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Amy Milne-Smith

Wilfrid Laurier University, amilnesmith@wlu.ca

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Work and Madness: Overworked Men and Fears of Degeneration, 1860s-1910s

Amy Milne-Smith

Keywords: Madness; Masculinity; Mental Health; Work; Degeneration; Neurasthenia; Suicide; Asylums.

I. Introduction

The Challoners (1904) is one of society novelist E.F. Benson's (1867-1940) lesser-known works. The novel features a father and son driven to tragedy by their unceasing devotion to hard work. The father, Rev. Sidney Challoner, is a lightly veiled portrait of E.F.'s own father Edward. An awkward, pious, rather dour man, Sidney is marked by an exceptional work ethic: 'of work he was insatiable: if he was unsparing to others, at any rate he never spared himself.'¹ His work takes an emotional toll on him, as he is harsh in manner and distant from his family. His son Martin is a musical genius who shares his father's capacity for extraordinary focus and applies it to his musical virtuosity. The night of his piano debut, Martin's nervous energy overwhelms him, and he is consumed with fear that he will 'break down' completely. He repeats his fear that he will 'break down' three times in the course of a two-page conversation.² The villain of the story is neither Sidney Challoner nor his son; it is the obsessive overwork of father and son. Sidney's single-mindedness makes him blind to his son's own talent and ambition. Martin's performance is successful; however, it completely exhausts him. He is terrified that the cost of musical genius will be a mental breakdown.³ *The Challoners* is a cautionary tale of families who work too much and could find no balance in their lives.

For E.F. Benson (1867-1940), the fear of working oneself to madness was more than an idle concern. His family were a hardworking and talented group constantly whose reward for such work ranged from intermittent mental torments to outright insanity. Crippling depression plagued the family patriarch Edward Benson (1829-1896), Archbishop of Canterbury. He described his dark moods as a 'black dog' that not only haunted himself, but

¹ E.F. Benson, *The Challoners* (Philadelphia: J.B. Lippincott Co, 1904), pp. 14-15.

² Benson, *The Challoners*, pp. 317, 318.

³ In fact, Martin finds out he is suffering from typhus, not a mental disease, and he dies soon after. Benson, *The Challoners*, pp. 336, 345.

also his entire family.⁴ Of his six children, the majority suffered some form of mental breakdown and all died childless.⁵ A.C. (1862-1925) suffered mental distress in waves, and would become overwhelmed at times, like his father.⁶ Robert (1871-1914), a Roman Catholic priest, worked himself into an early grave by destroying his nervous system.⁷ Daughter Margaret (1865-1916) suffered a mental breakdown after working on a monumental philosophical work for over fifteen years.⁸ All of this certainly weighed on the inexhaustible E.F. Benson, who worried about them all to varying degrees. He also wondered whether that 'dark tremendous sea of cloud' that shadowed his family would find him and if he was fated to end his days in an asylum.⁹ The Bensons knew first-hand the dangers of hard work.

The problem of overwork was a constant refrain of doctors, teachers, and social commentators in the second half of the nineteenth century. It was an idea that preoccupied many Victorians, who worried that the speed and requirements of modern life could lead to broken nerves, low spirits, or nervous collapse. A constant simmering concern, it could intensify around specific issues to become a momentary but acute panic. For example, Dr. James Crichton-Browne's 1884 report to the Education Department produced just such a moment. His dramatic research detailed the undue pressure inflicted on elementary school children preparing for their required exams. The issue was taken up not only by Parliament, but also by the medical and popular press; it became a media sensation.¹⁰ While the government addressed the specific recommendations of the report, granting supports and exemptions for schoolchildren in need, the larger problems of overpressure could not be so easily addressed.¹¹

Overwork seemed endemic, and doctors created new categories of diagnosis simply to address its effects on the body and mind. Neurasthenia, as described by American physician George Beard in the 1860s, and popularized in Britain in the 1880s, was specifically a disease

⁴ Simon Goldhill, *A Very Queer Family Indeed: Sex, Religion and the Bensons in Victorian Britain* (Chicago: University of Chicago Press), pp. 3-21.

⁵ Martin died at school from a brain fever, and he very well could have been the basis of the fictional 'Martin' in the *Challoners*. Nellie also died young after exhaustive work amongst the poor. Goldhill, *A Very Queer Family Indeed*, p.4.

⁶ E.F. Benson, *Our Family Affairs, 1867-1896* (New York, c.1921), p. 318.

⁷ C.C. Martindale, 'Benson, Robert Hugh (1871-1914),' *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2005 [<http://www.oxforddnb.com/view/article/30718>, accessed 9 Aug 2016]

⁸ Jessica Martin, 'Benson, Margaret (1865-1916),' *ODNB*.

⁹ Benson, *Our Family Affairs*, p. 262.

¹⁰ J. Middleton, 'The Overpressure Epidemic of 1884 and the Culture of Nineteenth-Century Schooling,' *History of Education* 33.4 (2004): pp. 422-423.

¹¹ Imogen Lee, 'Creating Childhoods: Ideas of the Child and School in London, 1870-1914,' (Goldsmiths, Univ. of London PhD thesis, 2013), ch. 4.

of modern life linked to, among other things, enhanced pressures in the education system.¹² Some railed against the imprecision of the term, with one doctor calling it a ‘diagnostic wastebasket.’ Its flexibility could also be expedient, however, and it continued to be used in Britain through the First World War.¹³ By the 1880s, psychiatrists across Europe and the United Kingdom had become increasingly interested in the variety and potential extremity of the disorders of the ‘nerves’ that needed their care.¹⁴ Nervous complaints were hardly the worst-case scenario for the burnt out and overwhelmed, but they were taken seriously due to fears that they might be the first stage in a potentially much more dangerous disease. Overwork and mental exhaustion could lead to absolute madness requiring commitment to an asylum. The results of hard work could, in such cases, be catastrophic.

Undue pressure or study, it was generally understood, could damage men and women’s mental health; however, medical authorities were far more concerned about men’s overburdened minds.¹⁵ Victorian diagnoses of mental breakdown were typically differentiated by gender and by proximate cause: women were more likely to be diagnosed with hysteria, while men were more likely to be labelled neurasthenic.¹⁶ The high stress of men’s working lives was often identified as a reason for their susceptibility to insanity, whereas for women it was more often linked to their physical, bodily responses.¹⁷ The prognosis and course of treatment also varied between the sexes. Women were typically advised to slow down, avoid brain work, and regather their energies in the safety of the home that social commentators and

¹² Anna Crozier, ‘What was Tropical about Tropical Neurasthenia? The Utility of the Diagnosis in the Management of British East Africa,’ *Journal of the History of Medicine and Allied Sciences* 64.4 (2009): p. 525. David Schuster ably tracks the medical and cultural context of American neurasthenia. David G. Schuster, *Neurasthenic Nation: America’s Search for Health, Happiness, and Comfort, 1869-1920* (New Brunswick: Rutgers University Press, 2011).

¹³ Shorter cites Conrad Rieger classifying neurasthenia as a wastebasket diagnosis in 1896. Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992), pp. 220-232.

¹⁴ Jessica Slijkhuis and Harry Oosterhuis. “‘Paralysed with Fears and Worries’: Neurasthenia as a Gender-Specific Disease of Civilization,” *History of Psychiatry* 24.1 (2013): pp. 79-80. For the most comprehensive overview of neurasthenia see Gijswijt-Hofstra and Porter, eds., *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam and New York, Rodopi, 2001).

¹⁵ There were far fewer women in higher education and ‘brain-heavy work.’ For those exceptional women, doctors were primarily concerned with what excess education would do to their reproductive health. Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and Mind Doctors* (London: Virago, 2008); James Kennaway, ‘The Piano Plague: The Nineteenth-Century Medical Critique of Female Musical Education,’ *Gesnerus* 2011 68.1: 26-40.

¹⁶ J. Michell Clarke, *Hysteria and Neurasthenia* (London: John Lane, 1905), p. 171.

¹⁷ For example, Dennis DeBerdt Hovell believed that when women’s neurasthenia turned to madness it was as a result of severe emotional shock. Whereas in men, he believed it was overwork that triggered a more serious illness. Dennis DeBerdt Hovell, *On Some Conditions of Neurasthenia* (London: J. & A. Churchill, 1886), pp. 3, 17.

medical authorities assumed was their ‘natural space.’¹⁸ For middle-class men, by contrast, hard work and intellectual stimulation were part of their expected activities.

As John Tosh notes, bourgeois Victorian masculinity was essentially rooted in ‘a punishing work ethic’ balanced only by the reputed comforts of domestic bliss.¹⁹ Influential educators like Thomas Arnold argued that manliness could only be achieved through hard work starting in boyhood.²⁰ For those who might be found lacking in manly vigour, strenuous, dangerous, and difficult work was recommended as a solution. Authors of Imperial adventure fiction such as Joseph Conrad, H. Rider Haggard, and John Buchan extolled how the hard work of empire could help build and restore English masculinity.²¹ This messaging was particularly resonant to the middle classes (and those from other socio-economic groups who subscribed to middle class values) who were receptive to assertions, often backed by religious authority, that they needed to channel their masculine energy into the world of work and productivity.²²

Unlike many other causes of madness that could be avoided or mitigated, it was difficult for all but very wealthy men to evade hard work. Moreover, few doctors or public moralists recommended a life of indolence. As one fatalistic reviewer noted, ‘we are all too busy, and try too much. Unhappily, there is but little choice in the matter.’²³ According to such logic, successful men could scarcely elude some degree of mental or physical breakdown as a reward for their accomplishments. The harder they worked to establish their lives and careers, the greater the risk of destroying all they worked for.²⁴ This created a paradox: the path to success was also potentially the path to madness. Frederick White argues that certain diseases come to stand symbolically for the condition of the nation, embodying its fears and anxieties; the overworked madmen is an apt example from late-Victorian Britain.²⁵

¹⁸ Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2009).

¹⁹ John Tosh, ‘Hegemonic Masculinity and the History of Gender,’ in Stefan Dudink, Karen Hagemann, and John Tosh (eds), *Masculinities in Politics and War: Gendering Modern History*, (Manchester: Manchester University Press, 2004), p. 48.

²⁰ Heather Ellis, ‘Thomas Arnold, Christian Manliness and the Problem of Boyhood,’ *Journal of Victorian Culture* 19.4 (2014): p. 453.

²¹ Joseph A. Kestner, *Masculinities in British Adventure Fiction, 1880-1915* (Ashgate: Farnham, 2010); Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin de siècle* (Virago Press, 1991), p. 80.

²² Herbert Sussman, *Victorian Masculinities: Manhood and Masculine Poetics in Early Victorian Literature and Art* (Cambridge: Cambridge University Press, 2008).

²³ Review of *High-Pressure Business Life; its Evils, Physical and Moral*, by Henry Smith, *The Spectator*, 21 October, 1876, p.1320.

²⁴ Silvana Colella, *Charlotte Riddell’s City Novels and Victorian Business: Narrating Capitalism* (New York: Routledge, 2016), p. 36.

²⁵ White convincingly argues that neurasthenia takes on this role in Russia through the work of Leonid Andreev. Frederick H. White, *Degeneration, Decadence and Disease in the Russian Fin de Siècle: Neurasthenia in the Life and Work of Leonid Andreev* (Manchester: Manchester University Press, 2014), p.3.

This paper focuses on ‘brain workers’ who, almost by definition, tended to belong to the wealthier sectors of British society. Much Victorian medical writing evinces a strong belief that the class and gender of a patient had a dramatic influence on their susceptibility to madness, the factors that caused their breakdown, and the forms it would take.²⁶ William Julius Mickle, a physician writing in the 1880s, believed men were exposed to more dangers due to their careers in the military, industrial jobs, and the “intellectual overwork” of professional and literary life, and thus that they were more vulnerable to diseases of the mind.²⁷ A man who overworked his muscles would exhaust his body; a man who overworked his brain could destroy his mind. Physician John Charles Bucknill argued in 1885 that the wealthy were more likely to end up in an asylum than their working-class counterparts due to their radically different experiences of modern life.²⁸ Men of the “respectable” classes put a high priority on self-control and restraint with few opportunities for release.²⁹ If hard work was an intrinsic part of middle class masculine ideals, its dangers were perhaps less easily mitigated.

Building on Elaine Showalter’s insight that representations of madness can provide a key to understanding Victorian gender tropes and their lived realities, this essay places men at the forefront.³⁰ Recent historians and literary critics have shown that men’s madness was far from hidden in the nineteenth century, and that it was rife for public discussion long before the dawn of shell shock.³¹ An examination of men is particularly important in problematizing the status of men as the default subject of analysis and to emphasize the active policing of Victorian

²⁶ Lorraine Walsh, ‘A Class Apart? Admissions to the Dundee Royal Lunatic Asylum 1890-1910,’ in Jonathan Andrews and Anne Digby (eds) *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004), pp. 249-270.

²⁷ Mickle was specifically interested in the diagnosis of GPI. William Julius Mickle, *General Paralysis of the Insane* (London: H.K. Lewis, 1880), pp. 89-96.

²⁸ For example, he believed that a poor man could be partially insane and still continue at his profession with little effect. John Charles Bucknill, ‘Recovery From Lunacy,’ *Times* 21 August 1885: 13-14. *The Times Digital Archive*. Web. 17 Feb. 2016.

²⁹ John Tosh, ‘Masculinities in an Industrializing Society: Britain, 1800-1914,’ *Journal of British Studies* 44.2 (2005): pp. 331, 334.

³⁰ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Penguin Books, 1985).

³¹ Jan Goldstein, ‘The Uses of Male Hysteria: Medical and Literary Discourse in Nineteenth-Century France,’ *Representations*, 34 (1991), pp. 134-65; Helen Goodman, “‘Madness and Masculinity:’ Male Patients in London Asylums and Victorian Culture,’ in Thomas Knowles and Serena Trowbridge, *Insanity and the Lunatic Asylum in the Nineteenth Century* (Abington: Routledge, 2016), pp. 149-166; Kostas Makras, “‘The Poison that Upsets my Reason’: Men, Madness and Drunkenness in the Victorian Period,’ in *Insanity and the Lunatic Asylum in the Nineteenth Century*, pp. 135-148; Mark S. Micale, ‘Charcot and the Idea of Hysteria in the Male: Gender, Mental Science, and Mental Diagnosis in Late Nineteenth-Century France,’ *Medical History*, 34 (1990), pp. 363-411; John Starrett Hughes, ‘The Madness of Separate Spheres: Insanity and Masculinity in Victorian Alabama,’ in Mark C. Carnes and Clyde Griffen, *Meanings for Manhood: Constructions of Masculinity in Victorian America* (University of Chicago Press, 1990), pp. 53-66.

masculinity.³² Men's minds and their masculinity were interlinked, and a failure of one influenced perceptions of the other. This article begins by unpacking medical and popular understandings of men's vulnerability to 'breaking' under pressure. Exploring specific examples and incarnations of overworked madmen, I detail how various behaviours and diagnoses highlight broad contemporary fears about male misconduct, hereditary predisposition, racial degeneration, and suicide. The study of 'manly nerves' offers an enticing way to explore ideas of men and madness, as the borderlines of insanity are evocative areas of research.³³ However, to this point most scholarship has focussed on neurasthenia and its related nervous ailments alone.³⁴ Neurasthenia needs to be placed within a larger context of concerns about lunacy. This essay places nervous complaints within the full spectrum of mental disorders at the time, just as contemporaries would have done. Specific patient cases from Manor House Asylum are contextualized with patient memoirs, doctors' writings, and works of fiction to examine how men's hard work was pathologized as a route to madness in the last decades of the nineteenth century.

II. The Fragile Mind

The overworked neurasthenic man was as much a trope of mid- to late-Victorian culture as the hysterical woman. The hero of Charles Reade's 1864 sensation novel, *Hard Cash*, offers a perfect model of the type. After an exhausting boat race, the hero Alfred Hardie is described as:

...very pale; the more so that his neck was a good deal tanned; his eyelids were rather swollen, and his young eyes troubled and almost filmy with the pain. The ladies saw, and their gentle bosoms were touched: they had heard of him as a

³² Stefan Dudink, Karen Hagemann, Anna Clark, 'Historicizing Male Citizenship,' in *Representing Masculinity: Male Citizenship in Modern Western Culture* (Houndmills: Palgrave Macmillan, 2007), p. x.

³³ Janet Oppenheim, *'Shattered Nerves': Doctors, Patients, and Depression in Victorian England* (New York: Oxford University Press, 1991).

³⁴ The literature exploring nerves, hysteria, neurasthenia and related ailments is robust. Joel Faflak, and Julia M. Wright, *Nervous Reactions: Victorian Recollections of Romanticism* (Albany, NY: State University of New York Press, 2004); Peter Melville Logan, *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose* (University of California Press, 1997); Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge: Harvard University Press, 2008); J. Møllerhøj, 'Encountering Hysteria: Doctors' and Patients' Perspectives on Hysteria in Denmark, 1875-1918,' *History of Psychiatry* 20.2 (2009): pp. 163-183; Jenny Bourne Taylor, *In the Secret Theatre of Home: Wilkie Collins, Sensation Narrative, and Nineteenth-Century Psychology* (London: Routledge, 1988).

victorious young Apollo trampling on all difficulties of mind and body; and they saw him wan, and worn, with feminine suffering: the contrast made him doubly interesting.³⁵

Gifted as both an athlete and a scholar, Hardie often works himself too hard. As a result, he suffers from sleeplessness, headaches, and anxiety, particularly when a new external stress is added to his life.³⁶ Neurasthenia was often linked to effeminacy, as is the case with Hardie; and yet it is not quite madness. Nervous exhaustion would have never met the threshold for involuntary institutionalization at the time. Many high-profile men suffered such breakdowns to some degree including John Stuart Mill, John Ruskin, Francis Galton, Arnold Toynbee, and John Bright and yet none was so serious that it required an asylum.³⁷ When Hardie's father locks him in an asylum, it is presented as a horrific miscarriage of justice and the last resort of a man trying to cover his financial misdeeds. Once in that asylum, Hardie's righteous frustration and the treatment received there almost do drive him mad; yet he does not break.³⁸ In the course of the novel Hardie proves his sanity, while redeeming his manhood, as he battles corrupt doctors, his nefarious father, and a system stacked against him.

Neurasthenia was a divisive diagnosis among brain specialists, as its diagnosis was broad and somewhat vague.³⁹ At its core, it was a diagnosis of a weak nervous system often reserved for the male sex.⁴⁰ Symptoms could include headaches, overactive senses, insomnia, distraction, irritability, and general pain.⁴¹ It was a frustrating and often chronic condition, but in itself was not true madness. However, physicians specializing in neurasthenia wanted the disease taken more seriously precisely because it made patients vulnerable to absolute mental collapse. In his medical text covering hysteria and neurasthenia, J. Michell Clarke could write as late as 1905 that the dread of madness was so profound that it constituted one of the exciting causes that could turn a neurasthenic into a lunatic. He cautioned that patients' greatest anxiety was 'the fear of breaking down in some part of [their] professional work, which especially

³⁵ Charles Reade, *Hard Cash* (Leipzig: Bernard Tauchnitz, 1864), p. 49.

³⁶ Marc Milton Ducusin, 'Sons of 'the Modern Athens': The Classical Union of Athletic and Intellectual Masculinities in Charles Reade's *Hard Cash*,' *Critical Survey* 24.1 (2012): pp. 30–31.

³⁷ Andrew Scull, *Hysteria: The Disturbing History* (Oxford University Press, 2011), p. 97.

³⁸ Reade is very clear that the treatments inside an asylum would render many sane men mad. 'The whole treatment of this ill-starred young gentleman gravitated towards insanity.' Reade, *Hard Cash*, p. 630.

³⁹ Thomas Stretch Dowse, *On Brain and Nerve Exhaustion: Neurasthenia, Its Nature and Curative Treatment* (Baillière & Co., 1887), p. 2.

⁴⁰ Ralph Browne, *Neurasthenia and Its Treatment by Hypodermic Transfusions* (J. A. Churchill, 1894), p. 27.

⁴¹ Thomas Dixon Savill, *Clinical Lectures on Neurasthenia* (Henry J. Glaiser, 1899), p. 22.

affects such avocations as those of the priest, the barrister, schoolmaster, or lecturer.’⁴² Hard work could push a man to neurasthenia, and if he continued in that overwork, or simply gave in to secondary fears about overwork, he might be driven to madness. Specialists cautioned their patients, and other doctors, to take symptoms seriously and to treat the disorder in its early stages.⁴³ Scholarly considerations of neurasthenia must be placed within these broader Victorian lunacy debates.

The results of a diagnosis of insanity were stark and immediate. Certification as a lunatic led to a man losing control over his person, his family, his business, his wealth, and his property.⁴⁴ Given the patriarchal culture of the nineteenth century, the experience of being certified as a lunatic was even more disempowering for men than for women. Former heads of household were reduced to the legal status of children and could be placed in institutions or under enforced private care. One lawyer described the case of a man under a lunacy certificate as ‘being consigned to a living death.’⁴⁵ Neurasthenia might have been frustrating, but madness brought far more severe consequences for both the sufferer and his family.

It is because of these important consequences that men’s madness had such a strong cultural resonance. While some anxiety was focussed on women, and scholars have done excellent work highlighting this, women were not the only ones seen as vulnerable.⁴⁶ Insanity as a result of pressure, strain, and the fast pace of the industrialized world was interpreted by both the medical and lay communities as a consequence of overcivilization. The causes of men’s insanity seemed to multiply daily. Some doctors who recognized such problems believed all modern urban men were vulnerable to nervous debility, and any precipitating cause could push them over the brink into madness.⁴⁷ The very habits and lifestyle proscribed to the middle-class man could lead to his destruction.⁴⁸ A full understanding (or misunderstanding) of

⁴² Clarke, *Hysteria and Neurasthenia*, p. 206.

⁴³ Edwin Ash, *Mind and Health: the mental factor and suggestion in treatment, with special reference to neurasthenia and other common nervous disorders* (H. J. Glaisher, 1910), p. 88.

⁴⁴ Andrew Scull, *Hysteria: The Disturbing History* (Oxford University Press, 2011), p. 97.

⁴⁵ ‘The Inquiry in Lunacy,’ *The Morning Post*, 8 April 1884, 7, in *19th Century British Library Newspapers* [accessed 12 August 2016].

⁴⁶ A small sampling includes: Appignanesi, *Mad, Bad and Sad*; Anne Digby, ‘Women’s Biological Straitjacket’, in Susan Mendes and Jane Rendall (eds), *Sexuality and Subordination: Interdisciplinary Studies of Gender in the Nineteenth Century* (London and New York: Routledge, 1989), pp. 192-20; Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Houndmills: Palgrave Macmillan, 2014); Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Houndmills: Palgrave Macmillan, 2004); Roy Porter, Helen Nicholson and Bridget Bennett (eds.), *Women, Madness and Spiritualism*, 3 vols (London and New York: Routledge, 2003); Showalter, *The Female Malady*.

⁴⁷ Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007), p. 116.

⁴⁸ The requirements of middle- and upper-class masculinity included supporting a wife and children in a respectable home through labour in the public sphere. As many scholars have noted, Victorian manhood entailed meeting challenges, and pushing oneself to physical and emotional limits. Ben Griffin, *The Politics of*

Darwin's statements on evolution led many to fear that the human species was degenerating into its earlier, more brutal incarnations. Dr James Cantlie believed that city life itself was destroying its inhabitants' bodies and minds; he pleaded for fresh air and exercise as a balance to hard work as the only hope to fight off the spectre of degeneration.⁴⁹ From the 1880s such fears played into larger cultural and pseudoscientific fears of degeneration. Decadent artists' obsessions with representations of illness and questioned the health of modern society.⁵⁰ As we shall see, men were breaking down, sometimes in very public ways, and male insanity was a real concern.

III. Contributing causes

One way to understand contemporary fears over madness and degeneration is to reconstruct how medical practitioners handled individual cases of overworked lunatics and tried to identify the roots of their illnesses. Henry Maudsley, the greatest mental specialist of the last decades of the nineteenth century, saw any number of factors that could predispose a person to lunacy.⁵¹ Some were social and institutional circumstances, and others could be characterized as individual lifestyle choices.⁵² Those seen as most at fault for their own breakdowns were often those dismissed by the opaque term 'intemperate.' Other reasons were more understandable and even unavoidable. Patients were held to varying levels of responsibility for their conditions, and family members often echoed these explanations, even if they did not always pass moral judgments.

A man who broke down as a result of overwork paired with alcohol or 'fast living' was unfortunate, but the results were understandable according to medical logic of the time. For example, 46-year-old John Whaley was a hotel owner praised for his hard work in the

Gender in Victorian Britain: Masculinity, Political Culture and the Struggle for Women's Rights (Cambridge: Cambridge University Press, 2012), pp. 171 -172.

⁴⁹ Venetia Abdalla, "'That Neurasthenic Joke': Degeneration and Eugenics in the Work of Ford Madox Ford and Violet Hunt,' *International Ford Madox Ford Studies* 12 (2013): pp. 142-143; James Cantlie, *Degeneration Amongst Londoners* (The Leadenhall Press, 1885), p. 42.

⁵⁰ Marja Härmänmaa and Christopher Nissen (eds) 'Introduction,' In *Decadence, Degeneration, and the End: Studies in the European Fin de Siècle* (New York: Palgrave Macmillan, 2014), pp. 5, 9.

⁵¹ As co-editor of the *Journal of Mental Science* for fourteen years and president of the Medico-Psychological Association, Henry Maudsley was one of the most influential and successful practitioners of the age. He did not believe that lunacy was increasing, but rather than more people were being identified and treated. E. Fuller Torrey and Judy Miller, *The Invisible Plague: The Rise of Mental Illness From 1750 to the Present* (New Brunswick: Rutgers University Press, 2007), pp. 79-80.

⁵² For example, a man may not be able to control being born into an overcrowded city but it was a choice to be a money-obsessed miser. Both were risk factors for insanity according to Maudsley. Henry Maudsley, *Physiology and Pathology of the Mind* (London, Macmillan, 1867), pp. 204-205.

admission files to the exclusive Manor House Asylum in Chiswick. Those same records note that while he worked hard, he also led a life of dissipation, and had previously been diagnosed with syphilis.⁵³ Before his admission in 1898 he had suffered two previous, but less severe, attacks of mania. This recent, more serious illness had lasted for three months. The listed causes of insanity were stress over his business and intemperance. The doctor's description of Whaley on admission, 'small vulgar looking man of good physique & muscular development,' reflected a judgement on his lifestyle.⁵⁴ There were no details as to what kind of excess he had indulged in: whether of sex, of alcohol, or even more general 'bad living' habits such as gambling or smoking. To his medical staff he was implicated in his own decline through his intemperance. He had failed to live up to manly ideals. Such men could be used as cautionary tales, whilst retaining the sanctity of the broader norms of the ideal male lifestyle. Blaming men for their ailment in this way, as Janet Oppenheim argues in relation to neurasthenia, helped undercut some of the general anxiety of mental disease.⁵⁵ His life of hard work was admirable, but could not counterbalance syphilis, dissipation, and the refusal to get proper care during his first attacks of mania.

Alcohol offered another easy explanation as to why a hardworking man might be driven to madness. Temperance advocates warned against the serious danger of alcohol to the nervous system.⁵⁶ In trying to pinpoint when her hardworking, loving family man turned into a brutish lunatic, Ellen Scott identified a period of intense pressure in 1882 when her husband started drinking more as he was struggling to finish a book. George Gilbert Scott's work ethic as an architect was admirable, but it could not excuse his turn to drink. Multiple witnesses blamed liquor and Scott's refusal to accept medical counsel as hastening his downfall.⁵⁷ Fiction echoed real life stories of the particular dangers of alcohol on an overwrought nervous system. Coulson Kernahan, a popular novelist in the 1890s, wrote a fictional confessional that traced how a writer destroyed his life through an inability to stop drinking. The narrator's turning point is a

⁵³ The Manor House asylum was run by the Tuke family in the second half of the nineteenth century. It was a private asylum with typically 30-40 fee paying patients at any time. Pamela Bater, 'The Tukes' Asylum in Chiswick,' *Brentford and Chiswick Local History Journal* 14 (2005): pp. 7-10.

⁵⁴ Manor House case notes were typically sparse in detail; however, it is clear when medical attendants use judgmental language. John Whaley (1898), MS 6223, Manor House Case book, male and female patients, Wellcome Library, London, pp. 363-364.

⁵⁵ Oppenheim, *Shattered Nerves*, 151.

⁵⁶ There were two distinct diagnoses particularly related to alcohol: dipsomania (a chronic desire to drink to excess) and delirium tremens (acute reaction to hard drinking or withdrawal of alcohol). Julian Watson Bradshaw, *Use and Abuse of Stimulants: On Dipsomania and Its Results, Etc.* Second ed. (London: G. Philip & Son, 1867), pp. 6-9.

⁵⁷ 'Commission in Lunacy,' *Times*, 3 April 1884: pp. 3-4; 'Commission in Lunacy,' *Times*, 4 April 1884: p. 3, *The Times Digital Archive* [accessed 12 February 2016]; 'Law Intelligence,' *The Morning Post*, 3 April, 1884, p. 6, in *19th Century British Library Newspapers* [accessed 12 August 2016].

moment of intense writing when he turns to whiskey to deal with his workload. A social and occasional drinker quickly descends into an addict and wreck of a man.⁵⁸ His narrative highlights the dangers of the idea that liquor fuelled artistic output and demonstrates alcohol ultimately leads to the destruction of creativity.⁵⁹ Alcohol could be just the exciting factor to push the overworked man into madness.

Alcoholic excess was a factor that generally both doctors and commentators could agree was to be avoided or at least moderated. However, the trigger could on some occasions be a valuable and even essential activity. One Royal Navy doctor calculated that in 1869 there was 1 lunatic for every 471 sane men in the service as a whole; that increased to 1 lunatic for every 271 among the officer class.⁶⁰ The men who were charged with protecting the nation and securing the empire seemed more prone than the men they led to breaking down. And the implications of military service as a trigger of nervous disorders had a far more troubling cultural resonance than the failures of temperance.⁶¹ Living and working in the British colonies was a recognized threat to the body and mind. Doctors constantly warned that service overseas, particularly in warm climates, was a danger to mental health in and of itself.⁶² Add overwork to service in the colonies and men cracked under the pressure. Case books for the Ealing Lunatic Asylum rarely listed a cause of the patients' mental collapse, partly because many were sent home after years of illness in India.⁶³ Among the few specific listed causes, overwork is there. One lieutenant who had been in care for 38 years had the cause of his illness noted as too much 'mental work.'⁶⁴ If hard work was necessary to keep the nation strong, hard work in the service of empire was essential; what did it say about the future of the Empire if imperial service was a threat to mental health?

⁵⁸ John Coulson Kernahan, *A Literary Gent: A study in vanity and dipsomania* (London: Ward, Lock & Co, 1897), pp. 23, 29, 37. Dipsomania, or alcohol addiction, was not always characterized as a form of madness, although it was subject of much debate. McCandless, Peter. "Curses of Civilization": Insanity and Drunkenness in Victorian Britain,' *British Journal of Addiction* 79.4 (1984): pp. 49–58.

⁵⁹ The connection between alcohol and creativity long predated the Victorian period, and continued into the twentieth century. Olivia Laing, *The Trip to Echo Spring: On Writers and Drinking* (New York: Picador, 2014).

⁶⁰ The head of the asylum at the time tracked the total number of lunatics in the Royal Naval out of a total of 82,000 men in service. Paul P. Davies, *History of Medicine in Great Yarmouth: Hospitals and Doctors* (Great Yarmouth: Privately Published, 2003), p. 273.

⁶¹ Warwick Anderson, 'The Trespass Speaks: White Masculinity and Colonial Breakdown,' *The American Historical Review* 102.5 (1997): p. 25.

⁶² There was even a tropical version of neurasthenia. Crozier, 'What Was Tropical about Tropical Neurasthenia?' pp. 518-548.

⁶³ Pembroke House started taking employees of the East India company who lost their minds in India back to England beginning in 1818. When the asylum was sold in 1870, the India office took over another asylum in Ealing known as the Royal India Asylum which took in patients until 1892. The most common listed cause was in fact, unknown. After that the two most common were the generalized 'intemperance' and 'sunstroke.' IOR/K/2 Pembroke House and Ealing Lunatic Asylum (1830-1892), India Office Records and Private Papers, British Library.

⁶⁴ George Gooday, IOR/K/2/32 Register of Admissions (1845-1861) India Office Records and Private Papers.

There were particular risks attached to the work of building and sustaining the largest empire on earth. Acclimatization theories helped explain why some British soldiers and administrators broke down in the tropical climates; and yet those theories did little to allay fears of the long-term ability of the British to rule spaces in India, the Caribbean, or the African continent.⁶⁵ As the scramble for Africa intensified in the 1880s, anxieties over the ability for British bodies to successfully survive in tropical spaces deepened.⁶⁶ Recent scholarship has questioned just how extensive fears of racial decline were in the early twentieth century, but such anxieties certainly reached a broad public audience in the 1880s and 1890s.⁶⁷ For every jingoistic statement in support of Empire and the firm assertion that the British Empire would last a thousand years, there were others that sounded notes of caution and pessimism. Evolutionary biologist Ray Lankester argued that all societies could degenerate and decline, and contended that the European empires could collapse as completely as the Aztecs or the Ancient Egyptians had once done.⁶⁸

Individual medical case histories reveal doctors identifying imperial work as the trigger to set off latent or incipient madness. Captain Alexander Fisher, a highly educated soldier admitted to asylum care in 1901, is a prime example of a mind judged to have broken in the imperial climate. Aged 34 and unmarried, he was educated at Winchester and Sandhurst before joining the West Yorkshire Regiment. He served in a variety of locations in the British Empire, including five years in India before a transfer to Egypt and then Uganda where he suffered malarial fever. He recovered enough to serve on active duty in the Boer War, but pushed himself too hard. During the conflict, he was ordered home after an unspecified illness and trauma. He was first sent to a military hospital before being billeted to his brother's home. However, before long he was certified insane, and in May of 1901 was sent to the private Warneford Asylum east of Oxford. He was diagnosed with melancholia and delusions, and he was suicidal. He heard voices, and he believed he had disgraced himself and the army.⁶⁹

Fisher's behaviour on admission was singled out as problematic; he was particularly clingy to those around him, and cried.⁷⁰ His childlike behaviour and lack of manly self-control

⁶⁵ Crozier, 'What was Tropical about Tropical Neurasthenia?' pp. 529-530.

⁶⁶ Ryan Johnson, 'European Cloth and "Tropical" Skin: Clothing Material and British Ideas of Health and Hygiene in Tropical Climates,' *Bulletin of the History of Medicine* 83.3 (2009): pp. 532-533.

⁶⁷ Christopher Prior, *Edwardian England and the Idea of Racial Decline: An Empire's Future* (London: Palgrave Macmillan, 2014), p. 17.

⁶⁸ Edwin Lankester, *Degeneration: A Chapter in Darwinism* (London: Macmillan, 1880), pp. 57-60; Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic at the Fin de Siècle* (Manchester: Manchester University Press, 2004), pp. 21-27.

⁶⁹ Fisher was then transferred to the Manor House Asylum. Alexander A. Fisher (1901), MS 6223, Casebook, pp. 575-576.

⁷⁰ Fisher, Casebook, pp. 577-578.

were seen as indicative of an inherent weakness in his character. His belief that everything around him was an illusion was dismissed as ‘nonsense’ by the medical staff, who lamented that he rarely spoke or wrote. His care focussed on rest and restoring bodily health, which might have been compromised in South Africa. And Fisher did grow stronger physically. However, as his physical health improved he became violent, attacking his attendants. This behaviour, instead of causing concern, was praised as being preferable to his former passive and needy state. His assaults were written up in the case notes alongside positive descriptions of his playing hockey and attending church, as proof that he was getting stronger and more manly.⁷¹ In Fisher’s case, manliness was equated with progress and health, and the less he behaved like a child (even if he was more violent and delusional) the closer to health his doctors believed he was.

Fisher’s case also points towards the most troubling contributing factor of overworked madness: hereditary predisposition. On admission, Fisher’s family was characterized as ‘mentally gifted but highly neurotic.’ He had one brother certified as insane already, and his file notes that both his parents were nervous. Many asylum doctors from the last third of the nineteenth century embraced the idea of degeneration, and it certainly shaped their work.⁷² To have two mad sons was unfortunate, but not unexpected in a neurotic family. While Fisher’s service in the empire had been exemplary, it added another stressor to an already vulnerable constitution. Cases of constitutionally weak men breaking down in battle highlighted general imperial anxieties. Fears about what was causing the weakness in Britain’s young men pointed to even deeper concerns.

One former patient of the Glasgow Royal Asylum offered his own life experience at mid-century as an example of how insanity could be understood as the manifestation of underlying constitutional weaknesses. He believed all madness rested on some physical weakness or deficiency ranging from an overly-sensitive constitution to weak nerves. He linked his weakness to the middle-class lifestyle and predicted that ‘the more artificial and luxurious our habits of living become,’ the more madness would take root.⁷³ His breakdown occurred after he suffered some family tragedies and became ‘obsessed by science.’ He was filled with uncontrollable impulses to kill his loved ones, and he was haunted by voices of his starving children. Recognizing the problem, he handed himself into the authorities.⁷⁴ His personal

⁷¹ Fisher, Casebook, pp. 578, 580.

⁷² Andrew Scull, *Hysteria: The Disturbing History* (Oxford University Press, 2011), p. 112.

⁷³ *The Philosophy of Insanity, by a Late Inmate of the Glasgow Royal Asylum* (London: Houlston & Wright, 1860), p. 12.

⁷⁴ *The Philosophy of Insanity*, pp. 21, 27

narrative echoed many people's suspicions that a mental collapse revealed a pre-existing inherited weakness that overwork could trigger.

Samuel Strahan was a barrister with a deep interest in the importance of medical knowledge in the 1890s. He believed that the general public's ignorance about the laws of inheritance and the ability of disease to pass through families was leading to the weakening of the British populace. In particular, he argued that insanity was increasing because people did not understand how the predisposition to madness could be passed down. Strahan saw almost all cases of breakdown as evidence of an inborn nervous temperament or predisposition to mental decay. He worried particularly about men who might recover from madness temporarily, and in their periods of lucidity married and begot even more damaged children. Those children he believed were doomed to insanity.⁷⁵ Men who inherited a parent's weak disposition might be less blameworthy than their intemperate brothers, but their outlook was far bleaker.

The mental collapse of men at the height of their careers troubled a society obsessed with fears of degeneration and national decline. Many of these men were struck down in their prime, removed from their families and their communities. Men's work was a prerequisite to keep households together, and yet too much work could destroy everything. Instances of strong and powerful men who broke down under the burdens of their work and careers were deeply troubling to a society that depended on insanity being a rare condition. Cases where there were contributing causes such as intemperance or hereditary predisposition at least offered some direction for targeted reforms. One could counsel more restraint and self-control. One could even caution that men become more aware of their family histories, and those of prospective mates. However, when the problem was simply that the hectic pace of modern life, the demands of 'brain work,' or even the application of genius caused an increase in madness, this indicated a larger, systemic problem.⁷⁶ When no other explanation could be found, the weakening fibre of British manhood was blamed for men's inability to handle hard work.

IV. Working to madness

⁷⁵ He was a member of the council of medico-psychological association of Great Britain and Ireland and New York and author of two books on psychological disease. S.A.K. Strahan, *Marriage and Disease: A Study of Heredity and the More Important Family Degenerations* (London : Kegan Paul, 1892), 4, 85-86.

⁷⁶ While the exploration of connections between madness and genius are beyond the scope of this work, they would certainly reinforce many of the ideas outlined here. Francis Galton, *Hereditary Genius: An Inquiry into its Laws and Consequences* 2 ed. (London: Macmillan and Co, 1892), pp. ix-x.

The most disturbing and fatalistic interpretation of the overworked madman was that there was, in fact, no contributing cause to his illness. Overwork could trigger madness in almost anyone; even in those with unimpeachable family backgrounds and exemplary moral conduct. The articulation of such views points to a deep pessimism about British manhood, one that coexisted with celebrations of the soldier hero, the stiff upper lip, and the idea of the British gentleman as the apex of civilization. Many commentators argued that the dangers of overwork were greater to the present generation than to their ancestors. Herbert Spencer worried that despite the fact that his contemporaries lived more sober and sensible lives than their fathers and grandfathers, the pace of modern life and the pressures it exerted were making them weaker. 'We are continually breaking down under our work' he wrote, and he worried that the overworked man might pass on a weaker constitution to his children even if he showed no actual signs of madness himself.⁷⁷ The cases highlighted in this section suggest that the everyday demands made on men in the second half of the nineteenth century were grinding down perfectly healthy, well-behaved men.

In the midst of seemingly exponential growth in new technologies and the shifting social landscapes of the mid-Victorian era, there were always voices worried about what the rapid pace of modern life was doing to the everyday citizen. As many scholars have observed, in the 1880s and 1890s, groups of artists and thinkers loosely known as decadents obsessed over the decay, degeneration, and artifice of contemporary society.⁷⁸ Henry Maudsley might have argued the need for positive social reform to address problems of the age, but the case he made was couched in language of degeneracy, pessimism, and destruction. In particular, Maudsley warned that when either an individual or society reached a certain level of complexity in its evolution it was bound to sow the seeds of its own destruction. Despite the potential of upward ascent, when any organism 'has reached a certain state of complex evolution it inevitably breeds changes in itself which disintegrate and in the end destroy it.'⁷⁹ Here Maudsley echoes a broad consensus among the medical community that modernity, and civilization itself, lie at the root of many psychological ailments in the late-Victorian era.⁸⁰ The examples discussed

⁷⁷ Herbert Spencer, *Education: Intellectual, Moral, and Physical* (New York: D. Appleton and Co, 1896), p. 259.

⁷⁸ For example: Härmänmaa, and Nissen, eds. *Decadence, Degeneration, and the End*; Debora L. Silverman, *Art Nouveau in Fin-de-Siècle France: Politics, Psychology, and Style* (Berkeley: University of California Press, 1989); Emma Sutton, *Aubrey Beardsley and British Wagnerism in the 1890s*, (Oxford: Oxford University Press, 2001).

⁷⁹ Henry Maudsley, *Body and Will*, (London: Kegan Paul, 1883), pp. 238-239.

⁸⁰ Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain* (Cambridge: Cambridge University Press, 2017), p. 55; Mark Micale, 'Jean-Martin Charcot and les *névroses traumatiques*: From Medicine to Culture in French Trauma Theory of the Late Nineteenth Century,' in *Traumatic Pasts: History*,

thus far could be dismissed as men who were constitutionally inferior, compromised, or intemperate and thus their breakdowns were predictable, if regrettable. The fear that a man following every proscription of how to live and work was putting himself in danger of mental collapse threatened the foundations of Victorian manhood.

Looking at specific cases, medical professionals could sometimes trace no risk factors of geography, lifestyle, or heredity. These patients lived temperate lives and worked hard, but work drove them into madness. Gilbert M'Murdo, a surgeon at Newgate jail, testified as early as 1850 that any healthy man who pushed himself too hard, and who suffered setbacks in his professional life, could be driven insane.⁸¹ One anonymous memoirist sent to an asylum seemed to offer support for this belief. After several members of his family died, this man buried himself in work for upwards of six months. He suffered insomnia and was restless. He sought out his family doctor when he experienced a more serious symptom, which he described as 'a kind of heat flash continually passing through me.'⁸² His doctor advised travel or a holiday by the sea. However, for a man on the fringes of the middle classes, whose family was solely dependent on his income, this produced more pressure and anxiety than before. Unable to follow his doctor's advice, and unwilling to scale back his work, he descended into madness.⁸³ The middle-class ideal could come with an enormous cost.

Women who suffered from insanity were treated in the home or sent to asylums without disrupting the underpinnings of the family unit. And while their presence and emotional labour was missed, the family could pull together and carry on. Men's self-worth and identity was increasingly tied up in his economic worth, and any failure to live up to that goal was interpreted as a failure of his very character.⁸⁴ The need for men's earning power led to a particular problem for men of the middle classes who might have identified early signs of mental distress.

Take the case of the head of a family thus suddenly arrested by illness, and heavily weighted with domestic claims. His exertions have been, perhaps, the sole prop of

Psychiatry, and Trauma in the Modern Age, 1870-1930 (Cambridge: Cambridge University Press, 2001), p. 139.

⁸¹ George Bishop, 6 May 1850 (t18500506-1011) Old Bailey, January 25 2016.

⁸² A Fastened-Fellow, *A Man's Adventure: An Account of the Author's Confinement as a Lunatic* (London, 1878), p. 4.

⁸³ This author was particularly horrified to find himself put in a public madhouse, rather than a private establishment. As a rate payer who had donated to various charities, he was appalled to find himself sorted through the workhouse system. Fastened-Fellow, *A Man's Adventure*, pp. 4-6, 12.

⁸⁴ Oppenheim, *Shattered Nerves*, pp. 150-151.

the family in the prosecution of a learned profession, or in the precarious pursuits of commerce.⁸⁵

Not wanting to abandon his work obligations, the diligent man might delay treatment, try to press on with work, and render himself truly mad. Work was increasingly singled out as the stressor that pushed sober, diligent family men over the edge.

An additional problem was a lack of facilities catering to this population. Middle class men fell between the cracks of the public and private systems. In explaining the need for an asylum catering specifically to the middle class, 'Philanthropos' bemoaned that both the pauper and the wealthy lunatic were well cared for. A middle-class man would have been shamed to enter a public asylum, and yet the expense of a private asylum could be crippling. While some families did make the financial sacrifice and put their male breadwinners in private asylums, it was not possible for all families, nor was it possible in the long-term.⁸⁶ There was a popular belief that a lack of services for commercial and professional men could put them at a greater risk.⁸⁷

Even men of more established wealth who chose to follow a path of hard work were not spared the ravages of madness. Casebooks for the Manor House asylum reveal several examples where the *only* cause given for their patients' madness is overwork. Of 113 male patients with a listed cause for their disease there were 21 patients with overwork and related pressures as the primary cause: 4 business worry; 2 money concerns; 8 overwork; 7 overwork and another factor. In other cases, overwork emerges as a potential reason for madness in the case notes, but it is not listed as a formal cause on admission.⁸⁸ One such man was William George Boyle, born in 1830 into an aristocratic family, who took his ancestral obligations seriously. He was a busy man, and by the time he was 40, he was an MP, Lieutenant-Colonel in the Coldstream Guards, and Justice of the Peace. In 1870, with little notice, he began to display symptoms of paranoia, worsening to hallucinations and finally suicidal behaviour. That same year he was admitted as a private patient to the Manor House Asylum.⁸⁹ His admission notes describe him as a man of good health for much of his life. He was from a solid family,

⁸⁵ Philanthropos, *A Voice from the Wilderness: Being A Plea for a Lunatic Asylum for the Middle classes on Self-supporting principles* (London: 1861), pp. 3, 4.

⁸⁶ Charlotte MacKenzie, *Psychiatry for the Rich: A History of Ticehurst Asylum* (Abington: Routledge, 1992), p. 114.

⁸⁷ This was a common refrain of doctors and the general public in the popular press. For example: A Physician [pseud.] "Lunatic Asylums and the Lunacy Laws." *Times* [London, England] 19 Aug. 1858, pp. 8-9. *The Times Digital Archive*. Web. 5 Feb. 2016; *Times* 17 February 1870, p. 9; *Times* 10 June 1880, p. 9.

⁸⁸ This is out of a sample of 254 total male patients from 1870 to 1914.

⁸⁹ *Colburn's United Service Magazine* v. 2, 1870, p. 300.

with no predisposition towards insanity. While the casebooks note some hopeful signs in the first months of his admission, these trends were never sustained.

Although there was no formal diagnosis of Boyle—the origins of his disease seemed very clear. His was a case of a man who had pushed himself too hard. On admission, his doctor noted that:

he has lived in much excitement, having been MP for Frome, besides leading the life of a Guardsman and a man of fashion; he was present at all the actions in the Crimea; he is besides, a man of considerable reading and much intelligence and shrewdness, has invested his property himself very judiciously in railways and mining shares, and has altogether worked his brain to a very freak [sic] extent.⁹⁰

Boyle was a hard-working, and successful man. He had been an active contributor to all aspects of British life, both at home and abroad. Parliament, the army, business, and even self-development through education were all admirable objects for his energies. And yet it was his very pursuit of them that led to his wasted life. Boyle did not have to worry about his family's financial future, however, he did worry that he had brought some unspeakable shame to his family through his actions. While the doctors noted there was no truth to this fear, and that it was merely symptom of his delusional mania, his fear of disappointing his family and letting down his military comrades had helped drive Boyle out of his senses. He would live another 38 years in the asylum with little improvement. After 1870 his public life simply ended, and he died never able to regain his place in society.⁹¹ The wasted potential of men like Boyle was troubling, and would have been known to his friends, family, and social circles. Men's madness was publicly discussed, and needs to be incorporated as part of larger scholarly conversations about the state of British manhood.⁹²

V. Working to a Mad Death

⁹⁰ William George Boyle (1870-1908), MS 5725, Casebook, Wellcome Library, p. 2.

⁹¹ Boyle, MS 5725, pp. 2, 38, 59, 75; MS 6223, pp. 57, 326, 631; MS 6224, pp. 3-4.

⁹² One does not have to subscribe to the notion of a 'crisis' in Victorian masculinity to believe that Victorian manhood was a deeply contested ideal. Kristen Guest, 'The Subject of Money: Late-Victorian Melodrama's Crisis of Masculinity,' *Victorian Studies* 49, no. 4 (2007): 635-657; Michael S. Kimmel, 'The Contemporary 'Crisis of Masculinity in Historical Perspective,' in *The Making of Masculinities: The New Men's Studies* (Boston: Allen & Unwin, 1987), 143. Joan Busfield easily disproved the idea that nineteenth-century madness was only understood as a female affliction in the nineteenth century. Joan Busfield, 'The Female Malady? Men, Women and Madness in Nineteenth Century Britain,' *Sociology* 28.1 (1994): pp. 259-277.

Hard work could also spur the most dangerous form of madness: suicidal insanity. Madness stripped men of the ability to behave rationally—a hallmark of men’s nature in Victorian Britain. And suicide was the most dramatic example of an act of an irrational mind. The association of suicide and lunacy was established in the early decades of the nineteenth century and by the late nineteenth century a suicidal tendency was the defining characteristic of melancholia.⁹³ While threats of suicide could be the clearest proof to have a relative certified as insane, there is evidence that many families still tried to deal with their suicidal relatives within the home, often with tragic results.⁹⁴ The founder of sociology Émile Durkheim believed that increased suicide was the price paid for advanced civilizations.⁹⁵ Asylum doctors saw these results first hand. Between 1850 and 1914 there were forty-two suicidal patients at Manor House; three of them had overwork listed as their primary cause of madness.⁹⁶ In other examples, the connection between overwork and suicide are revealed in the case notes.

Rev. George Arkwright was a strong, powerful man who had been an athlete at Oxford and who devoted himself to every aspect of his life with ‘an almost preposterous assiduity.’ His mental troubles began with a strong delusion that he had sinned against his family, but he recovered and threw himself back into hard work for his parish for two months. His delusions returned, and were serious enough that his family brought in medical advice. On his first meeting with his medical attendant to assess his condition, Arkwright spoke rationally at breakfast before pulling a pair of pocket scissors from his clothes and stabbing himself in the chest. He was admitted to the Manor House Asylum and diagnosed with melancholy and suicidal tendencies. A few days later he suddenly rose after a game of backgammon at Manor House, and smashed through a window, falling twenty feet. He was eventually stable enough to be discharged as ‘recovered’ after twelve months of treatment. Sadly, just over one year later he died at home by suicide. Arkwright’s suicidal impulses were intermittent, and the pressure to release men of wealth and influence to their homes could be intense. With the asylum as the main source of mental health services, the label ‘recovered or ‘relieved’ ended any required support or aid. Arkwright’s case highlights the destruction that a man’s breakdown could bring

⁹³ Åsa Jansson, ‘From Statistics to Diagnostics: Medical Certificates, Melancholia and “Suicidal Propensities” in Victorian Psychiatry,’ *Journal of Social History* 46.3 (2013), pp. 717-718.

⁹⁴ Peter Bailey’s study of coroner’s inquests from Kingston upon Hull between 1837-1899 found many tragic examples of suicides by people families had tried to keep out of the asylum or workhouse. Peter Bailey, *This Rash Act: Suicide Across the Life Cycle in the Victorian City* (Stanford: Stanford University Press, 1998), p. 54.

⁹⁵ Anne Shepherd and David Wright, ‘Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint,’ *Medical History* 46.2 (2002), p. 178.

⁹⁶ George Hougham Skelton (1872-1875), MS 5725 Casebook, p. 90; Leonard Charles Riddett (1888-1890), MS 6222, pp. 179, 201; Lewis Davis (1913), MS 6223, pp. 281-282.

not only on himself, but also on his family. Certified as a lunatic at the age of 38 he left a wife and children to fend for themselves; by committing suicide, he also denied this family a £10,000 life insurance policy.⁹⁷ Instead of providing for his family, Arkwright bankrupted them.

While the boundaries of madness were difficult to define, a suicide attempt was definitive proof of madness. The danger of suicide added a special urgency to patient care, and pushed families to seek outside help. When author and playwright Herman Charles Merivale was certified as a lunatic for the second time in 1875, he was noted as being suicidal. On admission to the socially exclusive Ticehurst Asylum, his certificates note he had stated he was unfit to live and had refused food, both common symptoms amongst suicidal patients.⁹⁸ Several months after admission, doctors still had recourse to having an attendant sleep in his room for fear of a suicide attempt.⁹⁹ Merivale disagreed with his diagnosis and denied he had ever been suicidal; however, he did acknowledge that his mental break was the result of being overworked and anxious.¹⁰⁰ Such a nuance was important, as the wrongful confinement panics in the 1850s and 1870s put increasing pressure on asylum doctors to justify why patients were confined.¹⁰¹ When men put their own lives in danger, and their families reached out for help, doctors had no hesitation in taking away their freedom.

The risk of suicide, even of patients under observation, could be extreme. Patient George Hougham Skelton was admitted to Manor House after outbursts of violence and the threat of self-harm. He had worked hard for years in the civil service in India before becoming a District Judge. He was 64, healthy, had no hereditary risk factors, and had fathered eleven children. However, before his own admission two of his children had already been declared insane. Such a family history not only made doctors worry about his own case, but also the future of his 9 sane children. He himself had been a model of hard work and reliability until a few months before his admission to an asylum. He not only managed his own business and large property, but also took on the trusteeship of several other estates. His overwork became increasingly worrying to his family as he retired from social life. He became more reclusive,

⁹⁷ Rev. George Arkwright (1875-76, 1877), MS 5725, Casebook, p. 186-189, 191, 205.

⁹⁸ Henry Sutherland, 'On the Artificial Feeding of the Insane,' *Journal of Psychological Medicine and Mental Pathology* 1 (1875), pp. 98-115.

⁹⁹ Herman Charles Merivale (1875-1879), Ticehurst House Hospital Papers, Case Records, MS 6381, Wellcome Library.

¹⁰⁰ After his release Merivale wrote of his experiences, and he severely criticized his family and medical practitioners. He believed he had suffered from a less severe mental aberration that should not have required institutionalization. Herman Charles Merivale, *My Experiences in a Lunatic Asylum* (London, Chatto and Windus, 1879), p. 28.

¹⁰¹ Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 2005), p. 307.

and eventually retreated almost entirely to work in his study. His family finally took action when he attacked a servant with a knife and threatened suicide. Admitted to the Manor House Asylum in May of 1872, he continued to try and manage his business affairs. It was only after a suicide attempt that his physician convinced Skelton's friends to remove him from such duties.¹⁰² It was too late, however. In April of 1873 he told his doctor he was going to be ruined in a non-existent lawsuit, and five days later he hung himself from the staircase with a skipping rope.¹⁰³ Skelton lived according to the proscribed model of a man to show his worth and fitness through slavish devotion to hard work; it cost him his life.¹⁰⁴

The connection between overwork, madness, and suicide was reflected in popular culture, and not simply within the medical community. Stories of men who pushed themselves to the brink and then took their own lives were common in both newspaper and fictional accounts.¹⁰⁵ Suicide was a common plot device for sensation novelists. Authors who portrayed male suicides picked up quite readily on this trope of the overworked and overwrought man driven to suicide.¹⁰⁶ For example, Robert Hichens's 1895 novel *An Imaginative Man* relates the downfall of two men; Gay, a young man whose dissipation is hastening his physical decay and Denison, a man whose obsessive introspection seems to spark a mental breakdown. Genius is likened to disease in the text, and this metaphor is carried out throughout the novel as the 'hero's' overworked brain leads to delusion and then a final climax of self-destruction.¹⁰⁷ Denison's downfall, committing suicide in the shadow of the Sphinx of Egypt, offered no hope of redemption nor a model of redeemable masculinity.

VI. Concluding Remarks

¹⁰² His son in law did initiate a successful Chancery lunacy suit that formally declared him incapable of managing any business, legal, or professional duties. C211/41, Chancery: Petty Bag Office: Commissions and Inquisitions of Lunacy, National Archives.

¹⁰³ George Hougham Skelton (1872-1875), MS5725, pp. 90-91, 108-109.

¹⁰⁴ In Oppenheim's research, she found far more condemnation amongst late-Victorian doctors of men suffering nervous collapse; she states doctors tended to blame sufferers for their weaknesses and lack of willpower. In my broader study of men suffering all forms of madness (not only depression) I found a far more nuanced and self-reflective landscape of public and medical opinions. Oppenheim, *Shattered Nerves*, p. 151.

¹⁰⁵ This of course could also be a kindness to the family, claiming that the suicide was insane at the time of death and thus not responsible for their actions. Patricia Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1999), p. 72.

¹⁰⁶ The following discussion is not exhaustive, and could have easily included the following texts. Wilkie Collins, *Heart and Science* (London: Chatto & Windus, 1883); Joseph Sheridan Le Fanu, 'Willing to Die,' *All the Year Round*, 1 February 1873, p. 265; Arabella Kenealy, *Dr. Janet of Harley Street* (London: Digby, Long & Co, 1894). Barbara Gates includes a number of fictional accounts of male and female suicides. Barbara T. Gates, *Victorian Suicide: Mad Crimes and Sad Histories* (Princeton, New Jersey Princeton University Press, 1988), pp. 101-124.

¹⁰⁷ Robert Hichens, *An Imaginative Man*, (New York: Garland Pub, 1977), pp. 5, 40, 63, 232, 242.

Public and private conversations about men driven to madness by the demands of the modern world validate a commonplace and deep concern about the state of British manhood in the second half of the nineteenth century. While various attempts to place the blame on patients could mitigate some fears, there is a large body of evidence that madmen were seen as examples of the broader degeneration of the British body politic. With the proliferation of the great Victorian lunatic asylums in the latter half of the nineteenth century, it might be easy to imagine that lunacy was something that could be isolated and ignored. And yet these men and their stories were incorporated into broader familial, social, and public networks. There were clear cultural tropes of mad men in the nineteenth century; the overworked madman was one of them.¹⁰⁸ The tenets of Victorian masculinity expected men to be strong and in control, and not all men could live up to those expectations. Madness was a horrifying divergence from such norms and its consequences had far reaching implications for both individuals and families.

Doctors who specialized in nervous disorders took early symptoms seriously largely out of apprehension of what would happen if their patients did not slow down their pace of life. This also explains why patients took even minor nervous complaints so seriously. A.C. Benson, after suffering a mild nervous collapse, was told he had worked himself to distraction. He was advised to live a quieter life without stress, worry, or extremes of any sort. Benson's immediate reaction was to imagine his future life as one of either a madman or a semi-invalid, 'a degrading, a humiliating role.'¹⁰⁹ He could not picture a life where he did not work, nor could he envisage working as he did and not losing his mind. A.C. would sometimes declare that 'the burden of his work was quite intolerable,' but he never suffered complete madness, nor did he require institutionalization.¹¹⁰ A.C. was luckier than some; and yet until the very end of his life the threat of potential breakdown hung over him. The 'black dog' following the Bensons was an apt metaphor, as it seemed a lingering threat that might strike at any moment. Many feared that perhaps madness was the price to be paid for a life of excellence. The tinge of fatalism in many Victorian conversations about madness reflects the concern that the very achievements making British men great were the same things that threatened to destroy them.

Acknowledgements

¹⁰⁸ Busfield identifies three clear male icons in Victorian literature: the mad genius, the criminal lunatic, and the sexual deviant. Busfield, 'The Female Malady?' pp. 269, 275.

¹⁰⁹ A.C. Benson, *The House of Quiet: An Autobiography* (London, 1906), pp. 83-88.

¹¹⁰ E.F. Benson, *Our Family Affairs*, p. 318.

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