.

The Sick to be dieted at the discretion of the Resident Physician.

The Attendants to have at all times the means of obtaining Gruel for such Patients as may require it.

The above to be considered maximum allowances, and all quantities unaccounted for are to be taken in diminution of the next supply from the Stores of the Hospital.

Figure 9

In addition to exercise, Hood's system of moral-management presided over the diet requirements allotted to male and female patients. As Figure 8 and 9 suggest, the provisions given to both sexes at Bethlem was seemingly plentiful, concurring with the instructions of Samuel Tuke (an earlier advocate of moral-management) for these to be 'liberal'.⁶⁶ Arguably, the meals consisting of 'Roast Mutton' and 'Roast Beef' dispel the image of the malnourished female patient that scholars like Showalter have presented readers with.⁶⁷ Although Figure 8 indicates that women received marginally smaller portions than their male counterparts, admittedly, they still enjoyed the same dishes and were also entitled to the same celebratory meals at Christmas and Easter, as Figure 9 highlights. It is also possible that the smaller meal size could be explained by the simple fact that women have always required somewhat less sustenance than men. This issue raised by Showalter was not even acknowledged by the Visiting Commissioners in Lunacy who, in their independent report of 1861, thoroughly praised the diet of both sexes:

⁶⁶ Hood, *General Report of the Royal Hospitals of Bridewell and Bethlem and of the Houses of Occupations, for the year ending 31st December 1857* (London: David Batten, 1857), 70-71; Samuel Tuke, *Description of the Retreat, An Institution Near York For Insane Persons of the Society of Friends* (Philadelphia: Isaac Peirce, 1813), 118.

⁶⁷ Showalter, *Female Malady*, 79.

‘The Dinner, which we saw served, was of excellent quality and ample quantity. We have much satisfaction that Patients of both sexes expressed themselves in terms of gratitude for their kind treatment.’⁶⁸

By way of illustration then, both male and female patients appeared to enjoy a generous and plentiful diet. While women received slightly less food than the men in the asylum, this did not wholly deprive them, but merely reflected the commonly-held belief that females require marginally less food than men – an idea that is still grounded in much scientific truth.



Figure 10

Recreation formed another integral component of moral-management. At its simplest level, rational amusements employed for their stimulating and entertaining value, and hence, were widely used in Bethlem.⁶⁹ Hood confirmed this in his General Report of 1852, noting that both sexes took part in an array of leisure activities:

‘Social parties shall take place on the female side, twice a week, at which rational amusements will be encouraged: and similar meetings will be held on the male side.’⁷⁰

Figure 10 corroborates this point, depicting the pinnacle of all ‘social parties’ – the Bethlem Christmas Ball reproduced in *The Illustrated London News*.⁷¹ This annual event was relished by male and female patients, as the privilege of attending depended on the behaviour of

⁶⁸ ‘1861 Report from the Commissioners in Lunacy’ as cited in Andrews, *History*, 484.

⁶⁹ Leonard D. Smith, *Cure, Comfort and Safe Custody* (London: Leicester University Press, 1999), 243.

⁷⁰ Hood, *General Report 1852*, 48.

⁷¹ ‘A Christmas Ball in Bethlem Hospital’, *The Illustrated London News* (London), 24 December 1859.

each patient – a condition that existed alongside most forms of entertainment at Bethlem.⁷² As the drawing indicates, both men *and* women were free to mix at this social occasion. In addition to this impressive affair, compliant patients were often permitted to leave the hospital on escorted excursions to Kew Gardens or the National Gallery, again affirmed by Hood in his General Report of 1859:⁷³

‘The privilege of walking beyond the grounds of the Hospital continues to be enjoyed by both male and female patients; scarcely a day passes on which two or three patients do not pass the gates for exercise or sightseeing under the charge of the attendants.’⁷⁴

Seemingly, both sexes partook in a range of similar social activities under Hood’s system of moral-management. On this basis, neither sex was given more freedom or choice since they were both managed by a system that rewarded good behaviour with recreational activities.

Clearly then, Hood’s operation of moral-management subjected both male and female patients to a wholly gendered mode of treatment. Under this rubric, Hood’s application of the practice aspired to condition and reinforce the gender identity of each sex. Integral components of moral-management, such as work-therapy, diet and exercise, not only affected women and promoted typical feminine decorum as scholars claim, but were determined to enforce conventional masculine behaviour too. Additionally, the idea that moral-management was essentially sexist or misogynistic needs to be avoided. Indeed, given contemporary ideas about femininity and masculinity, it is understandable that men and women had differing experiences of asylum treatment at Bethlem. Although female inmates did not take part in rigorous exercise or labour in the fields of the asylum with their male counter-parts, this did not necessarily mean that Hood was introducing a harmful or restrictive regime based on chauvinism and misogyny – rather he was simply abiding by a gender code that was firmly entrenched in Victorian society.

⁷² Andrews, (et al.), *History*, 495.

⁷³ Catherine Arnold, *Bedlam: London and Its Mad* (London: Simon and Schuster, 2009), 208.

⁷⁴ Hood, *General Report of the Royal Hospitals of Bridewell and Bethlem and of the Houses of Occupations, for the year ending 31st December 1859* (London: David Batten, 1859), 40.

Chapter 3 – ‘Doctor-Patient Relations under Moral-Management’

The doctor-patient relationship, especially within asylums, has long attracted the attention of medical historians. However, contrary to Foucault’s assertion in his book *Discipline and Punish*, the patient’s voice was not silenced by Hood, but instead carefully listened to.⁷⁵ Although this next analysis would benefit from drawing on material recorded by the patients themselves, as previously stated, Bethlem’s inmates left little trace of their existence behind. Therefore, this chapter will use a close study of patient casebooks since they still allow for the inmate’s voice to be indirectly heard. Indeed, such evidence reveals that Hood’s system of moral-management broke with a long-standing tradition at Bethlem; rather than heeding only the narrative of the patient’s friends and family, he relied on the inmate’s own story – extrapolated through interview – to identify the real reasons for their insanity.⁷⁶ In this way, Hood gave both sexes, but especially women, a voice they could tell their own life story with. As such, Hood represented a doctor with a progressive ethos, encouraging men and women to exercise more agency in their asylum experience than hitherto assumed.

To accentuate the way Hood acknowledged and valued the voice of his patients, it is necessary to examine the dynamic of the doctor-patient relationship before 1852 at Bethlem. Indeed, prior to Hood, superintendents did not question the narrative provided by the friends and family of inmates outlining the alleged reasons for their insanity. David Wright’s paper, ‘Getting Out of the Asylum’, abounds with examples illustrating how confinement was ‘predicated upon the desires of families’.⁷⁷ One striking example of this was Sarah Hartley, who was admitted to Bethlem in 1821. From the monotonous tone of her casebook, it seems that Doctor Tuthill simply recorded everything an acquaintance described as causing her psychological breakdown:

‘Her present disorder is reported to have begun in August last and to show itself on the death of one of her children. She positively refused to suffer the body to be buried, till at the end of a fortnight the parish officers were obliged to remove her from the workhouse...’⁷⁸

⁷⁵ Foucault, *Discipline and Punish: The Birth of the Prison* (Harmondsworth: Vintage Books, 1977), 191.

⁷⁶ Melling, *Insanity*, 131.

⁷⁷ David Wright, ‘Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century’, *The Society for the Social History of Medicine* (1997), 137.

⁷⁸ BMM, MS/CB/008/229 ‘Female patient casebook’, 1 March 1821.

This pattern of exclusively listening to the explanation provided by the friends and family of inmates features in most of the 'causes' entries within patient casebooks before 1852. The case of Thomas Abbot, a servant, was another example of this, described by his master M.G Cowley Winston Bucks in the following way:

'About a month since I was called to attend Mr Abbott for a Hernia, I saw then that he was not in a sound state of mind...since, I have been unable to persuade him to take medicine but considered that it was needed and that he should be constantly watched as he appears to have become mad.'⁷⁹

Clearly, this was of decoding the cause of insanity resolutely silenced the voice of both male and female patients. Instead of ascertaining the cause of insanity from the patient's themselves, Hood's predecessors solely relied on the narrative of their family and friends, which was a wholly dehumanising arrangement for the inmate.

There is overwhelming evidence corroborating the notion that Hood used more sophisticated detective work when it came to understanding the legitimate reasons behind the insanity of patients. Hood exercised especially scrupulous investigative work with Bethlem's female inmates, establishing a platform upon which they could freely discuss their personal issues. Indeed, when women were first admitted to Bethlem, Hood appeared to leave the 'causes' section of casebooks blank to make 'retroactive use of his own institutional observation', and witness patients first-hand to determine the true cause of insanity.⁸⁰ This pattern was demonstrated most emphatically in the case of Mary-Anne Musard. Before Hood assumed his title at Bethlem, Mary-Anne was admitted to the Hospital under Doctor Thomas Monro in 1851. In her patient casebook, Monro explained that her insanity was triggered by the following events:

'..anxiety and distress of the mind on account of some frivolous misunderstanding between herself, her mother and her husband.'⁸¹

However, when Mary-Anne was readmitted under in 1853, Hood wrote the following in her 'cause' section after careful observation:

'There is quite sufficient causes for this attack. Her husband is a skirmisher and not only beats her but keeps another woman. Her weakness of mind is induced by his cruelty.'⁸²

⁷⁹ BMM, MS/CB/026/100 'Male patient casebook', 24 December 1841.

⁸⁰ Kathryn M. Hunter, *Doctor's Stories: The Narrative Structure of Medical Knowledge* (Princeton: Princeton University Press, 1992), 81-2.

⁸¹ BMM, MS/CB/055/47 'Female patient casebook', 31 May 1851.

⁸² BMM, MS/CB/062/33 'Female patient casebook', 23 November 1852.

Unlike Monro's ambiguous hypothesis, Hood's analysis highlights that he was more dedicated to finding the root of Mary-Anne's psychological breakdown. This diagnosis suggests that Hood conducted a personal interview with Mary-Anne, as arguably such intimate and private details could not be extrapolated from a friend or family member alone. Based on this interpretation, Hood not only gave Mary-Anne a voice to articulate the oppression she had experienced in her marriage, but empowered her in doing so. Evidence that Hood championed the predicament of his female patients was also apparent in the case of Emma Nichols. As with Mary-Anne, Hood systematically observed and interacted with Emma before writing the following postulation:

'It appears her brother has on several occasions behaved in a brutal manner to her, and her mother has prevented her from marrying...'⁸³

Again, it seems that Hood was able to probe Emma for the troubling and disturbing truth behind her insanity. In both cases then, it is implied that Hood established personal relations with such women, which enabled them to reveal a plausible, if not sinister, explanation for their psychological demise. In this way, Hood's system of moral-management situated women at the centre of their asylum experience – they were no longer dehumanised by the doctor-patient-friend relationship that was so heavily relied on before. Therefore, contrary to Showalter's conjecture, Hood was not 'reluctant to listen to women', but rather created a dynamic in which female patients could discuss private and domestic affairs, and hence, allowed for them to play more of an active role in their treatment.⁸⁴

Hood's relationship with Bethlem's male inmates was similarly striking. As demonstrated with the admission of female patients, Hood was equally distrusting of the narrative provided by the friends and family of male patients. However, by opening a dialogue with these men, Hood was able to ascertain the real cause of insanity, which was sometimes too indecent or embarrassing to be revealed at the time of admission. One noteworthy example of this was Emmanuel Caronel. After some weeks of comprehensive observation, Hood concluded the following about him:

'The fact appears to be that he is a bad husband and his wife an indifferent woman, and consequently, he drank and beat her.'⁸⁵

Once more, it appears that Hood was able to get to the crux of Emmanuel's emotional turmoil by giving him a voice to explain his life-story. Indeed, it is plausible that those who admitted Emmanuel did not want to reveal the truth about his abusive nature, perhaps for

⁸³ BMM, MS/CB/062/24 'Female patient casebook', 28 December 1853.

⁸⁴ Showalter, *Female Malady*, 61.

⁸⁵ BMM, MS/CB/064/81 'Male patient casebook', 22 April 1855.

fear of blackening the family name. The same was true of James Aransolo, a 15 year-old boy for whom Hood wrote:

‘He probably practiced masturbation a considerable time though his father has only recently become aware of the fact.’⁸⁶

As with Emmanuel’s domestic abuse, James’ masturbation would have been equally shameful for a family member to profess, since it was widely regarded to be a reprehensible and sinful habit.⁸⁷ To extrapolate such intimate details then, it can be inferred that Hood not only observed patients, but also carefully and meticulously listened to their narrative. This innovative arrangement replaced the old pattern that saw doctors wholly relying on other people’s stories about the patient’s past. Therefore, akin to their female counterparts, male patients equally became the storytellers of their own lives.

And yet, given the lack of any material left by patients at Bethlem, it is not clear how accurately Hood captured the voice of the aforementioned individuals. Regrettably, there is no documentation of how inmates reacted to Hood’s probing of their private life. Moreover, as the above analysis seems to suggest, Hood enjoyed identifying domestic abuse as a common cause of female insanity; thus, it is plausible that Hood put words into the mouths of some of these women. A possible explanation for this could be that Hood wanted to present himself as the protector and guardian of downtrodden females.

And yet, it seems too disparaging to regard Hood’s quest to find the causes of patient insanity as a way to satisfy his ego. Indeed, this analysis has demonstrated that the perception of the rigid doctor-patient relationship is overly simplistic. Evidently, Hood’s system of moral-management placed both male and female patients at the centre of their treatment and gave them a voice to narrate the reasons for their psychological turmoil. As such, the role assigned to the patient by Foucault seems too passive since both sexes were clearly rendered more active under Hood.⁸⁸ Arguably, it could be said that this arrangement empowered the female patients at Bethlem the most, since it gave women a platform upon which they could discuss their domestic predicament and any cruelty experienced within marriage.

⁸⁶ BMM, MS/CB/064/209 ‘Male patient casebook’, 4 September 1855.

⁸⁷ Ian Gibson, *The English Vice: Beating, Sex, and Shame In Victorian England and After* (Virginia: Duckworth, 1978), 4.

⁸⁸ Foucault, *Discipline*, 191.

Conclusion

This paper has conducted a micro-history of the Bethlem Lunatic Asylum to explore the gender dimensions under the moral-management of the revered Doctor William Charles Hood. Under this rubric, it has brought together the study of moral-management and gender – an interesting hybrid that historians have failed to acknowledge in the past. This novel combination has proved valuable for several reasons. Most notably, it has moved the debate beyond the rhetoric of the ‘female malady’ that has come to dominate the landscape of asylum histories. Along with this, it has observed the value of gender as a category of analysis, and fully acknowledged and explored Joan Scott’s point that men and women ‘are defined in terms of each other’.⁸⁹

Additionally, while this study has accepted Showalter’s claim that moral-management reinforced conventional feminine behaviour, it has taken issue with the way she overlooks how the practice also implicated their male counterparts.⁹⁰ At its simplest level, this investigation has demonstrated that Hood’s system of moral-management reinforced masculine roles with exactly the same conviction and energy as feminine roles. Indeed, Hood’s criteria for Bethlem’s patients to be from the middle-class meant his practice sought to reflect the way polite society functioned; it strove to restore men to their commercial role in the public sphere, and women to their domestic role in the private sphere. As Chapter Two demonstrated, this ideology permeated into the operation and application of moral-management at all levels. Integral components such as work therapy, diet, and exercise not only promoted typical feminine decorum as Showalter proposes, but also reaffirmed masculine behaviour too.⁹¹ Furthermore, although female inmates did not partake in strenuous exercise or work on the asylum grounds, this did not necessarily mean that Hood consciously introduced a restrictive or chauvinistic regime; a more plausible explanation was that he was abiding by a stringent gender code that expected men to do one thing, and women another.

Finally, through examining doctor-patient relations at Bethlem, this study has revealed that patients, and especially women, were given a greater voice under Hood than hitherto assumed. Instead of relying on the narrative provided by the patient’s friends and family, Hood seemingly listened to men and women themselves, seeking to extrapolate the real

⁸⁹ Scott, ‘Gender’, 1054.

⁹⁰ Showalter, *Female Malady*, 82

⁹¹ Showalter, *Female Malady*, 79, 82.

reasons behind their psychological collapse. Arguably, Hood's system worked to empower Bethlem's female inmates more than any of his predecessors, giving them a platform on which they could openly discuss intimate problems, such as domestic abuse in their marriage. Importantly, Hood did not belittle or disregard the issues of such women, but treated them with great seriousness.

Moving forward, historians would benefit from using this framework to explore the gender dimensions in other Victorian asylums where moral-management was implemented, such as Colney Hatch or West Riding Pauper Asylum. Such investigations would not only help identify how typical Bethlem's gender arrangement was, but also how typical Hood was – a doctor who empowered his patients and denounced the subjugation of women. Arguably, this methodology would help nuance future asylum histories, and prevent historians from making broad generalisations about the treatment of both men and women in institutions. And so, when examining the topic of gender and psychiatry, scholars should end their quest to find examples of sexism or misogyny, and instead adopt a more neutral line of enquiry.

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