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Dr. Michael Trask, Director of Graduate Studies

MADNESS NARRATIVES:
VICTORIAN TEXTUAL RESPONSES TO THE INSANITY DIAGNOSIS

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Arts and Sciences
at the University of Kentucky

By
Jonathan Glenn Tinnin
Lexington, Kentucky
Director: Dr. Ellen Rosenman, Emeritus Professor of English
Lexington, Kentucky
2019

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ABSTRACT OF DISSERTATION

MADNESS NARRATIVES: VICTORIAN TEXTUAL RESPONSES TO THE INSANITY DIAGNOSIS

In *Madness Narratives*, I examine four understudied texts at the intersection of Victorian asylums, patients' lack of voice, and resistance narratives. I argue that these texts all reject the silencing power of the insanity diagnosis as they represent patients, former patients, and asylum reformers creating counternarratives that call for recognition of the patients' humanity and right to be heard. In my first chapter, "Narrating Insanity: Constructing the Madness Narrative in Charles Reade's *Hard Cash*," I assert that Reade's 1863 novel proposes a nuanced understanding of the insanity diagnosis as a collaboratively-composed story that justifies the confinement of the patient. This story, which I call the madness narrative, is supported by the symbolic capital of the psychiatric establishment and operates under the authority of the asylum system. Reade's novel suggests that the only way to resist the madness narrative is to create counternarratives supported by symbolic capital and offered outside the asylum system. In the second chapter, "Exposing the System: Richard Paternoster's *The Madhouse System* as Early Exposé," I claim that Paternoster's 1841 publication features rhetorical techniques that allow him to reject assumptions about his objectivity, self-control, and sense of judgment, practices that would eventually become common in investigative journalism. Paternoster's rhetorical approach foreshadows the rise of the undercover journalist later in the century and allows him to resist his confinement by rejecting his madness narrative and working to build an identity as an objective investigator. In "A Magazine of Their Own: Literary Periodicals of Victorian Asylums in Scotland," the final chapter, I study two magazines, *The New Moon* (1844-1937) and *The Gartnavel Gazette* (1853-54), that were established by asylum patients. Created to benefit the patients and to support the reputations of the asylums, these periodicals align with moral management's goal of providing patients with productive occupation. Patients use these creative spaces for identity reinforcement and reclamation. The opportunity for self-expression is occasionally problematic, for some of the contributions challenge the respectability of the sponsoring asylums, subverting the "civilizing" influence of moral management. In conclusion, *Madness Narratives: Victorian*

Textual Responses to the Insanity Diagnosis reframes these texts within the context of the narrative nature of the insanity diagnosis and shows how the authors create counternarratives that reject or modify the implicit narratives about their sanity and humanity.

KEYWORDS: Victorian Literature and Culture, Insanity, Counternarrative, Periodical Studies, Medical Humanities, Sensation Fiction

Jonathan Glenn Tinnin

11/29/2019

Date

MADNESS NARRATIVES:
VICTORIAN TEXTUAL RESPONSES TO THE INSANITY DIAGNOSIS

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INTRODUCTION. MADNESS NARRATIVES: VICTORIAN TEXTUAL RESPONSES TO THE INSANITY DIAGNOSIS

In 1810, noted psychiatrist¹ John Haslam published *Illustrations of Madness*, the first book-length case history of a patient in London's Bethlem Asylum. Haslam's patient, James Tilly Matthews, was admitted to Bethlem in 1797 and experienced a host of delusions until the time that his family, judging him cured, obtained testimonies from two doctors that Matthews was sane (4-10). At this point Haslam and the medical officers at Bethlem consulted a board of eight physicians who all swore that Matthews was "in a most deranged state of intellect, and wholly unfit to be at large" (Haslam 11-14). In light of this determination, Matthews' confinement continued, and Haslam published *Illustrations of Madness*, "develop[ing] the peculiar opinions of Mr. Matthews, and leav[ing] the reader to exercise his own judgment concerning them" (19). This publication presents a textual justification of Matthews' confinement, Haslam's decision to reprint portions of Matthews' diary allowing Haslam to use the patient's own words against him to demonstrate his insanity. A few decades later, John Conolly publishes twelve articles in the *Medical Times and Gazette* (1858-59) featuring a combination of essays and images to explain his theories about the connection between insanity and physiognomy.² Conolly drew on photographs taken by Hugh W. Diamond, superintendent of the female patients at the Surrey County

¹ Though Andrew Scull notes that doctors specializing in the treatment of mental illnesses were called "[m]ad-doctors, or as they increasingly preferred to call themselves, alienists or medical psychologists" and explains that the term "psychiatrist" did not gain traction in Britain until the later third of the nineteenth century, I will use the term "psychiatrist" (*Masters* 5). The term "alienist" problematically points to the notion that people with mental illnesses are alienated from their minds and thus from society, implicitly categorizing them as Other. Using "alienist," except in quotations, would reify the oppression of the term.

² For more information on these texts by Haslam and Connolly, see Carol Berkenkotter's *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry* (2008).

Lunatic Asylum, reproducing Diamond's images as lithographs and combining them with descriptions and narrative histories in the series of articles, each focused on a different type of insanity and the physical characteristics that could signal a particular mental illness (Berkenkotter 55-57). These two texts are examples of members of the psychiatric profession offering up their narratives to the public, establishing a connection between the creation of narratives and the justification of previously-made diagnoses.

In 1843, Robert M'Naughton was tried for the murder of Edward Drummond and acquitted when the defense successfully argued that M'Naughton was insane at the time of the murder.³ In response to this case, Queen Victoria created a commission to examine the matter, resulting in the House of Lords establishing the M'Naughton Rules, codifying the insanity plea (Boyer 81). The defense could employ this strategy, provided that they demonstrate that the defendant at the time of the crime was suffering from a defect of the reason; that this defect of the reason was caused by a disease of the mind; and that this defect of the reason caused the defendant to not know what he or she was doing or to not know that the action was wrong. Since the defense must provide an account of the accused's mental state that meets these three requirements, the institution of the M'Naughton Rules brought public attention to the close connection between insanity and the creation of a story.⁴ The establishment of the M'Naughton Rules signals the intensity of legal and Parliamentary attention to the issue of the insanity defense and spurred a flurry

³ There is disagreement over the spelling of Robert M'Naughton's family name. I have chosen this spelling because it is that which was used in the original trial records.

⁴ Melissa J. Ganz discusses the M'Naughton Rules in the context of late-century debates about criminal responsibility. While Ganz examines the Rules in order to understand the attempts to broaden the definition of insanity near the end of the nineteenth century, I assert that they form part of the cultural awareness of criminal insanity as proven through the construction of a legal narrative.

of journalistic responses, producing widespread awareness of the importance of the insanity narrative in the broader culture.⁵

In addition to the insanity plea, tales focused on the issue of wrongful confinement activated public sentiment. Jenny Bourne Taylor characterizes the historical context of Charles Reade's *Hard Cash* (1863) as "depend[ing] on merging the fears elicited by the image of the eighteenth-century madhouse with the particular debates on the nature of confinement and insanity in the late 1850s and early 1860s" (Taylor *Secret Theatre* "Introduction"). Additionally, the case of Rosina Bulwer Lytton's wrongful confinement by her husband brought much attention to the issue of wrongful asylum confinement.⁶ Though Bulwer Lytton quickly regained her freedom, the spectacle of a woman being thrown in an asylum by her husband did not disappear.⁷ Bulwer Lytton embraces this issue by writing her memoirs which depicts her experience of wrongful confinement.

My project examines four understudied texts at the intersection of Victorian asylums, patients' lack of voice, and resistance narratives. Though these texts all address the silencing power of the insanity diagnosis from different perspectives and through different means, they help to form a picture of a group of people resisting the oppression

⁵ A search (M'Naghten, 01 January 1843 - 31 December 1843, with high fuzzy settings) through the British Library Newspapers Archive in the Gale Cengage database returns 60 results, with reprints in the newspapers in several cities. One example is a 5 August 1843, review in *The Examiner* of a play titled *Monomania*, a parodic representation of the M'Naughton case. For more information on the case, see Robert Aitken and Marilyn Aitken's "The M'Naghten Case: The Queen Was Not Amused" (2010) and Jacques M. Quen's "An Historical View of the M'Naghten Trial" (1968).

⁶ Legally separated from her husband, Edward Lytton Bulwer Lytton, Rosina Bulwer Lytton chose to publicly renounce him when he stood for parliament in 1858. He had her certified as insane and promptly confined. Public outcry was strong enough to gain her freedom within a few weeks.

⁷ Saverio Tomaiuolo argues that Mary Elizabeth Braddon drew on the case of Rosina Bulwer Lytton in her creation of the character of Helen Talboys in *Lady Audley's Secret*, which she dedicated to Edward Lytton Bulwer Lytton. For more information on the shroud of mystery surrounding Lytton's life, see Virginia Blain's "Rosina Bulwer Lytton and the Rage of the Unheard" (1990).

of the madness label by creating narratives. In Reade's *Hard Cash*, the first text I treat, we have an outsider attempting to take us inside the asylum, to imaginatively provide an inside perspective on the issue of wrongful confinement and the need for lunacy law reform. *Hard Cash* features middle-class Alfred Hardie, maliciously confined to an asylum by his father to prevent Alfred from spreading the word of his father's embezzlement. Hardie works against the narrative that justified his confinement by attempting to figuratively write his own story, demonstrating his intelligence, educational achievement, and participation in the polite social graces.⁸ Next, I move backward chronologically to the publication of Richard Paternoster's *The Madhouse System* in 1841 and examine Paternoster's attempts to bring the power of the periodical press into his memoir to gain readers and rally the public to the cause of asylum reform.⁹ Due to his own wrongful confinement, Paternoster sees himself as an outsider in relation to the asylum who was forced into the confinement, though this experience allows him to retrospectively provide his readers an inside perspective. Finally, I investigate two literary magazines that were established in Scottish asylums. The patients at the Crichton Royal Institution in Dumfries founded *The New*

⁸ The addition of Wilkie Collins' *The Woman in White* (1859) to future expansions of this project will allow for an examination of the part that gender plays in the creation of resistance narratives in a fictional text.

⁹ Paternoster's *The Madhouse System* is only one among a host of accounts written by former asylum patients. I briefly compare Paternoster's exposé with John Mitford's *A Description of the Crimes and Horrors in the Interior of Warburton's Private Mad-House* (1823) and John Perceval's *Perceval's Narrative: A Patient's Account of His Psychosis* (1838 & 1840). Bulwer Lytton's *A Blighted Life* (1880) would provide opportunities for a discussion of gendered power dynamics in asylum exposés, particularly considering Lytton's engagement with the figure of the female author of sentimental fiction. However, closer examination of these other texts is beyond the scope of the second chapter, for Mitford's and Bulwer Lytton's texts belongs to very different historical moments and Perceval's account is made more complex by his connection to a particularly fervent religious group and his willingness to admit that he experienced mental illness. These factors necessitate the examination of several additional contexts, so these particular expansions of the argument must be reserved for future projects.

Moon in 1844; the patients at the Glasgow Royal Lunatic Asylum similarly founded *The Gartnavel Gazette* in 1853.¹⁰ These two periodicals were managed by patients and feature contributions from current and former patients, contributions that assert the patients' rights to have a voice and that contradict simplistic societal notions of asylum patients as only senseless brutes without feeling and judgment. Through the contributions of the patients, some anonymous and some named, the reader gains a perspective from within the asylums, sometimes critical of asylum practices and sometimes supportive of the asylum administration.

I begin this project by examining Reade's *Hard Cash* first because the issue of the patient's lack of voice is portrayed most clearly in this text. Reade offers a protagonist who elegantly defends his sanity but is ignored and held suspect because he is confined to an asylum. Additionally, *Hard Cash* provides clear examples of the madness narrative, useful as I establish the concept's characteristics. Next, I move to the earliest text, Paternoster's *The Madhouse System*, in which a former patient recognizes and resists the loss of voice he experienced. While *Hard Cash* depicts a fictional patient drawing on social and cultural capital to resist the oppression of his diagnosis, Paternoster's exposé shows how a person without access to the same sort of symbolic capital can still use the access he does have to bring attention to his voice even when inhabiting a role that is not very socially desirable. Finally, I end with my investigation of *The New Moon* and *The Gartnavel Gazette*, which

¹⁰ Through my research, I also gathered materials from literary magazines established at other Scottish asylums at Edinburgh (1845) and Montrose (1888). Additionally, *Under the Dome* was established at the Bethlem Royal Hospital in 1892. Including the magazines from Montrose and Bethlem would have overstretched the time frame for this project. Though my time and funding allowed me to obtain scans of several pages of the magazines from Edinburgh and Montrose, my access was limited, hence my decision to limit the current project to *The New Moon* and *The Gartnavel Gazette*.

were established after the publication of Paternoster's text and continued after Reade's novel was published. This final chapter returns to the close connection between symbolic capital and the resistance to the silencing power of the madness narrative which I establish in the first chapter. In the era of the social problem novel, Reade's novel and Paternoster's exposé are expected forms of societal critique. However, the final chapter suggests that at least some patients seized enough agency to make themselves heard even while inside the asylum. Through this organizational structure, I move from analyzing a fictional representation of the asylum patient's loss of voice, establishing the issue at the heart of the project, to exploring an exposé written by a former patient as he tries to regain his voice. Finally, I investigate texts produced by people confined to asylums as they seize small opportunities to write against the silencing of their diagnoses.

Moral Management

All of these texts were written within the context of a shift in asylum administration practices in France, England, and Scotland. Prior to the rise of moral management as a therapeutic approach to the care of people diagnosed as insane in the late 1780s, the form of treatment and confinement was quite harsh and deprived patients of the ability to control their identity. Instead, they were subject to a host of stereotypes about insanity and how individuals diagnosed with mental illness would behave. In a time when people labeled as mentally ill were seen as dangerous Others, the standard response was prison-like confinement in asylums that often fit the stereotypical image of Bedlam, complete with torturous treatments and heavy chains. In response to this dreadful situation, the French physician Philippe Pinel rejected the bleedings, purgings, and blisterings in favor of close contact with the patients and careful observation of their mental workings. At the hospital

for the insane at Bicêtre where he was Doctor of the Infirmaries, Pinel famously broke the chains binding the patients in 1793 (Cohen 97, 101). Though the removal of chains was actually performed by his employees, Pinel's order signaled a determination to bring a more humane focus on psychological processes, spending time with the patients and taking note of their deeds and words while allowing them as much freedom as possible (Fils).

After the death of Hannah Mills, a young member of the Religious Society of Friends, at the York Asylum, in 1790, William Tuke began to investigate the York Asylum (Stanley 548-49). In 1792, Tuke shared his findings regarding asylum abuse with the Friends Meeting in York, resulting in the establishment of the Retreat at York which opened in 1796. Disgusted by the abuses he witnessed, Tuke founded an institution that "favoured a therapeutic environment in which 'sane' ideas and behaviours were encoded in a design that would transform the actions of its patients" (Edginton 9). The Retreat at York became widely known for implementation of more humane forms of treatment, which would be called moral management. In his *Description of the Retreat* (1813), Samuel Tuke, the grandson and successor of William Tuke, explains that there are three goals within moral management: to strengthen the patient's power to control his or her own disorder, to employ "modes of coercion [only] when restraint is absolutely necessary," and to promote "the general comfort of the insane" (Tuke 138). To help fulfill these goals, the design of the Retreat facilities incorporated engagement with the natural landscape, skylights and large windows, a cricket pitch, a billiard table, a Turkish bath, and gardens with glazed pathways (Edginton 10-11). These architectural choices demonstrate William Tuke's determination to divert his patients away from unhealthy thought patterns through participation in activities that were judged to be healthy distractions. Samuel Tuke asserts

that the effectiveness of moral management is evident in the results, “To the mild system of treatment adopted at the Retreat, I have no doubt we may partly attribute, the happy recovery of so large a proportion of melancholy patients” (143).

In 1830, John Conolly, a physician and Professor of Nature and Treatment of Diseases at the University of London, published *An Inquiry Concerning the Indications of Insanity* which asserts that the majority of non-violent people with mental illnesses should not be institutionalized (Scull “Brilliant” 211-12). Conolly demonstrated his anti-restraint stance through his use of moral treatment when he took the post of resident physician at the Middlesex County Lunatic Asylum in Hanwell in 1839. In his first report (21 September 1839) in this position, Conolly wrote that “No form of strait-waistcoat, no hand- straps, no leglocks, nor any contrivance confining the trunk or limbs or any of the muscles, is now in use” (qtd in Maudsley 168). Eventually, Conolly received professional recognition for his efforts at Hanwell, including a fellowship in the Royal College of Physicians (Scull “Brilliant” 220-21). Moral management gained increasing support over the first half of the nineteenth century, for by 1846, the newly-established Lunacy Commission laid aside doubts about the validity of nonrestraint, allowing it to become “the ruling orthodoxy of British asylumdom” (Scull “Brilliant” 221). Conolly does note that he is not the originator of non-restraint but explains that he is “acting on the principles laid down in the pages of Pinel and Esquirol; extending their application a little, and leaving out a few of what appeared to be old errors” (qtd in Maudsley 169). The influence of Pinel and Esquirol also spread to Scotland as William Alexander Francis Browne implemented moral management in 1839 when he took the position as administrator of the Crichton

Royal Institution in Dumfries, Scotland.¹¹ Browne's application of moral management encouraged patients to participate in appropriate middle-class behaviors like attending dances, joining book clubs, and playing musical instruments.

Though moral management is part of the historical contexts of all the texts I treat, each chapter has a different relationship to this change in therapeutic philosophy. The most direct connection can be found in the final chapter of my study, for the asylum magazines exist because of the rise of moral management and its influence in Scottish asylums. Thus, the periodicals are examined in the historical context of non-restraint and in light of the affinity between notions of respectability and the practices of moral management. Published after moral management had spread throughout Britain, *Hard Cash* offers milder criticism for the asylum practicing nonrestraint than those run according to the older methods.¹² Reade implies that while moral management might be an effective mode of treatment for individuals with mental illnesses, wrongful confinement, even in a humane asylum, results in suffering for the confined. The sense that *Hard Cash* gives is that moral management is an improvement but no panacea, making popularization of it problematic as it could assuage the concern of reformers and cause them to lose sight of the need to address the legal loopholes that allow wrongful confinement. While Reade is deeply concerned with the issue of wrongful confinement, my attention is more focused on the

¹¹ For a more extensive discussion of Browne's history, see chapter four of *Masters of Bedlam* by Andrew Scull, Charlotte MacKenzie, and Nicholas Hervey.

¹² The narrator describes a meal during which Alfred, the main character, joins "a number of mad ladies and gentlemen, who by firmness, kindness, and routine, had been led into excellent habits: the linen was clean and the food good" (Reade 231). Reade's awareness of the socially-beneficial effects of moral management is clear in this passage. Reade does not give asylums operating under moral management a pass though, for Alfred explains to visiting magistrates that "to be happy in his [Dr. Wycherley's] house all a man wants is to be insane. But, as I am not insane, I am miserable" (249-50).

lack of voice experienced by the confined patient, regardless of the validity of the confinement order. Therefore, the topic of moral management relates to my specific argument primarily as setting up the context for my argument; while this historical shift toward more humane care in the asylums took place, the issue of patients losing the ability to speak for themselves remains a concern.

My chapter on Paternoster's text engages with moral management the least, for he does not explicitly discuss non-restraint. When describing one of his visits to an asylum reported to offer kinder treatment, he declares that he "looked in vain for anything to indicate an improved plan of treatment, something that might show a desire of attempting a new method, one which would at least do honour to human nature, even should it not succeed in a cure. But the plan was the same, senseless and cruel" (28). This quotation suggests that Paternoster would have welcomed the notion of moral management becoming widespread. However, in light of Paternoster's attention to reform at the national level, we can read his exposé as suggesting that the implementation of moral management in individual asylums is not effective; real reform must include national oversight ensuring that changes at individual asylums are carried out and made permanent. Since my argument is more focused on Paternoster's rhetorical choices as he tries to regain his voice despite the lingering silencing effect of his time in the asylum, my chapter on *The Madhouse System* deals with moral management very little.

My Argument

In this dissertation, I explore the connection between representations of Victorian insanity diagnoses, the symbolic capital of the figures who participate in these diagnoses, and the symbolic capital of authors who write against these diagnoses. I assert that patients,

former patients, and reformers construct alternative narratives to resist these diagnoses and the resulting confinements. My project reframes these texts within the context of the narrative nature of the insanity diagnosis and shows how the authors create counter-narratives that reject or modify the oppressive literal and metaphorical narratives about their sanity and humanity. In the first chapter, I argue that Reade's *Hard Cash* proposes a nuanced understanding of the insanity diagnosis as a collaboratively-composed narrative that justifies the confinement of the patient. This story, which I call the madness narrative, is supported by the cultural and social capital of the psychiatric establishment and operates under the authority of the asylum system. Through its effect on the patients and outsiders who encounter asylum patients, the madness narrative silences patients and controls the perceptions outsiders have of those patients. Reade's novel suggests that the only way to resist the madness narrative is to create counternarratives supported by symbolic capital and offered outside the asylum system. In the second chapter, I claim that Paternoster's exposé, *The Madhouse System*, features rhetorical techniques that allow him to reject assumptions about his objectivity, self-control, and sense of judgment, practices that would eventually become common in investigative journalism. Paternoster's rhetorical approach foreshadows the rise of the undercover journalist later in the century and allows him to resist his confinement by rejecting his madness narrative and by working to build an identity as an objective investigator. In the final chapter, I examine two literary magazines, *The New Moon* (1844-1937) and *The Gartnavel Gazette* (1853-54), that were established by patients in Scottish asylums. These periodicals were created to benefit the patients and to support the reputations of the asylums, aligning with moral management's goal of providing patients with productive occupation. Patients use these creative spaces for

identity reinforcement and reclamation. The opportunity for self-expression is occasionally problematic, for some of the contributions challenge the respectability of the sponsoring asylums, subverting the “civilizing” influence of moral management. Though other asylums throughout the British Isles eventually started their own patient-run magazines, moral management seems to have spread more widely earlier in Scotland than in other parts of the United Kingdom, producing an environment more conducive to such periodicals than would be found elsewhere.¹³

Theoretical Foundation

In *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry*, Carol Berkenkotter provides a careful study of patient histories in the psychiatric setting beginning with Scottish infirmary record keeping in the late eighteenth century and continuing through the “new reigning biomedical paradigm of the mid-1990s,” as she describes it. Examining the above-mentioned *Illustrations of Madness*, Berkenkotter explains how Haslam creates a case history for his patient that uses excerpts of the patient’s own writings to narratively recreate the patient’s delusional system for the readers. Berkenkotter also explores Conolly’s marriage of images and text in his articles on the usefulness of physiognomy in the practice of diagnosing mental illnesses. Though Berkenkotter’s text examines the writings of Haslam, Conolly, and others from the perspective of understanding the changes in the use of narrative in case histories, a topic

¹³ Other than *The Opal* (discussed below) being established in 1851 at the New York Lunatic Asylum and Bethlem Royal Hospital in London starting its own literary journal, *Under the Dome*, in 1892, the majority of asylum periodicals that I’ve been able to find were in Scotland. For example, magazines were also established at Edinburgh and Montrose in 1845 and 1888.

that I do not treat, we find here an excellent starting position for thinking about narrative, insanity diagnoses, and the patient's voice.

In a series of lectures on psychiatric power delivered in 1973-1974, Michel Foucault proposes a notion of the asylum as an institution that disciplines its patient through systems of "supervision-writing," referring to the practice of creating confinement orders, admission documents, case histories, and so on (*Psychiatric Power* 55). These systems construct the person as a patient under the authority of the asylum. Foucault's idea of "supervision-writing" is useful in explaining how the creation of texts is part of controlling the identity and treatment process of asylum patients. While Foucault here is focused on the official documentation created primarily in the asylum, I extend this idea to consider how spoken words and actions are combined with written texts to create a narrative that justifies confinement, adjusting Foucault's "supervision-writing" to "confinement-composition." The connection between narratives and the process of confinement is further discussed by Cristina Hanganu-Bresch and Carol Berkenkotter who draw on the concepts of emplotment and master plots to argue that the admitting physician at an asylum is predisposed to interpret any evidence he encounters through the lens provided by the insanity certifications provided by those intending to confine the person in question. While Hanganu-Bresch and Berkenkotter primarily focus on the official texts created in the asylum for their analysis, I pair their notions with Foucault's "supervision-writing" in my analysis of *Hard Cash*, showing how the master plot of insanity present at diagnosis is also evident in the ongoing composition of the patient's madness narrative as the "confinement-composition" is characterized by the same emplotment.

While Foucault, Hanganu-Bresch, and Berkenkotter are useful for considering texts and narratives created by physicians and asylum administrators, Mary Elene Wood's *The Writing on the Wall: Women's Autobiography and the Asylum* helps us understand how patients create autobiographies that use various strategies to help their view from inside the asylums (ostensibly offering a truthful account of what they witnessed) be received and taken seriously. Wood's project is invested in understanding how the authors of these texts work to capture the attention of the reader, ensuring that their voices will be heard. The asylum authors that Wood discusses use rhetorical and literary strategies to persuade their readers to take them seriously. For example, Wood outlines the ways in which Lydia Smith's 1879 autobiography, *Behind the Scenes*, draws on characteristics of early captivity narratives, popular sensation fiction, and realist fiction (69, 100). In similar fashion, I examine the rhetorical and literary techniques used by the authors in this project; however, I am focused primarily on the connection that the patients' narratives have to symbolic capital. Along with Wood, I wish to understand how patients and former patients combat the loss of voice that accompanies an insanity diagnosis.

Research into the textual productions of asylum patients is not a new field, for noted medical historian Roy Porter issued a call in 1985 for history to be considered from the perspective of the patient in the seminal article, "The Patient's View: Doing Medical History from Below," arguing that much of the medical history produced up to that point had been too focused on the voices and perspectives of the medical professionals. More recent scholarship on the connection between the asylum and creative production includes the work of Michael Barfoot and Alan W. Beveridge who examine the life of John Willis Mason, a patient at the Royal Edinburgh Asylum, to determine the extent to which he

participated in the cultural environment of the asylum and his importance to the various cultural institutions, such as the asylum magazine and the literary club. This article reveals the opportunities for creative outlet available in this asylum and the close working relationships between creative patients and psychiatrists. While Barfoot and Beveridge offer a historical examination of one individual's participation in creative expression in the asylum to understand that patient's position in the cultural environment of the asylum, I am examining the use of narrative production as a way for patients to reclaim their voices and identities. Benjamin Reiss, another scholar of asylum practices and reform, performs a new historical examination of the cultural practices at work in a New York asylum. Reiss analyzes literary and cultural texts in their historical context in order to provide greater insight into the actual workings of the asylum. Reiss carefully investigates the production of an asylum magazine, uncovering the relation between the texts produced, the treatments employed, and the culture promoted in the asylum. Though my project is similar to Reiss's in its attention to the connection between asylum texts and popular discourse surrounding asylum reform, I am also committed to examining how the production of these texts allows patients to claim the right to control their own sense of identity, a facet that Reiss does not investigate.

I draw on Pierre Bourdieu's theories about symbolic capital throughout the entire project. In addition to economic capital, which "is immediately and directly convertible into money," Bourdieu asserts that there are two other forms of capital: cultural and social, which can both be converted into economic capital (241, 243).¹⁴ While Bourdieu treats

¹⁴ In "The Forms of Capital," Bourdieu asserts that "[c]apital is accumulated labor" which can "present itself in three fundamental guises: as economic capital, which is immediately and directly convertible into money and may be institutionalized in the forms of property rights; as cultural

several forms of symbolic capital, I focus on his notion of embodied cultural capital, institutionalized cultural capital, and social capital. Embodied cultural capital, in Bourdieu's framework, exists in "long-lasting dispositions of the body and mind" and represents the investment of time in "work on oneself" that results in the accumulation of various cultural competences (243-44). The value of the embodied cultural capital lies in the fact that it "derives a scarcity value from its position in the distribution of cultural capital and yields profits of distinction for its owner" (Bourdieu 245). For Bourdieu, cultural capital is institutionalized, primarily, through educational certification, which is "academically sanctioned by legally guaranteed qualifications, formally independent of the person of their bearer" (248). Though obtaining an academic qualification through attendance at a particular university, for example, could result in the formation of a social bond with other graduates of the same institution, Bourdieu classifies such connections as social capital, explaining that it is "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition — or in other words, to membership in a group — which provides each of its members with the backing of the collectivity-owned capital, a 'credential' which entitles them to credit, in the various senses of the word" (248-49). As Bourdieu implies, the credit provided to the members of the group may but need not be financial, for he explains that the benefits of membership can include "material profits, such as all the types of services accruing from useful relationships, and symbolic profits,

capital, which is convertible, on certain conditions, into economic capital and may be institutionalized in the forms of educational qualifications; and as social capital, made up of social obligations ('connections'), which is convertible in certain conditions, into economic capital and may be institutionalized in the forms of a title of nobility" (241, 243).

such as those derived from association with a rare prestigious group” (249). Bourdieu’s social and cultural capital figure most explicitly into my discussion of the creation of the madness narrative and the production of counternarratives in *Hard Cash*. Bourdieu’s ideas are also important to the rest of the project, for the magazines portray the accrual and expenditure of social and cultural capital in both the management of the periodicals and the works of individual contributors as they attempt to reassert control over their own identities. Additionally, Paternoster’s text draws on the power of the press, casting himself as a journalist to gain readers who may take his text more seriously. Though journalists in the first half of the nineteenth century possess poor reputations, the fact that they can attract readers illustrates their power to bring publicity to issues of the day. Paternoster’s decision to publish his account in the periodical press suggests that he considers risking the sneers that he would potentially attract by writing for a scandalous newspaper better than being ignored as a former asylum patient who, by virtue of his previous association with madness, is deprived of a voice and thus ignored. In all of these texts, the people who face the oppression of the madness narrative use the symbolic capital they possess to create counternarratives that resist their madness narratives or to produce texts that claim the right to be heard despite their madness narratives.

Chapter Descriptions

In my first chapter, “Narrating Insanity: Constructing the Madness Narrative in Charles Reade’s *Hard Cash*,” I argue that Reade’s novel depicts the process of diagnosing someone with a mental illness and having the person confined as the collaborative construction of a story. This story, which I call the madness narrative, justifies the potential patient’s confinement and is supported by the symbolic capital of the doctors involved in

the process of certifying the person as insane and of actually ordering their confinement.¹⁵ In addition to justifying and producing the person's confinement, throughout *Hard Cash* the madness narrative is also used to keep the person confined and to prevent him or her from seeking outside intervention or assistance. Finally, the novel depicts Alfred Hardie, the confined protagonist, having temporary, minor success in rejecting his madness narrative through his own expenditures of cultural and social capital. However, Reade's novel suggests that, because the asylum system as a whole is susceptible to financial manipulation by greedy relatives, successful attempts of resistance that result in the rejection of a patient's madness narrative and their liberation must take the form of counternarratives supported by symbolic capital but offered in a more powerful outside institution such as the court system.

“Exposing the System: Richard Paternoster's *The Madhouse System* as Early Exposé,” my second chapter, focuses on Paternoster's use of rhetorical techniques to craft an exposé of the asylum system in the early nineteenth century. The strategies used by Paternoster would eventually be defining features of investigative journalism, and Paternoster employs them to overcome the barriers of negative assumptions about current and former asylum patients, the low status of journalists in early nineteenth-century society, and the poor reputation of the newspaper (*The Satirist*) where he originally published his text. As a former asylum patient, Paternoster's opinions would automatically be considered suspect; the silencing function of the madness narrative can continue even once a person has gained their liberty. Because he had previously published with *The*

¹⁵ Professional expertise also provides key support for the diagnosis; however, I am more focused on the non-medical factors.

Satirist, Paternoster found that newspaper a welcoming venue, despite its reputation as a libelous scandalmonger. By drawing upon statistics, quoting from verifiable documents like governmental reports, and describing his work using terms that suggest he is dealing in evidence rather than assumptions, Paternoster rejects the assumption that he is delusional. Paternoster combats the assumption that he, like other asylum patients, lacks self-control by depicting scenes in which he faced verbal abuse with calmness and by refraining from using material that could offend his readers' sensibilities, even if the evidence could be persuasive. Finally, Paternoster writes against the notion that his judgment is ineffective or perverted by displaying his ability to use emotional rhetoric without giving the appearance that he is prone to outbursts or uncontrolled emotions and by showcasing the clarity of his perception in uncovering hypocrisy within the asylum system. Through these rhetorical choices, Paternoster distinguishes his writings from the usual scandalous gossip and character assassinations offered by *The Satirist* and rejects the effect that his madness narrative could have over how he is perceived.

Finally, I look north for my third chapter, "A Magazine of Their Own: Literary Periodicals of Victorian Asylums in Scotland." After the arrival of moral management to Scotland in the late 1830s, the patients at the Crichton Royal Institution in Dumfries established a literary magazine, *The New Moon*, in 1844. Less than a decade later, the patients at the Glasgow Royal Lunatic Asylum started *The Gartnavel Gazette* in 1853. These literary magazines, established without opposition from asylum administration, were seen as important tools within the therapeutic philosophy of moral management for they gave patients opportunities for productive occupation, considered helpful in distracting them from their delusions and obsessions. *The New Moon* and *The Gartnavel Gazette*

provide the patients in their respective asylums space for their creative endeavors, allowing patients to reject stereotypes about mental illness that threaten their own desire to maintain or reach for a middle-class identity. Rather than suffer silently under the effects of the madness narratives created for them, the patients, often nameless, create texts that move outside of the asylum, claiming a place in the periodical marketplace despite the barriers of the madness narrative.

**CHAPTER ONE. NARRATING INSANITY: CONSTRUCTING THE MADNESS NARRATIVE
IN CHARLES READE'S *HARD CASH***

[A confined person's] *entreaties, his anxious representations, his prayers for liberty, what do they avail!* The keeper of the asylum [. . .] knows that the truly and dangerously insane can act in the same way; and [. . .] *does away with all the effect of the patient's words.* The visitors [. . .] *are told that they see 'the best of him;'* *that it is one of his 'good days;'* *that he is often 'dreadfully violent;'* *or that if left to himself 'he will commit suicide.'* and they shrink from the responsibility of deciding. (Conolly 4-5, emphasis added)

The above quotation from John Conolly's *Indications of Insanity* (1830) encapsulates the challenge faced by Alfred Hardie, the protagonist in Charles Reade's *Hard Cash* (1863), as he is repeatedly ignored and his claims to sanity are disbelieved. As Conolly recognized, the words of a person confined to an asylum are automatically discounted, effectively silencing the asylum patient. Reade's novel proposes a nuanced understanding of the insanity diagnosis as a collaboratively-composed story that justifies the confinement of the patient. I call this story the madness narrative and argue that it is supported by the symbolic capital of the psychiatric establishment and is such a part of the asylum system that attempts to resist it must take the form of counternarratives supported by symbolic capital but offered outside the asylum system.

Hard Cash provides an opportunity to examine Victorian concerns about the oppressive nature of an insanity diagnosis. This text suggests that the key to combatting the power of a madness narrative lies in the ability to employ cultural and social capital to achieve distinction in an institution outside the asylum in order to bring pressure to bear on the asylum. Furthermore, this novel proposes that the patient who has a position of distinction in the legal context may be able to throw off the silencing oppression of the madness narrative. The possession and investment of cultural and social capital is

necessary to overcome the medical power exercised within the asylum and the financial capital employed by devious family members.

Synopsis and Historical Context

Charles Reade first published his sensational narrative under the name of “Very Hard Cash” in Charles Dickens’s *All the Year Round*, from 28 March 1863 to 26 December 1863. Reade’s text was published in three volumes as *Hard Cash* by Low & Marston of London (Smith 239). This novel features the young Alfred Hardie, an Oxford student who falls in love with Julia Dodd, the daughter of Captain David Dodd. Alfred’s banker father, Richard Hardie, bankrupts the family bank through unwise investments. Richard Hardie persuades the recently-returned Captain Dodd to deposit £14,000, the result of Dodd’s years at sea, with Richard’s bank. When Dodd becomes suspicious of Richard and attempts to reclaim his recently-deposited funds, he is refused, and the anger that this brings causes him to have a fit of apoplexy and fall mad. Unfortunately for Richard, Alfred heard Captain Dodd demanding the return of his money. Once Alfred confronts his father about the money, Richard begins to think of ways to discredit his son. Eventually, Richard has Alfred confined to a series of three mental asylums.¹⁶ Alfred finally escapes the asylum when a large fire allows Alfred to break free from the cell in which he is confined. Taking advantage of this freedom, Alfred makes his way to the Dodd family and persuades them and Dr. Samson, the one physician who is not depicted as greedy and eager to confine those

¹⁶ In *The Maniac in the Cellar: Sensation Novels of the 1860s*, Winifred Hughes argues that *Hard Cash* fits quite well within the tradition of sensation fiction and that this novel reflects both the fantasies/nightmares of Victorian society concerning uncontrolled passion and unrestrained greed. Hughes further asserts that Reade demonstrates both his obsession with and terror of insanity in *Hard Cash*.

suspected of mental illness, to help him bring suit against his father and those who had him confined.¹⁷ In the end, Alfred's appeal to the court is successful, and he is judged sane.

The history of psychiatric care in the first half of the nineteenth century is marked by two strains of reform: modernization of psychiatric theories and periodic modification of the laws concerned with the treatment and confinement of the mentally ill. As I discuss in the introduction, one of the most significant changes to psychiatric theory occurred practically simultaneously in both England and France with the rise of moral management. Phillips Pinel famously struck the chains from his patients at the Bicêtre asylum in 1793 and instituted a method of care based on surveillance and the establishment of positive habits. Without any apparent interaction with the advances in France, the York Retreat, an asylum for the mentally ill in the Society of Friends, was founded by William Tuke along similar lines of benignity. Though this change was generally perceived as an improvement, reducing the amount of abuse in the asylums, concern with the possibility of being wrongfully confined still figured powerfully in British culture. Social historian Peter McCandless notes that the "Victorian era was marked by periodic outbursts of rage against the 'mad doctors' and the commitment laws. Two such lunacy panics, in 1858-59 and 1876-77, led to the appointment of important select committees of the House of Commons" ("Liberty" 366). Additionally, Ann M. Grigsby considers the frequency of adjustments to the lunacy laws in the first two-thirds of the century, noting that they "were in a constant state of flux passing through new legislation in 1828, 1845, 1850, 1853, 1858-59, and

¹⁷ Valerie Pedlar in *'The Most Dreadful Visitation': Male Madness in Victorian Fiction* investigates the issue of insanity in *Hard Cash*, paying careful to Reade's reformist impulses and his critique of the asylum system's commercial nature. Pedlar argues that "abuse of the system is inevitable so long as the care of the insane is a commercial operation" (106).

1862” (20). The passage of these laws and the panics to which McCandless refers signal spreading concern with the topics of brutal practices and wrongful confinement. Focusing on the issue of abusive treatment, Grigsby notes that “[s]ocial historians agree that eccentric ‘cures’ were tested on defenseless patients in the name of medical progress during the nineteenth century” (16). McCandless asserts that the concern with wrongful confinement “was not entirely groundless,” arguing that the reliance of doctors on “subjectively determined symptoms” and the prevalence with which some doctors “confused insanity with immorality, especially sexual, and with other forms of nonconformist behavior” likely resulted in “some persons, perhaps many, [being] wrongly confined” (“Liberty” 367). McCandless posits that “the growth of the reading public in the 19th century helped feed this distrust [of asylums]. The spread of literacy and the availability of cheap magazines and newspapers meant that tales of wrongful confinement could reach a wider audience than before. Such stories made good melodrama, and it is not surprising that many editors were not loath to print them” (“Liberty” 366). The frequent passage of new legislation regarding asylums suggests that the desire for reform was having an effect on Parliament. Indeed, Grigsby argues that “authentic reform was occurring within the burgeoning psychological field. That this needed reform was slow and delayed by ignorance, prejudice, and economic pressures is evidenced by successive Lunacy Commission reports” (16).

Though Charles Reade does not attract as much notice as he once did, he felt that his reform-focused novels successfully affected change. For example, Mary Poovey explains that Reade saw his writing as socially productive, providing “what he considered the conclusive defense of his art when he described the changes in prison discipline

inspired by *It is Never Too Late to Mend*: ‘At last they saw I was right, and abolished the crank [an instrument used in prison discipline], which was a truly hellish invention to make labour contemptible and unremunerative, and theft eternal. They have since conceded to me other points I had demanded; and in virtue of these improvements, I am, on a small scale, a public benefactor, and have modified, not disturbed, the national experiment’” (“Forgotten” 444-45). Despite Reade’s assertions that he was at heart a playwright, Poovey notes that the 1856 publication of *It is Never Too Late to Mend*, Reade’s prison reform novel, “catapulted Reade to fame” (“Forgotten” 434). *Hard Cash* is similar to *It is Never Too Late to Mend* in expressing Reade’s desire to uncover institutional corruption and to call for reform.

Hard Cash also resembles Reade’s other novels due to his attempt to write with a factual basis. Indeed, Reade himself declares in the preface to *Hard Cash* that the text is a “matter-of-fact Romance; that is, a fiction built on truths: and these truths have been gathered by long, severe, systematic, labor, from a multitude of volumes, pamphlets, journals, reports, blue-books, manuscript narratives, letters, and living people, whom I have sought out, examined and cross-examined, to get at the truth on each main topic I have striven to handle” (1). The combination of “matter-of-fact” and “romance” points to a tension in Reade’s authorial approach and the text that results. In this subtitle, Reade signals that he bases *Hard Cash* on facts, an implicit argument that he supports by drawing on newspaper accounts and other texts to document his research. In *Charles Reade’s Manuscript Notecards for Hard Cash*, Douglas Henneck Bankson discusses Reade’s creation of a large number of notecards based on this research, arguing that they represent “part of an elaborate system of justification,” allowing Reade to argue that his text, though

filled with fictional scenes, was based on reality (285). Bankson noted that Reade's research resulted in "40 cards dealing with *Hard Cash* containing about 107,000 words" (iii). This desire for verisimilitude (perhaps even a spirit of veracity) represents, I would argue, an awareness of the poor reputation of authors of sensation fiction as dealing only in gossip and inflammatory speculation. Bankson posits two reasons for Reade's concern with illustrating the veracity of his sources, "first, because of his sensitivity to charges of plagiarism and, second, because he was in this manner justifying his system and expressing pride in the fact that he had gained his material from an original source" (vii). Additionally, Reade's fiction was dubbed "the terrible slander cast upon a body of professional men to which I am proud to belong" by the proprietor of a private Salisbury asylum (qtd in Grigsby 21).¹⁸ According to Grigsby, Reade addressed this and similar attacks "in a lengthy letter stating that in *Hard Cash* he offered only facts that came to him through the current newspapers, and he proceeded to relate the details of several recent cases of false incarceration" (Grigsby 21). Winifred Hughes asserts that Charles Read was "torn between mendacity and truth, alternatively defensive and suspicious of his own creations" a position that results in him "consistently tak[ing] refuge in documentary evidence to absolve himself of any blame" (76). Reade's belief in the importance of using the news of the day to support his writing even led him to recommend them as source material for other authors, writing to Mary Elizabeth Braddon that she "should read the papers, and leave the books alone" (qtd in Bankson v). Clearly, the "matter-of-fact" portion of *Hard Cash*'s subtitle

¹⁸ Reade was not the only one thus treated, for on 28 November 1863, the *British Medical Journal* attacks Charles Dickens for inviting Reade to publish his novel, declaring that Dickens "allows Mr. Reade to hold up to the execration of mankind in vented brutalities of mad-doctors and abominations committed in mad-houses" (584).

represents the work that Reade felt he needed to perform to balance out the “romance” portion of the text.

Reade’s choice of “romance” as part of his subtitle also signals an awareness that his text may seem fantastic. John McWilliams states that for nineteenth-century readers “‘Romance’ was both a diachronic term applicable to all fiction and a synchronic term referring to historical fiction; yet, it was also a catch-all word for fiction of any kind that seemed adventurous or thrilling,” an idea that McWilliams draws from Nina Baym (75).¹⁹ To draw from a writer with whom Reade would have been familiar, Sir Walter Scott defines romance as “a fictitious narrative in prose or verse; the interest of which turns upon marvelous and uncommon incidents” and goes on to note that the novel is “a fictitious narrative, differing from the Romance, because the events are accommodated to the ordinary train of human events, and the modern state of society” (qtd. in Dekker 20-21). From this perspective, Reade’s choice of “romance” points to an awareness that he has written fiction that focuses on unusual events. The combination of “matter-of-fact” and “romance” suggests that he views the actual events that are “accommodated to the ordinary train of human events” as still being rather “marvelous and uncommon.” Reade’s description therefore suggests that the abuses he depicts in *Hard Cash* are so outrageous that they ought not belong in the world of novelistic verisimilitude, though he suggests in a “matter-of-fact” manner that those abuses are quite real.

¹⁹ Though McWilliams is focusing on American Romance, the underlying argument still applies, particularly in light of Reade’s clarification of “matter-of-fact Romance” as “a fiction built on truths” (Reade 1).

Madness Narrative Theory

In this chapter, I argue that in *Hard Cash* Reade depicts the insanity diagnosis as the creation of a story that justifies the confinement of patients and which is frequently used to maintain asylum control over the patients and their identities as well as the way that outsiders perceive those within the asylum. I call this story the madness narrative. In his *Lectures on Psychiatric Power*, Michel Foucault applies his theories about discipline to the topic of psychiatry and the asylum. Foucault argues that disciplinary power operates through systems of “supervision-writing” (*Psychiatric Power* 55). In this view, the creation of official administrative and medical documents like case notes and insanity certifications²⁰, an essential part of the work of the asylum particularly as the lunacy laws require more documentation, serves as a “supervision-writing.” Foucault is arguing that the official documents that accompany the confinement, management, and treatment of the patients form a system that constructs the individuals confined to the asylum as patients under the disciplinary power of the institution; Foucault also describes this as “a system of pangraphic panopticism,” for all is seen and all is recorded (*Psychiatric Power* 55). As people confined to the asylum encounter and are incorporated into the “system of supervision-writing,” they become patients, subjects of the asylum’s construction.

Though the power of the psychiatrist might seem unchecked in light of the specialized knowledge he possesses and the institutional authority he wields, Foucault declares that this is not the case. Asserting that, “the person in charge of a disciplinary

²⁰ Certifications: Forms completed and signed by a doctor asserting the necessity of admitting an individual to an asylum. In theory, the doctors would only complete the forms after interviewing the family and the potential patient. Two certifications were needed to have a person admitted to an asylum.

system is caught up within a broader system in which he is supervised in turn, and at the heart of which he is himself subject to discipline,” Foucault argues that the nature of the disciplinary system subsumes the director of the asylum, for that person is really only a part of the mechanism of the institution as he or she participates in the “supervision-writing.” In “Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth century,” social historian David Wright provides historical evidence that the control of the psychiatrist over the process of confinement may not have been as complete as it once seemed. Drawing on the research of Peter Bartlett, Wright asserts that in England and Wales, “county magistrates maintained a strict control over the financing, supervision, and visitation of their asylums, and hired and fired medical superintendents at their own discretion” (140-41). Furthermore, Wright argues that the “expansion of asylums in the nineteenth century was thus driven by demand directly from families,” pointing to “[r]ecent research on English county asylums after 1845” suggesting that the number of vagrant patients amounts to “a figure of no more than 10 per cent of total admissions” (142-43). Wright argues that the asylum superintendents had little control over the admission process and that the families and poor law medical officers had more control than originally thought. Drawing on both Foucault and Wright, I argue that the madness narrative is collaboratively constructed, as encounters between doctors, patients, and family members (and the information provided in such interviews) are fed into the system of supervision-writing. However, for the purpose of my argument, I will adjust the term to confinement-composing as a way of acknowledging the importance of verbal exchanges. While the verbal exchanges provide evidence to justify the creation of insanity certificates and

confinement orders, they first form part of the unwritten story that is constructed about the potential patient.

This discussion of the notion of a system of confinement-composing that results in a collaboratively-constructed madness narrative does not yet address how the system of supervision-composing handles the words of a person who has no plans to enter an asylum or to send another person to an asylum. In “Narrative Survival: Personal and Institutional Accounts of Asylum Confinement,” Cristina Hanganu-Bresch and Carol Berkenkotter draw on Rita Charon and Andreea D. Ritivoi to discuss the notion of a master plot of insanity.²¹ The master plot is “the typification of certain exemplary story lines; these types are then used to simplify and make sense of a more ‘disorderly’ or complex narrative. . . . Master plots are narrative templates whose meaning is ordained among a socio-cultural group and which can help turn the chaos of life into preordained, predictable patterns” (20). Hanganu-Bresch and Berkenkotter assert that because the admitting physician is predisposed toward an “‘insanity’ master plot” by the two certifications, he slots the family’s evidence and the patient’s own words and actions into such a master plot. In their treatment of the insanity master plot, these scholars explain how admitting physicians place such importance on the official documents, resulting in a potential clouding of their judgment. I extend the argument, applying it earlier in the process to the certifying physicians, as I note how the certifying physicians give family evidence a similar weight. I am, however, discussing Reade’s fictional representation rather than events depicted in official, and therefore ostensibly “factual” documents. I expand on Hanganu-Bresch and

²¹ Rita Charon, in *Narrative Medicine*, states that “[e]mplotment is the action not of the tale but of the teller Any sequence of events or actions can be ‘told into’ different plots” (qtd in Hanganu-Bresch & Berkenkotter 19).

Berkenkotter to show that, within the world depicted in *Hard Cash*, the informal conversations and interviews are part of the creation of a master plot I am calling the madness narrative which provides the justification for the creation of the medical documents that result in confinement and which shares the same powerful voice as the official documents. Therefore, since nearly all the doctors in Reade's novel are part of a socio-cultural group that approves of and is persuaded by the master plot of insanity, they slot the information gained through interviews and conversations into the madness narrative that is being actively composed to construct the person (Alfred Hardie, in this case) as the patient of the asylum.

According to Foucault, the expertise of the psychiatrist is deployed discursively through the psychiatrist's control of the confession process in which patients must recognize the delusiveness of their ideas and the truth of the "biographical corpus [which] is established from the outside through the system of family, employment, civil status, and medical observation" (Foucault *Psychiatric Power* 159). Foucault argues that the "biographical corpus" need not necessarily be accurate; as long as the patient "avow[s] it," he can be judged cured. In his discussion of the statement of truth as part of the cure, Foucault asserts that "The fact alone of saying something that is the truth has a function in itself; a confession, even when constrained, is more effective in the therapy than a correct idea, or an idea with exact perception, which remains silent" (159). It is not important that the patient actually believe or perceive the truth; the important action is that the patient offers the confession: "What is required is that the patient recognizes himself in a kind of identity constituted by certain episodes in his life" (Foucault 159). Furthermore, the "biographical truth" in which the patient must recognize himself is "a truth imposed on him

in a canonical form: cross examination of identity, the recall of certain episodes already known to the doctor, acknowledgement that he really was at Charenton at a given moment, that he really was ill between certain dates, etcetera” (159). It is the medical professional’s ability to monopolize these power relations that authorizes confinement of the patient in the asylum and makes it difficult for the patient to exercise substantive agency within the power relation. Following Foucault’s assertion, I argue that the psychiatrist’s control of the “biographical corpus” is a feature recognized in the madness narrative as presented in the *Hard Cash*. Because the madness narrative places the “biographical corpus” in the hands of the psychiatrist, I argue that the patient’s very identity falls under his control. Therefore, the confession, as uncovered by Foucault, is really a process of patients accepting the identities that are constructed for them.

Creation of the Madness Narrative: Family Participation

The first step in uncovering the rhetorical work of an insanity diagnosis in *Hard Cash* is to examine the characteristics of the madness narrative. Reade’s portrayal of the madness narrative makes its collaborative nature clear, for whether the family members intend to participate or not, their accounts of the potentially-insane relative are smoothly incorporated into the diagnostic framework associated with mental illness. An early scene between Jane Hardie, Richard Hardie, and the family doctor, Mr. Osmond, illustrates this feature. Indeed, the conversation about Alfred Hardie begins with the appearance of Jane who anxiously expresses her concern over her brother’s health, providing a list of his symptoms (“so thin, and pale, and depressed” and “his headaches were worse”) that have left her so that “she could not be easy any longer without advice” (Reade 154). Osmond latches onto Jane’s mention of headaches, asserting, “I have noticed a remarkable change

in him, but I did not like to excite apprehensions: and so he mopes does he? seeks solitude, and is taciturn, and dejected?” (154). Though Jane’s concern is with Alfred “turning so pale and thin,” Osmond focuses on the behavioral aspects and responds to the list of complaints by stating “it is all part of one malady” and asserting that he knows what the matter is (154). Richard rejects Osmond’s tentative diagnosis of Alfred’s “hyperaesthetic character” and begins to “put his own construction on Alfred’s pallor and dejection” (155). In this moment, we see a struggle playing out between the family and the medical establishment, a challenge for the right to interpret Alfred’s symptoms. Indeed, Richard declares, “Taff has fancies enough already. I cannot have you gentlemen coming here to fill his head with many more,” a rejection of the medical account as foolish. Rather than heeding the rejection of his diagnostic powers, Osmond seizes upon the mention of fancies and smoothly fits this statement into his diagnostic framework, remarking, “Oh, he has fancies, has he? . . . We shall not say one word to *him*: that might irritate him” (155). In this short scene, we see that Reade characterizes the medical professional as seeking a connection between behavior and madness — almost hunting for a justification for an inevitable diagnosis of poor mental health.

Brought along with Osmond and introduced as a friend, Dr. Wycherley, an eminent psychiatrist, joins Jane, Richard, and Osmond and begins with a polysyllabic statement of his diagnosis of the absent Alfred, whom he describes as “labouring under some of the precursory indications of incipient disease of the cerebro-psychical organs, of which I have been, I may say, somewhat successful in diagnosing the symptoms” (Reade 155).²²

²² Reade’s preparation for the discussions of insanity were quite extensive; Bankson explains that Reade drew “extensively from books by Dr. Forbes Winslow . . . [and] used the doctor’s own technical jargon to parody Winslow in the person of Dr. Wycherley of the novel. Such a conclusion

Because the doctors are working from a position of suspicion, they filter every comment made by Jane and Richard through their psychiatric framework, assigning diagnostic value to every statement. Indeed, the doctors seem to be committed already to an insanity diagnosis, such that neither doctor feels a firsthand examination of the patient is necessary to begin forming an opinion. Only after indicating in this confusing manner that he suspects poor mental health does Wycherley expound on the symptoms that have brought him to that opinion, the same symptoms which were shared with Osmond in the earlier scene. After considerable hedging, stating that he is “habitually averse to exaggeration of symptoms,” Wycherley finally states that Alfred’s symptoms suggest “the Incubation of Insanity” to him (156). Though Wycherley hesitates to assign the label of madness at this point, he has no qualms with recommending confinement. Indeed, the narrator condenses Wycherley’s approach by stating, “‘Incipient aberration’ was of easy cure: the mischief lay in delay” (156). Here the narrator summarizes Wycherley’s point of view, that the most dangerous course of action is to allow early-stage mental disorders to progress unchecked. At various points, Richard expresses doubt about the validity of the diagnosis, displaying “levity and cold reception” and demanding, “what the deuce are you driving at” when he finds Wycherley’s language impenetrable (155). In response to this treatment, Wycherley enumerates the symptoms of the incubation of insanity. At each stage of this discussion, once Wycherley explains a symptom, Jane sadly affirms that Alfred has experienced that symptom. Despite his expressed doubt, Richard begins to suspect that the information gleaned from the doctors might be useful, for the narrator voices Richard’s thoughts,

could be based only on the use Reade made of his source, but in addition there are explicit comments on the cards which prove that this was Reade’s intention” (269).

“Should Alfred blab his suspicions, here were two gentlemen who would at all events help him to throw ridicule on them” (157). In this moment, we see Richard begin to shift from annoyance and suspicion to wary consideration of the possibility that the doctors might prove useful, foreshadowing the future collusion. Though the idea of confining Alfred originates with the doctors, it is Richard’s awareness of how confinement could benefit him that turns the doctors’ suggestion into a reality. The appearance of a local man seeking an interview with Richard in his magisterial capacity halts the discussion of Alfred’s case; however, the interview between the doctors and Alfred’s family members provides information that is fit into the madness narrative being constructed for Alfred.

Creation of the Madness Narrative: Doctor’s Symbolic Capital

While the critics and historians I have discussed so far examine the legal structure that authorizes confinement in general, I turn to Pierre Bourdieu to explain how the symbolic capital held by specific doctors in *Hard Cash* gives them the authority to create Alfred Hardie’s madness narrative. During Mr. Osmond’s visit to the Hardie family, he states that he would like to seek “the advice of a profound physician,” referring to previously-discussed Dr. Wycherley. Osmond declares that he wishes the family to “hear a truly learned opinion” regarding Alfred’s mental health (Reade 155). Furthermore, the narrator describes Wycherley as a “voluminous writer on certain medical subjects” who was “so saturated . . . with circumlocution” that it “earned him the admiration of fools . . . [which is] invaluable, as they are innumerable” (155). Indeed, Wycherley’s speech patterns, which the narrator indicates by saying he “talked like an Article; a quarterly one” and which Richard Hardie satirically rebukes by requesting that Wycherley and Osmond “be pleased to begin by moderating your own obscurity,” point to the embodied cultural

capital that accompanies being “a man of large reading” (155). The great number of medical terms, so often unfamiliar to the uninitiated, are markers of Wycherley’s institutionalized cultural capital. Wycherley draws attention to his cultural capital with his declaration that the symptoms Alfred experiences “in their preliminary stages escape the observation of all but the expert nosologist,” pointing to the education and experience necessary to reach the level of an expert in the classification of diseases (155). The very fact that Wycherley is described as a physician points to a university education, rather than an apprenticeship, a marker of his institutionalized cultural capital. Wycherley further emphasizes his experience by referring to his “long and busy professional career,” the reference to being busy suggesting that his distinction secures many patients for his business, illustrating the conversion of cultural and social capital into customers and financial capital (155). These statements also demonstrate Wycherley’s social capital as part of a circle of physicians who treat mental illness and receive attention for their specialized knowledge, whose expertise (real or perceived) is valued within the broader medical community. The cultural and social capital possessed by Wycherley and other “Psychophysical physicians,” to borrow Wycherley’s term, bolsters their authority over the diagnosis process. Though Alfred’s confinement does not take place until later in the novel, these scenes illustrate the importance of symbolic capital, for the interview with the family begins the creation of the madness narrative, planting the seed for the justification of Alfred’s eventual confinement. Wycherley’s displays of symbolic capital are the subject of Richard’s scoffing (and the narrator’s own derision). However, Wycherley has the “admiration of fools . . . [which is] invaluable, as they are innumerable,” signaling his possession of the stamp of public approval that gives him some of his authority (155).

Creation of the Madness Narrative: Patient Interview

The tendency of the psychiatrist in Reade's world to interpret every sign in terms of insanity is demonstrated in the interviews between Alfred and Dr. Wycherley and between Alfred and Mr. Speers (the apothecary who joins Wycherley in signing the orders of confinement). As with the family, every word and action of the patient is interpreted as proof of insanity, with the added bonus that if the patient seems to be sane, it may very well be taken as the cleverness of the insane trying to trick the physician. This readiness to see madness in each phrase and every movement can be explained through the master plot as articulated by Hanganu-Bresch and Berkenkotter, for these doctors readily slot Alfred's words and actions into his madness narrative. Wycherley begins by asking Alfred about symptoms which Alfred had not previously shared with him. Indeed, the narrator notes that "Dr. Wycherley's curiosity was not of a very ardent kind: for he was one of those who first form an opinion and then collect the materials of one: and a very little fact goes a long way with such minds" (Reade 205). When Alfred forces him from the room, Wycherley angrily exclaims to Mr. Speers who is standing outside, "Excited!—Very!" (Reade 205). Wycherley's outburst reveals not only his own foregone conclusion but also his attempt to influence Mr. Speers. During his interview with Alfred, Mr. Speers focuses most intently on the matter of the L. 14,000, which he terms "this little delusion," asserting, "You talk about it to others fast enough: but to Dr. Wycherley and myself, who could cure you of it, you would hide all about it, if you could" (Reade 206). The medical professional in Reade's novel is quite ready to use information provided by family members without verifying its factual nature. As we consider these interviews, both of which end with Alfred forcing the medico from the room, we see that the medical practitioner enters the room convinced of Alfred's insanity and thus interpret every response as further confirmation of that

conclusion. This lack of openness to other diagnoses signifies a deeper issue: the possible subjugation of the medical authority of the psychiatrist to the financial manipulations of families desiring to confine a troublesome family member. Reade casts the psychiatrist as always willing to offer an insanity diagnosis provided the family is willing to pay, as Richard Hardie was. Reade seems to suggest that a system that allows the medical professionals to accrue wealth through poorly-regulated diagnostic practices is unacceptable. Furthermore, we can see that these medical practitioners are already committed to the madness narrative that has been created for Alfred Hardie, leading them to see only evidence of delusion as they consider him.

Purposes of the Madness Narrative

In addition to ensuring that the doctors perceive Alfred as insane, the madness narrative can be used to control the perception of members of the general public, magistrates, and lunacy commissioners as they encounter people confined to the asylum. The madness narrative, as depicted by *Hard Cash*, can also be used to manage the behavior of patients within the asylum. Reade depicts the madness narrative fulfilling these two functions through formulae and concrete representations of the madness narrative. Formulae are the small phrases and actions that the keepers use to make outsiders suspicious of the patients and to subtly manage the behavior of the patients. Concrete representations of a madness narrative include the certificates of lunacy, orders of confinement, disheveled appearance, etc. By employing a formula or directing the attention of an outsider to the madness narrative object, an asylum employee can justify the confinement and any subsequent treatment that the outsider may witness.

The notion that people confined to asylums are assumed to be guilty, rather than innocent, of being insane was familiar to reformers of the period. In an 1849 letter to the Lord Chancellor, the Lunacy Commissioners state that “every person placed in confinement must *prima facie* be presumed to be insane” (8). Lord Shaftesbury, eventual chair of the Lunacy Commission, offers a similar sentiment in his diary when he exclaims,

What an awful condition that of a lunatic! His words are generally disbelieved, and his most innocent peculiarities perverted; it is natural that it should be so; we know him to be insane; at least we are told that it is so; and we place ourselves on our guard—that is, we give every word, look, gesture, a value and meaning which oftentimes it cannot bear, and which it never would bear in ordinary life. (qtd. in Hodder 315)

While Shaftesbury seems convinced that caution is the appropriate attitude with which to approach an insane person, he reveals his concern that the foundational assumption, that the confined person must be insane, could be a flawed premise. Reforming novelists who wrote against the current asylum system were not the only ones who recognized the tendency for the mark of insanity to serve as a filter controlling the way that the public perceives those suffering under that label.

The idea of formulae is presented by Reade’s narrator in a discussion of Mr. Baker, whose “trade lay in catching, keeping, and stinting, as many lodgers sane or insane, as he could hold,” making it clear that therapeutic concerns did not trouble his mind (215). In this discussion, the narrator asserts that there are “certain formula in these quiet retreats, which naturally impose upon greenhorns such as Alfred certainly was, and some visiting justices and lunacy commissioners would seem to be. Baker had been a lodging-house keeper for certified people many years, and knew all the formulae” (Reade 215). While most instances of the use of formulae in *Hard Cash* refer to phrases spoken by asylum keepers, there are moments when the narrator uses “formula” to discuss practices that

reinforce the madness narrative or manage the patients' actions. For example, when Alfred tries to see whether his letters are being detained, the narrator states that "Baker worked 'the see-saw formula'" of claiming that someone who is absent is responsible for that issue (Reade 215). When Alfred "demanded the doctor," he is told, "He is gone," to which the narrator responds "(Formula)" (Reade 216). In this moment, the formula contains a response that functions as an action, denying Alfred access to the person who could help him in his quest to verify whether his letters to the body that could arrange for his liberty were indeed being posted. In this way, the formula is hindering Alfred's attempts to reach out to the outside world. This formula is also intended to goad Alfred into displays of excited emotion that can be woven into the madness narrative and further justify his confinement.

The most common type of formula described in *Hard Cash* is the phrase uttered or action performed to ensure that an outsider, such as a visiting magistrate or a curious bystander, is convinced of the necessity of the patient being confined. An example of this sort of formula occurs in Silverton Grove when Alfred, hoping to plead his case, finally gains an interview with a magistrate. Alfred is careful to prepare himself for the interview so as not to appear disturbed. In response, Squire Tollett "bowed politely, for Alfred's dress, address, and countenance, left no suspicion of insanity possible in an unprejudiced mind" (Reade 218). However, Dr. Bailey, sensing the possibility of an unbiased interview, whispers, "Take care, sir. Dangerous!" in Tollett's ear, a phrase which the narrator asserts is "one of the most effective of the formulae in a private asylum" (218). The result of this formula is that Tollett refuses to give Alfred a private interview and only agrees to speak with him in the presence of Bailey. In this moment, the formula of a warning that the patient

is dangerous puts the recipient, Tollett, in a suspicious mood and prejudices him against the patient. Additionally, this formula implicitly reminds Tollett that the patient has his own story, a madness narrative that justifies his confinement. I argue that Reade here suggests that the current system of asylum oversight is open to manipulation by those associated with the asylum, for unbiased investigation seems, if not impossible, quite difficult.

Alfred responds to this formula by casting aspersions on the honesty of the physician and by appealing to the magistrate's responsibility to uncover truth in the midst of falsehoods (Reade 218). Alfred pleads for Tollett to "not let him [Dr. Bailey] poison your mind against me; on my honour I am as sane as you are, and he knows it" (218). Bailey counters by "parentally" admonishing, "Don't excite yourself, Mr. Hardie" (218). This particular formula seems intended to produce multiple effects. First, the formula participates in the earlier-mentioned work of controlling the perceptions of the outsider, Tollett, by hinting that Alfred is prone to maniacal excitement and signaling the possibility of danger. Second, this formula is intended to have a secondary effect of goading Alfred into displaying uncontrolled emotion, which would justify the earlier assertion that he was dangerous, solidifying the madness narrative that already exists. Finally, such formulae act as shorthand to remind the patient that there is a madness narrative, that people already believe the story that "proves" their mental instability.

When Alfred gives a brief account of the events that lead to his confinement and ends with a request to be freed or else appear before a commission of lunacy, Dr. Bailey criticizes this request by calling it "a most undesirable exposure, both to [Alfred] and [his] friends" (Reade 218). This assertion can be read from the point of view of patient privacy.

Were Alfred actually insane, the publicity associated with an appearance before a lunacy commission could be damaging to his reputation if he were cured and released. However, Alfred interprets Dr. Bailey's formula of "most undesirable exposure" as evidence of the physician's desire to cover a multitude of sins, asserting that "[i]t is only the guilty who fear the light, sir" (218). In this scene, we see that Alfred is aware of how the words of the physician act as filters for visitors to the asylum, preventing them from perceiving the truth. Furthermore, as this formula suggests that the madness narrative will be taken at face value with everyone assuming that Alfred was indeed justly confined for madness, this formula is intended to remind Alfred that the madness narrative already has complete authority over his situation and to guilt him into quiet complacency.

Near the end of Squire Tollett's visit to the Silverton Grove House Asylum, Dr. Bailey employs a set of formulae while Alfred is absent, formulae that carry hints of truth but control Tollett's perception in a more nuanced manner. When Tollett is informed that Wycherley had signed one of the certificates for Alfred's confinement, Tollett replies to Dr. Bailey:

"Oh, then one would think he must be more or less deranged."

"Dangerously so at times. But in his lucid intervals you never saw a more quiet gentlemanly creature." (Formula)

"How sad!"

"Very. He is my most interesting patient (formula), though terribly violent at times. Would you like to see the medical journal about him?" (Reade 219)²³

In this interaction, with its two formulae, we see two different goals accomplished. First, Bailey's assertion that Alfred is "at times" "dangerously" deranged but is a "quiet

²³ The parenthetical references to formulae in this quotation are Reade's.

gentlemanly creature” during “his lucid intervals” points to the madness narrative, suggesting that his observation of Alfred has been substantial enough to verify the ‘truth’ of his insanity. Second, calling Alfred “[his] most interesting patient” points to the specialized knowledge possessed by the doctor, particularly when combined with the notion that only the highly trained psychiatrist would be clever enough to deal with a patient who at times seems so sane and at other times is a danger to those around him. Through these formulae, Bailey reinforces Alfred’s madness narrative and carefully controls Tollett’s perception of Alfred.

Alfred further demonstrates his awareness of the madness narrative as it works against him when he attempts to appeal to the other justice, Mr. Vane. Fortunately for Alfred, he is able to overhear the formula (“Take care, sir; he is dangerous”) that Mr. Baker, the asylum proprietor, uses to prepare Mr. Vane for Alfred’s requested interview (Reade 220). Alfred asserts that he is “as sane as any man in England” and appeals to the justice’s sense of judgment and responsibility by requesting, “Pray examine me, and judge for yourself” (220). Though Mr. Baker again attempts to prevent the interview, the narrator notes that Vane is “either touched by [Alfred’s look of silent agony], or irritated by Baker’s pragmatical interference, or perhaps by both,” recognizes Alfred as a gentleman, and gives him an interview (220). In this scene, Alfred’s awareness of the formulae allows him to more effectively resist them and to gain audience with someone with the ability to address his plight.

In response to Alfred’s circumvention of the previous formulae, Baker draws on another, more powerful, formula. When Vane asks Baker to respond to Alfred’s tale of wrongful confinement, Baker “smiled with admirable composure, and replied with crafty

moderation, ‘He is a gentleman, and believes every word he says; but it is all his delusions’” (Reade 221). Though the narrator does not pause to call this statement a formula, he does assert that “[d]elusion is a big word, especially in a mad-house; it overpowers a visitor’s understanding. Mr. Vane was staggered” (221). This statement aptly describes the mode by which a formula affects the hearer. Furthermore, Baker’s manner, “crafty moderation,” suggests that he is not a cruel mad-doctor but a careful keeper of those who live in a land of immoderate illusions and fantasies.

In addition to formulae, outsider perceptions of asylum patients can also be affected by concrete representations of the madness narrative that exists about the patient. Within the first asylum, we see evidence of the persuasive power of the madness narrative in object form as Dr. Bailey, the physician at Mr. Baker’s Silverton Grove House Asylum, is described. The narrator notes that “Alfred to the naked eye was a sane man,” but Bailey has “no naked eye left,” a state of being which the narrator chalks up to his prejudice: “[t]he certificates of Wycherley and Speers were the green spectacles he wore—very green ones—whenever he looked at Alfred Hardie” (Reade Ch. 32). Though this particular passage casts the madness narrative as a visual metaphor, it is apparent that the insanity diagnosis is preventing the physician from interpreting Alfred’s actions and words without bias. In this case, it is not a formula that is being spoken; rather, it is the certificates that are acting as concrete representations of the madness narrative that exists, casting Alfred as insane in the eyes of Bailey.

Additional evidence of the perception-altering power of the madness narrative can be found when Alfred is being taken from Silverton Grove to Dr. Wycherley’s asylum by train. Once on the train, Alfred appeals to a gentleman with a “good and intelligent face,”

one whose sanity can be read in his features (Reade 230). Alfred states, “I am the victim of a conspiracy, sir; they pretend I am mad: and are taking me by force to a madhouse, a living tomb,” plainly laying out a case which must appeal to the sympathies of any free person (230). At this point, the gentleman asserts, “[y]ou certainly don’t appear to be mad,” a statement which suggests that he is ready to believe Alfred and potentially act on his behalf. The keeper who is transporting Alfred immediately shows the gentleman the insanity certificates, an action which Alfred recognizes as deploying a concrete representation of the madness narrative as justification for Alfred’s situation. Though Alfred tries to discredit the certificates and thereby discredit the madness narrative by exclaiming that “they are signed by men who were bribed to sign them” and by begging the gentleman to “judge for [him]self” and to “test [his] memory, [his] judgment,” he is unsuccessful (230). In response to the gentleman’s decision not to interfere, the narrator notes that the “unsworn affidavits had overpowered his senses,” effectively making him unable to hear the sanity with which Alfred speaks (230). The power of the madness narrative is exerted through the certificates of insanity, persuading the visitor to accept the necessity of Alfred’s confinement.

The practice of managing the appearance of the patients to present visual representations of the patients’ madness narratives is found within Baker’s asylum, for the narrator remarks that the “stinginess of relations, and the greed of madhouse proprietors, make many a patient look ten times madder than he is, by means of dress” (Reade 218). Noting that “[t]his arrangement keeps the bump of self-esteem down, especially in women, and so co-operates with many other little arrangements to perpetuate the lodger,” the narrator describes a practice that ensures, as much as possible, that the patients do not

appear respectable and therefore sane when visited by magistrates, thereby keeping the patients as sources of income for the asylum (218). Reade's narrator ties this particular practice to greed, declaring that "[w]hen money was sent Baker to buy a patient a suit, he went from his lunacy shop to his pawnbroker's, dived headlong into unredeemed pledges, dressed his patient as gentlemen are dressed to reside in cherry trees; and pocketed five hundred per cent on the double transaction" (218). Though the profit motive is clear in this passage, Baker exhibits the urge to control public perception of the patients by making certain that they will appear "madder than they were—thanks to short trousers and petticoats, holey gloves, ear-cutting shirt-collars, frilled bosoms, shoes made for, and declined by, the very infantry; coats short in the waist and long in the sleeves, coalscuttle [*sic*] bonnets, and grandmaternal [*sic*] caps" (218). This particular arrangement has a two-fold purpose, for, in addition to preventing the patients from appearing sane, it also helps to break down their self-esteem and to prevent them from gaining the courage to resist their keepers.

The train journey to Wycherley's asylum also provides an example of a keeper using the physical appearance of the patient as a concrete representation of the madness narrative. At one of the train stations, Alfred notices a "buxom country woman of forty" whom he "implore[s] . . . to use her own eyes," a plea that seems to work, for the woman "did eye him far more closely than the men had" and declared that "he was no madman, for she had seen madmen" (Reade 231). Hope for Alfred's freedom seems to rise momentarily as the keeper's standard response of showing the certificates of lunacy was unsuccessful, for the woman spits out that she is "no scholar" and "ye can't write my two eyes out of my head," suggesting that she is going to believe the truth standing in front of

her, that Alfred is sane (231). However, the keeper has one more formula, an action, for he “whipped off Alfred’s cap and showed his shaven crown,” drawing “La! so he is, . . . Dear heart, what a pity! And such a pretty young gentleman” from the woman (231). In this scene, the keeper’s unveiling of Alfred’s unappealing head, shaved to allow blistering (a treatment for insanity), offers visible evidence of his madness narrative to the woman, assuring her that his confinement was justified.

In addition to carefully shaping the way bystanders and asylum visitors perceive confined patients, formulae and madness narrative representations are depicted by Reade as part of the asylum’s methods for managing the behavior of confined patients. Once Alfred is moved to Dr. Wycherley’s asylum, he encounters a keeper who declares that letters to the Commissioners of Lunacy will not be intercepted, a statement that shocks Alfred, “‘God bless you!’ cried Alfred impetuously. ‘You are my benefactor; you are an honest fellow; give me your hand’” (Reade 231-32). Alfred responds so strongly to the keeper’s comment because his letters to the Commissioners of Lunacy had been confiscated and conveniently misplaced or destroyed while he was confined at Baker’s asylum. Though the response does not seem to be uttered viciously, the narrator dubs the keeper’s “Well, why not? Only you mustn’t excite yourself. Take it easy,” a formula (232). In this instance, the keeper’s statements are intended to manage Alfred’s behavior, rather than to control outside perceptions. The lack of animosity suggests that the keeper is trying to teach Alfred what is expected of him, to be calm and not cause a scene. Formulae that attempt to moderate and manage the actions and attitudes of the patients serve the need of the asylum to keep its inhabitants under control, particularly those asylums, like Wycherley’s, that are “on the non-restraint system” (231). Such rhetorical tools also help

to maintain the image of the asylum as a peaceful place of healing, promoting a positive reputation for the asylum.

Asylums practicing non-restraint are not the only ones where Reade depicts keepers who employ formulae to manage the patients, for Alfred encounters a formula at Dr. Wolf's asylum. When Alfred witnesses a keeper choking a young man, he attacks the keeper. After Alfred is beaten back, he is handcuffed and "turned loose. It soon transpired, however that he was now a dangerous maniac (Formula), and to be confined in the noisy ward" (Reade 274-75). This response to Alfred's fury at witnessing abuse reinforces his awareness of the power that the asylum and the madness narrative have over him. Additionally, for a middle-class individual accustomed to polite society, confinement to the noisy ward could seem like a punishment intended to prevent Alfred from having the calm environment needed to maintain sanity. Finally, this formula can be read as an attempt to deprive Alfred of the peace and solitude that would make it easier to devise a plan of escape.

Possibilities of Resistance?

In light of the effectiveness of the formulae and representations of the madness narrative, the question arises of how resistance is possible. Drawing on Foucault, Bourdieu, Hanganu-Bresch, and Berkenkotter, I have shown that, despite the collaborative nature of the madness narrative, its construction is largely managed by doctors who are supported by cultural and social capital and potentially swayed by economic capital. Since the power of the master plot of insanity makes it easy for the doctors visiting the Hardie household to incorporate all they encounter into the madness narrative that authorizes Alfred's confinement, an alternative narrative must be created such that Alfred's release is authorized. The same forms of symbolic capital that authorize the construction of the

madness narrative can support the creation of counternarratives. However, because the madness narrative places the representation of the patient's identity under the control of the psychiatrist, any narrative created by the patient must be informed by and create a strong representation of the patient's sense of identity that claims the right to a voice and claims sanity. The ability to craft a counternarrative that gains an audience is tied to the possession of some form of authority or capital that marks the patient as an author, whether it is Richard Paternoster aligning himself with the press and thus gaining social capital in chapter two or the poets contributing to asylum magazines claiming a place in the literary tradition and the cultural capital which accompanies that position in chapter three. Bourdieu elucidates the accumulation of social capital, noting that its reproduction "presupposes an unceasing effort of sociability, a continuous series of exchanges in which recognition is endlessly affirmed and reaffirmed" (14). In this framework, an action that results in another person recognizing one as a member of the same social group represents an investment in the shared social capital, establishing a sense of obligation between the two people. Similarly, a patient desiring to create a counternarrative to their madness narrative could attempt to draw the attention of asylum keepers, magistrates, or lunacy commissioners to their accumulated cultural capital, in hopes of gaining sufficient distinction to be taken seriously.

In an entry, "Counternarrative," for the *SAGE Encyclopedia of Qualitative Research Methods*, Special Education researcher Kagendo Mutua explains that a counternarrative "counters unquestioned narratives or 'official stories' . . . [and] highlights the 'little stories' of groups and/or individuals that are produced at the margins of the telling of 'official stories'" (133). Within such a framework, Roy Porter's exhortation that social

historians should write histories from the patient's perspective takes on the seriousness of a call to create counternarratives.²⁴ Mutua asserts that such counternarratives “emphasize their social and political dimensions, not merely the personal ones,” “highlight[ing] the ways in which the marginalization of groups or individuals within a culture are legitimized and used to justify their exclusion, subjugation, and erasure from the official truth telling” (133). The final characteristic of the little stories that make up this type of counternarrative is that they “engage and deconstruct the official apparatus (e.g., systems of education, justice, and religion) used to create and sustain “otherness” and maintain marginality” (Mutua 133). Though Reade himself is not writing his novel from a position within the marginalized group, those confined to asylums, he is attempting to craft his “matter-of-fact romance” from that perspective.

Unsuccessful Attempts at Resistance

If we turn our attention to Alfred's experience in the asylum, we see several failed escape attempts. When he is initially confined to Silverton Grove House, the first asylum, Alfred breaks free of the guards and escapes through a window. However, the guards have the property gates closed and surround Alfred. Until the fateful fire at the third asylum allows him to walk free unimpeded, Alfred never again tries to gain his freedom through force. He does make multiple attempts to persuade others to have him released. These fruitless endeavors are all marked by Alfred's deployment of cultural and social capital as

²⁴ Of course, the question does arise whether the social historian who is not part of the marginalized group can truly create a counternarrative on the behalf of the marginalized. See Roy Porter's “The Patient's View: Doing Medical History from Below” (1985). For further consideration of Porter's call for history from below, see Flurin Condrau's “The Patient's View Meets the Clinical Gaze” (2007) and “The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years On” (2016) by Alexandra Bacopoulos-Viau and Aude Fauvel.

he attempts to gain sufficient distinction to be taken seriously by asylum keepers and superintendents.

Once Dr. Sampson, the eccentric Scottish physician who is sympathetic to Alfred's cause, places a placard on the walls of Barkington, the city in which Alfred's family lives, Mr. Hardie decides he must quickly have Alfred moved to a London asylum in order to prevent Alfred from gaining public attention. So, he has Alfred moved to Dr. Wycherley's asylum, away from the meddling of Dr. Sampson. While confined at Dr. Wycherley's asylum, Alfred quickly establishes himself as a benign presence, having already learned to understand the effectiveness of the formulae in controlling the perceptions of the outsiders who interact with asylum patients. Once he learns that his letters to the Commissioners of Lunacy will not be intercepted, Alfred invests his energy in producing a letter that will be taken seriously:

It took him six hours. He tore up two; he cooled down the third, and condensed it severely: by this means, after much thought, he produced a close and telling composition. He also weeded it of every trait and every term he had observed in mad people's talk, or the letters they had shown him. So there was no incoherency, no heat, no prolixity, no "spies," no "conspiracy," no italics. A simple, honest, earnest story, with bitter truth stamped on every line; a sober, strong appeal from a sore heart but hard head to the arbiters of his fate. (Reade 232).

Alfred very carefully regulates his rhetoric in order to avoid giving unintentional evidence which could be used against him as justification for his confinement. The description of the letter demonstrates an awareness of the way that certain words and markers of passion could be used to perpetuate the madness narrative constructed for him. Unfortunately, his letter is ultimately unsuccessful, for the narrator notes that "The Secret Tribunal, which was all a shallow legislature had left him, 'took it easy.' Secret Tribunals always do" (232). Because his letter comes from within the asylum and does not carry any of the weight of an outside institution, Alfred's letter receives no speedy response. Though this letter is not

immediately effective, it does demonstrate Alfred's desire to move away from communicating in any way that reinforces the madness narrative oppressing him.

After learning that the Commissioners of Lunacy had received his letter and would consider his case at their next meeting, Alfred follows the advice of another patient and writes to request that a special Commission inquire into his case (Reade 246). In order to stave off the anxiety of waiting for deliverance, Alfred decides to begin reading for his degree at Oxford, a choice that requires he curry the favor of Dr. Wycherley to gain access to the necessary books. Of course, this task is difficult, for Alfred had previously derided Wycherley, "cut[ing] that worthy dead in his own asylum," as the narrator puts it (246). Despite the animosity Alfred previously felt toward Wycherley, he proceeds to "eat wormwood pudding and humble pie," revealing his willingness to suppress his urge to point out Wycherley's foolishness and demonstrate polite humility (246). In turn, Wycherley lends him books from his own collection, borrows more from the London Library, offers to read with him each day for an hour, and "owned it would afford him the keenest gratification to turn out an Oxford first classman from his asylum" (246). In Wycherley's assertion, we see a desire to accrue distinction both for himself and his asylum and a desire to share, if only second-hand, in the institutional cultural capital which would accrue to Alfred upon graduation from Oxford. Furthermore, the close fellowship that springs up between these two characters causes Wycherley to take Alfred seriously when he makes declarations that suggest he is cured. Though the passage focuses on Alfred's intention to benefit from Wycherley's access to texts that will enable Alfred to finish his degree, the relationship established during this period of joint study proves useful for Alfred. Though not mentioned by Wycherley, this desire to have an Oxford student finish

while his patient could very well lead to greater income through increased consultations and confinements, illustrating again the potential conversion of symbolic capital into economic capital.

Though Alfred at first maintains hope that his interactions with the Commissioners of Lunacy will eventually secure his freedom, after three months Alfred loses patience and determines “to win Dr. Wycherley altogether by hook or by crook, and get a certificate of sanity from him. Now a single white lie, he knew would do the trick. He had only to say that Hamlet was mad” (Reade 252). The narrator explains that Wycherley has a tendency to “put down any man a lunatic, whose intellect was manifestly superior to his own,” whether dead or alive, real or fictional (Reade 252). Wycherley “assigned the golden crown of Insanity to Hamlet,” a judgment with which Alfred took issue due to his sympathy for that character (252). When Alfred once defends Hamlet’s sanity, citing his brilliant intellect, Wycherley calls Alfred “a d—d ungrateful, insolent puppy,” goes “stamping about the room,” and “[falls] down in a fit of an epileptic character, grinding his teeth and foaming at the mouth,” a response which the narrator cites as evidence of Wycherley being a monomaniac (253). However, upon realizing that disagreeing with Wycherley would result in resistance, Alfred declares his belief in Hamlet’s insanity, a statement which results in Wycherley responding “My young friend, this gives me sincere pleasure; not on my account, but on your own. There goes one of your illusions then. Now tell me—the 14,000! Have you calmly reconsidered that too?” (253). Alfred responds by naming the missing money only a “strong suspicion” and promises to collect evidence of which he would “make [Wycherley] the judge instead of myself” (253). As a result, Wycherley

announces, “Your cure is complete; that is all! You are now a sane man, as sane as I am” and promises to complete the certificate of sanity (253).

At this moment, Alfred seems to have been successful in manipulating his madness narrative for his own benefit. Through the shared philosophical reading and educational pursuits, Wycherley invests his own time and energy into Alfred’s education, accruing potential distinction for himself and the asylum should Alfred pass his exams. Furthermore, by reading with Dr. Wycherley, Alfred recognizes the cultural capital possessed by Dr. Wycherley as a university graduate and places the two of them in the same social group. Membership in the same group of educated men provides social capital for both Wycherley and Alfred. For Wycherley, this social capital allows him to distinguish himself from other asylum keepers, a profession attracting a broad sampling of the social stratus, from Oxbridge-educated physicians to apprenticeship-trained apothecaries. Such distinction could allow Wycherley to attract more wealthy patients, representing the potential conversion of his social capital into economic capital. For Alfred, the distinction he earns from his investment causes Wycherley to take him seriously. Despite Alfred’s increased social capital and his success in persuading Dr. Wycherley of his cure, before the certificate of sanity can be completed Richard Hardie has his son moved to Dr. Wolf’s Drayton House asylum where treatment will not be so kind as under Dr. Wycherley. Though Alfred is successful in his use of social capital and his manipulation of this madness narrative, this victory is only local and is powerless against the outside influence of Richard Hardie’s economic capital. It is clear that rejecting the oppression of the madness narrative can only be accomplished by achieving distinction and gaining authority in a context outside the asylum.

Successful Attempt at Resistance

Due to a fire in Drayton House, Alfred is able to escape the asylum. After regaining his freedom, Alfred eventually heeds the advice of a solicitor, Mr. Compton, to pursue a civil case against his uncle, Thomas Hardie, a man that Alfred describes as “next door to an idiot himself,” for signing the certificate of insanity at the direction of Richard Hardie. However, the wheels of the Law move slowly, so Alfred returns to Oxford to finish reading for his degree and thus studiously passes the following year. When Alfred’s day in court finally arrives, Alfred is having his examination for high honors at Oxford and refuses to leave for Westminster until the case actually begins. This delay poses the possibility of “produc[ing] a vile impression”; however, after the highly diverting testimony of Dr. Sampson, Alfred arrives (Reade 326).

The narrator characterizes Alfred’s performance in most positive terms, revealing his deployment of cultural and social capital.

Through the whole ordeal Alfred showed a certain flavour of Eton and Oxford that won all hearts. His replies were frank and honest, and under cross-examination he was no more to be irritated than if Saunders had been Harrow bowling at him, or the Robin sparring with him. The serjeant, who was a gentleman, indicated some little regret at the possible annoyance he was causing him. Alfred replied with a grand air of good fellowship, ‘Do not think so poorly of me as to suppose I feel aggrieved because you are an able advocate and do your duty to your client, sir.’ (Reade 327)

In this description, we see Alfred demonstrating his embodied cultural capital in that he behaves himself with a relaxed air that points to his time in elite educational institutions. The narrator is suggesting that those who are educated at Eton and Oxford are accustomed to meeting opposition with good humor. This attitude wins all hearts, gaining Alfred respect and distinction within the courtroom. This distinction is converted into temporary membership in the group of gentlemen in which the judge and the prosecution participate.

Furthermore, this embodied cultural capital, pointing to Alfred's education, marks him as a gentleman, a fact which places him in the same social circle as the serjeant, gaining him the social capital necessary to be treated with respect. The serjeant's indication of "some little regret" at giving Alfred "possible annoyance" points to a sense of obligation felt by one gentleman to not cause discomfort to another gentleman, marking the shared bond of gentlemanly behavior. Such expenditures of social and cultural capital prepare the inhabitants of the courtroom to give serious heed to Alfred's statements.

The distinction and respect that Alfred gains through his deployment of cultural and social capital are also effective with the judge who chooses to

put several shrewd and unusual questions to him: asked him to define insanity. He said he could only do it by examples: and he abridged several intelligent madmen, their words and ways; and contrasted them with the five or six sane people he had fallen in with in asylums; showing his lordship plainly that *he* could tell any insane person whatever from a sane one, and *vice versa*. This was the most remarkable part of the trial, to see this shrewd old judge extracting from a real observer and logical thinker those positive indicia of sanity and insanity, which exist, but which no lawyer has ever yet been able to extract from any psychological physician in the witness-box. (Reade 327)

First, the very willingness of the judge to trust to Alfred's statements reveals the influence that Alfred's cultural and social capital have over the judge. Second, Alfred's production of "those positive indicia of sanity and insanity" reveals his ability to think methodically, even about a topic which had been the source of much pain to him. This particular moment is important to understanding how Alfred's performance in court, unlike his performance in Wycherley's asylum, acts as a counternarrative. While Alfred's attempts to manipulate his madness narrative in Wycherley's asylum, supported by his accumulation and expenditure of social and cultural capital, is locally successful, they do not fit Mutua's criteria that a counternarrative will deconstruct the system that it resists, showing how the system marginalizes the subject. On the other hand, Alfred's display of clear thinking as

he constructs a heuristic for defining insanity is essentially the creation of a metaphorical counternarrative; the patient who is labeled delusional and incapable of clear reasoning by his madness narrative offers a deft explanation of how to truly determine sanity.²⁵ While evidence from other quarters is helpful in Alfred winning his suit and being awarded £3,000, Alfred's case would have been lost without his demonstration of his sanity as supported by his cultural and social capital. Alfred's performance, offering evidence of his ability to gain respect within the courtroom, converts his symbolic capital into financial capital. Rather than allowing the madness narrative to mark him as untrustworthy and prone to hallucination, Alfred, by implicitly creating a counternarrative of himself as a sane but beleaguered gentleman, reclaims control of his identity. It is important to note that this counternarrative is only effective in the context of an institution other than the asylum, for Reade depicts the asylum system as susceptible to financial manipulation, hence the need for Alfred to gain access to the courts.

Conclusion

In Reade's *Hard Cash*, we have an example of a sensation novel that harshly criticizes the asylum system and the mechanism by which a person can be confined to an asylum. Reade's text characterizes this mechanism, an insanity diagnosis accompanied by two certificates of insanity, as the collaborative creation of a story, a madness narrative. It is clear that the madness narrative can overpower the clear judgment of outsiders who could prevent unjust confinement, at least as far as Reade depicts the situation. This text suggests that a madness narrative can only be successfully overcome through the intervention of an

²⁵ The phrase "truly determine sanity" signals only that the text depicts Alfred as able to judge the sanity of those around him, not that the author believes this is necessarily the case.

outside institution in which the victim has gained distinction through the deployment of cultural and social capital. By pointing out the susceptibility of the asylum system to manipulation by greed and the inability of a sane man to throw off his madness narrative within the asylum, Reade calls for an intervention. Just as Alfred Hardie must rally the court behind himself in order to successfully challenge his individual madness narrative, so must reformers rally public opinion and the power of the legal system in order to bring substantive oversight and reform to the asylum system.

When we consider *Hard Cash*, we see a text that addresses the Victorian concern with unlawful confinement by bringing attention to a fictional individual who recognizes the narrative nature of the insanity diagnosis and chooses to combat its oppression through his own narrative creations. Furthermore, this text demonstrates the importance of cultural and social capital in this resistance while implicitly criticizing the necessity of deploying this capital in a setting outside the asylum. The man who has access to these forms of capital and to an outside institution in which those forms of capital are valued can throw off the silencing power of the madness narrative, at least in this text. While it is easy to praise the triumph of Hardie over unfair diagnoses and confinements, the plight of those without access and without capital is cause for concern.

CHAPTER TWO. EXPOSING THE SYSTEM: RICHARD PATERNOSTER'S *THE MADHOUSE SYSTEM* AS EARLY EXPOSÉ

In August 1838, Richard Paternoster was committed to the Kensington House asylum on the order of his father, a turn of events that eventually helped spark the creation of the Alleged Lunatic's Friend Society (McCandless "Liberty" 372). Intent on exposing the abuses he witnessed in the asylum, Paternoster published an account of his time in the asylum in installments in *The Satirist*, a scandalous newspaper similar to C. M. Westmacott's *Age*, before collecting the fragments into a manuscript, published as *The Madhouse System* in 1841. Early in his text, Paternoster includes a copy of the medical certificate, dated 24 August 1838, vouching for the claim that he was "of unsound mind" and accompanying the order for his confinement (9). The signatory, "John Spurgin, Physician," asserts that he "separately visited and personally examined Richard Paternoster. . . [And found him] a proper person to be confined" (Paternoster 9). Paternoster draws attention to the fact that the statement and order for confinement were dated 23 August 1838, prior to the date on the medical certificate, and sternly condemns this practice by declaring that, "judgment is passed and execution done on the unhappy victim *before trial*" (10). While these forms hold that the commission of Paternoster to the asylum is a matter of mental health, Paternoster asserts that his "seizure . . . [h]ad been contemplated three months before by my father, on the occasion of a disagreement between us on the subject of his withholding certain moneys which had been promised" (49). Paternoster notes that "the press, both metropolitan and provincial, took up the matter warmly" causing him to be "proud and grateful indeed, when I think of the support I received" (51). This support from the press, including the publication of a police report concerning his seizure by asylum employees, enabled Paternoster to regain his freedom in 41 days, causing him

to declare, “[d]estined to imprisonment for life, thanks to the blessings of a free Press, I regained my liberty in six weeks!” (Paternoster 16, 67).²⁶

In *The Madhouse System*, Paternoster provides first-hand descriptions of his experiences in Kensington House Asylum as well as accounts of other patients, both at Kensington House and at other asylums. Paternoster’s text argues that the asylum system is a greed-driven machine that produces sites of rampant abuse where patient accounts are discounted and asylum oversight is insufficient, aligning thematically with the implicit argument of Charles Reade’s *Hard Cash* which I treat in the first chapter. Paternoster employs techniques that engage negative assumptions about asylum patients and reverse them to critique the asylum system. Many of these methods would eventually become characteristics of the exposé genre, casting Paternoster as a proto-investigative journalist, foreshadowing the rise of the undercover journalist later in the century. Paternoster’s desire to articulate his argument in a venue that will attract readers and hopefully gain supporters makes the choice to place his text in *The Satirist* a straightforward decision, since he had already published pieces with that newspaper. However, the early-Victorian reputation of journalists was rather unflattering, making his decision to publish in *The Satirist*, commonly considered a libelous publication, a potentially detrimental choice. Despite the low standing of the figure of the journalist and the association between *The Satirist* and scandal, Paternoster seems to believe that identity of a man who is the target of sneers because he publishes in a newspaper built on scandal is better than the identity of a former

²⁶ Nicholas Hervey explains that Paternoster was “only discharged by the Metropolitan Lunacy Commissioners on a split vote of 6 to 4” (250n34). Additionally, Lord Shaftesbury, who would later become the chair of the national Lunacy Commission, declared that Paternoster was “an uncorrected heartless ruffian . . . low in mind and coarse in language” (qtd. in Hervey 250n34).

asylum patient who is ignored. Throughout *The Madhouse System*, Paternoster provides evidence based on his own experience and on publicly-available Parliamentary publications, marshaling these materials in an attempt to convince his readers of the flawed nature of the asylum system and of the need for asylum reform while attempting to demonstrate his own integrity as a writer. Additionally, in its original form as a series of articles, Paternoster's text was afforded the ability to build suspense and periodically renew the reader's outrage at the abuses he describes in each successive article. While Paternoster did not enter the asylum of his own accord, he does gain useful information while confined that he uses to expose the need for asylum reform, potentially foreshadowing in 1841 the sort of reportage that would come in later decades.

Paternoster resists the negative traits applied to him by his madness narrative and fights against the assumption that his text is only gossip and character assassination by employing three sets of techniques that demonstrate his objectivity, his self-control, and his strong sense of judgment.²⁷ Drawing on the madness narrative discussed in the first chapter, I argue that negative traits are presumptively applied to the person confined to an asylum as he or she is cast as the asylum patient. These negative traits include the idea that the person is operating largely or possibly entirely under the influence of delusions and hallucinations, that he or she lacks self-control and is prone to emotional and/or violent outbursts, and that the person has a sense of judgment that is distrusted and assumed to be

²⁷ These characteristics are also connected to nineteenth-century ideals of masculinity, as James Eli Adams discusses in *Dandies and Desert Saints: Styles of Victorian Masculinity*. A woman in the same situation as Paternoster would likely face an assumption that her gender would make the demonstration of these characteristics difficult. Future expansions of this research would benefit from an examination of the gendered nature of nineteenth-century notions of the characteristics of sanity.

inaccurate. These negative traits result in the asylum patient having no voice. Also, because journalism in the early nineteenth century was not very respectable and because *The Satirist* was known as a scandalous purveyor of gossip, I argue that Paternoster had to find a way to overcome the reputation of *The Satirist* as a libelous periodical and the application of the detrimental traits mentioned earlier. Though Paternoster would probably consider himself respectable, the practices he witnessed in the asylum that take away the patients' dignity were so horrific that he is willing to write wherever he needs to and deal with whatever topics necessary to bring the abuse to light. This determination to expose the asylum system's corruption drives Paternoster to find a way to defeat the madness narrative's application of negative traits to him and the seedy reputation of *The Satirist*.

As an example of Paternoster's skill in reversing a negative assumption commonly applied to asylum patients and using it to illuminate asylum corruption, I offer the following two examples. Though Paternoster largely refrains from strong language and emotional rhetoric, one notable exception is when he describes treatment that dehumanized him and other asylum patients. For example, recounting a time when he wore out his keeper by walking quickly, Paternoster asserts that the keeper would "sit down on a bench midway, watching me like a wild beast. All this was annoying and degrading" (53). In this statement, the obvious interpretation is that the keeper considered Paternoster a dangerous animal that he should keep in his line of sight. An alternative reading is that the keeper's gaze was that of a creature eyeing its prey, a conclusion possible because of the ambiguity of the syntax. The use of animalistic metaphors in descriptions of people with mental illnesses was a common practice in the nineteenth century and allowed one to soothe

potential pricks of the conscience about imprisoning a person in an asylum.²⁸ In another instance, Paternoster more explicitly reverses the usual practice and applies a bestial label to John Green, a keeper, who responds to one patient's decision to toss a bone over a wall into another person's garden by "instantly rush[ing] at him like a tiger, knock[ing] him down with one blow of his fist, and then thrash[ing] him severely while on the ground, the poor fellow shrieking out piteously all the time" (Paternoster 16). This scene emphasizes Green's brutality as he viciously punishes the patient, demonstrating that it is not the poor "madman" who acts like wild beast. In these two examples, Paternoster takes a rhetorical strategy that oppresses the patient and reverses it to point out the inhumanity of the asylum keepers.

The State of the Asylum System

The Madhouses Act of 1774, according to Nicholas Hervey, "prescribed a rudimentary certification . . . that applied only to private patients . . . [and] empowered anyone declaring himself to be an apothecary, surgeon, or physician to sign a certificate, [though] many of these men were unqualified and inexperienced" (247). Clive Unsworth notes that the "regulatory system installed" in 1774 "was primitive and risked only minimal invasion of the sovereignty of market relations and of the rights of privacy championed by the propertied in their anxiety to protect secrecy and avoid scandal in matters of lunacy"

²⁸ Dehumanizing and animalistic metaphors were commonly applied to people with mental illnesses. One need only look as far as Charlotte Brontë's *Jane Eyre* (1847), Wilkie Collins' *The Woman in White* (1859), and Reade's *Hard Cash* (1863, to name just a few, to notice this trend. *Hard Cash*, for example, describes a night Alfred spent in Dr. Wolf's asylum by noting, "Throughout that awful night he could never close his eyes for the horrible unearthly sounds that assailed him. Singing, swearing, howling like wild beasts!" (276). Additionally, noted psychiatrist Henry Maudsley writes that "the actions of the insane have an instinct-like character, as their physiognomies take on an animal-like look" (*Physiology* 95).

(482). The 1774 legislation did establish a group of commissioners who would be elected by the Royal College of Physicians and given oversight of the system of inspecting and licensing private asylums; the Madhouses Act also instituted “requirements of medical certification and record-keeping, and financial penalties for breach” (Unsworth 482-83). Though this act was an improvement, it “left great room for abuse,” as signaled by the fact that “[s]elect committees before 1827 . . . uncovered significant abuse of patients,” underscoring the need for further reform (McCandless “Liberty” 366; Hervey 249). In 1828, reforms were passed that Hervey describes as “safeguards [that] were woefully inadequate,” though they did result in “a more efficient inspectorate in London,” the introduction of certificates for poor patients, and the improvement of certificates for private patients (250). These reforms were unevenly applied, and legislation requiring the establishment of publicly-funded asylums would not be passed until the Care and Treatment of Lunatics Act of 1845 (Unsworth 484-85). The passage of this act also created a national Lunacy Commission led by Lord Shaftesbury. This last round of reforms, however, occurred after Paternoster’s asylum stay and the publication of his exposé.

In addition to legislation, asylum management practices had also begun to shift around the time of Paternoster’s confinement. In 1837, Robert Gardiner Hill indicated in his annual report as house surgeon at the Lincoln Asylum that it was possible to manage an asylum “without having recourse to the employment of any instruments of restraint whatsoever,” a claim that the author of the tribute to Hill noted had been “based upon [Hill’s] own practical experience” (qtd. in “Reformer” 873). By 1838, the York Retreat had been operating on moral management principles for forty-two years (Tuke 45). The next year, John Conolly would start working at the Middlesex County Lunatic Asylum in

Hanwell as the physician-in-residence, a position that allowed him to begin implementing the ideals of non-restraint (Scull “Brilliant” 217). Though moral management had begun spreading throughout England by the publication of Paternoster’s *The Madhouse System*, it wasn’t until 1846 that the Lunacy Commission would express its support for non-restraint (Scull “Brilliant” 221). An author writing years after moral management had become popular would not have needed to spend as much effort and time proving the existence of rampant abuse. However, at this early stage, there would surely have been pressure on Paternoster to demonstrate the severity of the need for reform.

Investigative Writing in the Early Nineteenth Century

Though the practice of journalists going undercover did not become common until the rise of such writers as W. T. Stead and Elizabeth Banks in the latter half of the century, Paternoster joins early investigative writers such as Henry Mayhew and Edwin Chadwick who were both publishing in the first half of the century. Eventually, the field of investigative journalism would include such writers as James Greenwood who spent time in a London night-shelter as an “Amateur Casual” in 1866 as well as later journalists like Nellie Bly who went undercover in a New York mental asylum in 1887 for her own exposé (Donovan and Rubery 17-18).²⁹ Stead, Banks, Greenwood, and Bly are far enough removed from the historical moment in which Paternoster is writing that they do not form part of his immediate context. However, Mayhew and Chadwick, who were publishing the

²⁹ For more information on later investigative journalists, such as James Greenwood, see also *Slumming: Sexual and Social Politics in Victorian London* by Seth Koven (2004). See also *Sympathy, Madness, and Crime: How Four Nineteenth-Century Journalists Made the Newspaper Women’s Business* by Karen Roggenkamp (2016) for information on Nellie Bly who famously went undercover in a New York mental asylum in 1887 for her own exposé.

results of their investigations in the 1840s, are near enough to join Paternoster as early investigators. Rather than attempting to suggest influence, a difficult thing to trace, this section points to the climate of investigative reporting in which *The Madhouse System* was produced.

The publication of Mayhew's *London Labour and the London Poor* at a time of social and medical upheaval a few years later also forms part of the context for Paternoster's exposé. The summer of 1849 saw the fervor of Chartism lessening and an outbreak of cholera that resulted in approximately 13,000 deaths in London over the course of three months, resulting in an increase of concern with the health of slum inhabitants (Thompson 43-44). Hired by the *Morning Chronicle* in August or September 1849, to investigate the living conditions of poor people in London, Mayhew submitted an article on 24 September that exposed the unsanitary conditions of Jacob's Island, a slum south of the Thames (MacKay 183; Thompson 44). Mayhew proposed a series that would offer "a full and detailed description of the moral, intellectual, material, and physical condition of the industrial poor throughout England," as an editorial from 18 October described it (qtd. in Thompson 45) As "Metropolitan Correspondent," Mayhew wrote for this series from October 1849 through December 1850, garnering sufficient attention to bring in donations "to a special 'Labour and the Poor Fund' which at one time contained £869 (Neuburg xix; Humpherys 189). Through his letters, which he published in book form as *London Labour and the London Poor* in 1851-52, Mayhew brought attention to the issue of poverty in London, securing a reputation as an expert who was "in demand as a speaker by both middle-class philanthropic groups and working men's pressure groups alike" (Humpherys

190). Mayhew's text contains many of the features employed by Paternoster, such as careful descriptions, tables of statistics, and personal interviews.

In the late 1830s, Edwin Chadwick, Secretary to the Poor Law Commission, began investigating the “removable circumstances affecting the health of the poorer classes of the population,” resulting in the 1842 *Report on the Sanitary Condition of the Labouring Population of Great Britain* (qtd. in Joshi 355).³⁰ Though Chadwick was not a journalist, his *Report* provides a “detailed and systematized statistical analysis of disease, mortality, and life expectancy for all regions of the British Isles, as well as firsthand testimony about living conditions from local inspectors and officials” (Choi 572). This project was supported by the research skills Chadwick developed while collecting information for the Poor Law report of 1833 and “almost single-handedly writ[ing] an early draft of the 1834 Poor Law Amendment Act” (Joshi 354). Brian Harrison explains Chadwick's methodology: “The poor law commission's machinery was used for issuing questionnaires to poor-law medical officers, assistant commissioners, and other officials,” producing data that would be mixed with commentary and observations from Chadwick, resulting in a draft that “was much more lucid and concise than was customary in other official inquiries at the time” (266-67). Harrison also notes that “[e]xperts were invited to comment on the draft, and proof copies were sent to distinguished men of letters,” allowing Chadwick to demonstrate the rigor of his methods (267). Priti Joshi argues that Chadwick's text includes an “insistence on observation, emphasis on personal visits and first-hand experience, [and] appeal to ‘experts’ (either medical officers or witnesses)” that combine “with the many

³⁰ Despite the reverse chronology, I discuss Chadwick after Mayhew because Mayhew is more well-known to literary scholars, allowing easier entry into the topic.

tables, line drawings, and maps of the neighborhoods included in the *Sanitary Report*, [to lend] a ‘scientific’ air to the text,” making it more effective in an era when the science of statistics was on the rise (360-61). With its attention to providing clear information to persuade its readers of the importance of reform, Chadwick’s *Report* joins Mayhew’s *London Labour and the London Poor* and Paternoster’s *The Madhouse System* as examples of writing produced by early social investigators.

Confined Individuals Writing Exposés

In addition to the journalists and governmental reporters of the time, Paternoster also joins two earlier authors who crafted first-person accounts of their asylum experiences, producing texts that possess some of the same characteristics as Paternoster’s exposé. Published in 1823, John Mitford’s *A Description of the Crimes and Horrors in the Interior of Warburton’s Private Mad-House* tells of asylum patients and the mistreatment they suffered, relying both on his own observations and interviews he conducted with other patients and former patients.³¹ At multiple points throughout his narrative, Mitford draws attention to his claim to have seen various acts of abuse, attempting to boost his ethos as a faithful witness. Additionally, like Paternoster, Mitford casts light on alleged corruption through emotionally-charged language and declares that “these ‘lawless houses under the law’ should be done away with entirely, as a disgrace to human nature,” demonstrating the characteristic noted by Donovan and Rubery of calling for both emotional and logical

³¹ McCandless in “Dangerous to Themselves and Others” cites the publication date of 1823. The edition I found and used was digitized by Google Books and is labeled as published in 1825. Though the digitized text does not contain the publication date in the front matter, it does contain two parts with separate title pages and separate dedications, suggesting that Mitford published part one in 1823 and part two in 1825.

responses. (Mitford 1: 2). While it is not certain that Paternoster was familiar with Mitford's text, there are similarities between the two texts that suggest Paternoster could have been influenced by Mitford's exposé. To be sure, neither Mitford nor Paternoster entered the asylums for the purpose of investigation; however, they did seize the opportunity to transform their experiences into the raw material useful in producing texts that expose corruption in the asylum system.

Though Paternoster's familiarity with Mitford's text is not a certainty, a reference to the writings of John Perceval makes it clear that Paternoster was aware of *Perceval's Narrative: A Patient's Account of His Psychosis*, published in two parts in 1838 and 1840 (34). Additionally, Paternoster mentions that "my friend, Mr. Perceval," "reproached [Rev. Dr. Worthington] . . . for assisting in such cruelty," referring to Worthington's part in having Paternoster committed to an asylum, revealing further ties between Paternoster and Perceval (51). Paternoster's knowledge of Perceval's text is confirmed in an appendix where he comments on the high number of patients in the asylum at Brislington, "Dr. Fox's house has long been celebrated for its management: but let anybody read the account published by Mr. Perceval (son of the late Prime Minister,) of the cruelties practised on him in this house, and then say whether it is one jot better than the rest" (79). Perceval provides descriptions of his experiences in Dr. Fox's asylum at Brislington and Mr. C. Newington's asylum at Ticehurst, noting with great ire the unfairness of his situation and the harshness of the asylum employees' treatment of him. Not shying away from the reason for his confinement, Perceval admits that he was delusional but argues that his condition did not justify the mistreatment he suffered. Though Perceval's narrative bears less resemblance to the exposé than Mitford's did or Paternoster's would, it does offer examples

of strong language, aimed at provoking an emotional reaction, and recommendations for the best way to ensure that asylum patients receive quality care. Both Perceval and Paternoster proffer forceful arguments that the asylum system must be reformed, and it seems likely that the exposé-style elements of Perceval's memoir informed Paternoster's creation of his own text.

Detrimental Traits of the Asylum Patient Character

As discussed in the introduction to the project and in the previous chapter dealing with *Hard Cash*, Cristina Hanganu-Bresch and Carol Berkenkotter argue that historical doctors admitting patients to their asylums are blinded by the certificates of lunacy and fit all evidence gleaned from speaking with the patient into an “‘insanity’ master plot” (“Narrative” 20). Hanganu-Bresch and Berkenkotter explain that master plots “are narrative templates whose meaning is ordained among a socio-cultural group and which can help turn the chaos of life into preordained, predictable patterns” (20). In my argument about *Hard Cash*, I extend Hanganu-Bresch and Berkenkotter's argument to cover certifying doctors and to account for the importance of conversations and interviews, producing my idea of the madness narrative. One of the features of the madness narrative is that it draws on a set of assumptions regarding the mentality of the potential patient, forming the patterns mentioned by Hanganu-Bresch and Berkenkotter that help cast individuals as characters. A person who is placed in the patient role within a madness narrative is automatically assigned the characteristics of the lunatic, turning him or her from an individual into a two-dimensional representation of an insane person. There are three assumptions that inform the particular traits of the patient character in the madness narrative. First, the patient is assumed to be operating under the influence of delusions and

hallucinations. Second, the patient is assumed to lack self-control and be prone to emotional or violent outbursts. Finally, the patient's sense of judgment is distrusted or assumed to be inaccurate. In the following sections, I examine how these traits disadvantage the person who is consigned to the role of lunatic.

Delusional

The notion that the person confined to an asylum, an individual assigned the role of patient in a madness narrative, is largely operating under the power of a delusion is evidenced in Paternoster's description of the usual result of complaining to the Lunacy Commissioners. Paternoster notes that his attempts to inform a Commission visitor of ill-treatment would receive the response, "Pooh! pooh! it's only your delusion" (6). This response, so similar to the formulae discussed in Reade's text, is an attempt to suppress Paternoster's desire to complain and his will to resist the oppression he experiences. Additionally, such a reply, particularly from a person tasked with ensuring the safety and wellbeing of the asylum patients and protecting them from abuse, reveals an assumption that the confined person speaking, like the patient character in the madness narrative, is subject to delusions and can be ignored, as though all that the person perceives is the product of a hallucination.

Paternoster comments further on this matter when describing his decision not to resist the blows of his keeper, asserting that "Any violence on my part in return, would have caused my being put into handcuffs and chains instantly, and all complaint would have been answered by the usual 'Oh! it's your *delusion*'" (19, emphasis in original). On the surface, Paternoster is noting that the commissioner to whom he appealed did not take him seriously; however, at a deeper level, Paternoster indicates that the system of Lunacy

Commissioners was not constructed to ensure consistent, organized investigation of patient appeals. Paternoster supports this assertion by claiming that he wishes to “give [his] readers an idea of the crimes which can be perpetrated in Lunatic Asylums with perfect impunity—an impunity arising from the inviolable secrecy with which they are surrounded and from the total absence of any power to which the unhappy victims can appeal for protection” (6). Paternoster’s message is not that the Commissioners are powerless but that their power is inaccessible to the confined patients. Indeed, Paternoster notes that “upon any proved act of impropriety or abuse, the Commissioners in Lunacy or the County Magistrates . . . can stop the license of the house;” however, the burden of proof lies with patients whose assertions are consistently disregarded as the products of delusions (6). As discussed in the previous chapter on *Hard Cash*, Lord Shaftesbury asserts that the Lunacy Commissioners approach the patients warily, that the asylum patient’s “words are generally disbelieved, and his most innocent peculiarities perverted” as the visitors “give every word, look, gesture, a value and meaning which oftentimes it cannot bear, and which it never would bear in ordinary life” (qtd. in Hodder 315). This suspicion, necessitated in part by the Commissioners not always being psychiatrists and in part by their lack of familiarity with the patients, results in statements from the patients being discounted as delusion. Additionally, being “on our guard,” as Shaftesbury puts it, prepares the visitor to unreservedly accept the explanation of the keeper who daily cares for the patient, for surely the keeper who ostensibly knows the patient best could judge when the patient is merely sharing a hallucination.

In his description of Chateauroux, a French patient he calls “a harmless inoffensive being,” Paternoster deals with the larger systemic issue of the difficulty patients experience

resisting abuse or gaining their freedom. After noting that Chateauroux is “apparently quite neglected by the parties who placed him there, as nobody ever came to see him, and he was miserably clad and very dirty,” Paternoster exclaims, “Any redress for this? None. Any remedy? None whatever under the present system; for if Chateauroux had complained to the proprietor the first time he saw him, it would have been treated as only a delusion, and he would have been worse punished afterwards for daring to complain of a keeper. I booked the case instantly, hiding myself behind some French beans that I might not be seen writing” (Paternoster 6,16).³² While it is certainly possible to share such concerns with the asylum administration, the barrier of the patient’s diagnosis is insurmountable, at least in Paternoster’s view, for the views of a person assigned the role of asylum patient are assumed to be founded on a faulty perception of the world. Because the patient’s statements are always already devalued and discounted as delusional, there is a great need for an observer who will take seriously the statements and complaints of the asylum inhabitants.

Lacking Self-Control

In his *Description of the Retreat*, Samuel Tuke, grandson of the founder of the York Retreat, expresses the view at the Retreat of asylum patients’ ability to practice self-control:

Insane persons generally possess a degree of control over their wayward propensities. Their intellectual, active and moral powers, are usually rather perverted than obliterated; and it happens, not unfrequently, that one faculty only is affected. The disorder is sometimes still more partial, and can only be detected by erroneous views, on one particular subject. On all others, the mind appears to retain its wonted correctness. (133-134)

³² The *Oxford English Dictionary*, indicates that the French bean is a “haricot or kidney bean (*Phaseolus vulgaris*) now typically cultivated for their pods, which are eaten when green as a vegetable.”

These statements suggest that temperance and moderation are not completely beyond the reach of all insane persons; rather, the patients' sense of restraint may be impaired with regard to a particular faculty or a particular issue. Tuke explains that the goal of moral management is to guide patients, helping them to begin extending that self-control to all areas of their life, even to those subjects wherein they were previously deluded. This belief suggests that the person who cannot control his or her words and actions on all topics may suffer from some mental illness. Therefore, the accusation that people confined to an asylum are not controlling themselves is a powerful mark against them, strengthening their diagnosis as insane and reaffirming their madness narrative.

The matter of self-control becomes even more important as we consider the figure of the maniac. Tuke defines mania as a "disorder [that] is not chiefly marked by weakness of intellect, or mental depression" and offers multiple examples of violent or "furious" mania, suggesting that uncontrolled emotional outbursts are a marker of this form of insanity (216, 144-147). Tuke further comments on the tendency of maniacs to exhibit unrestrained emotions, "[i]s it not well known, that the passions of many maniacs, are extremely irritable? and, when once excited, are not all moral means to subdue them, as ineffectual as the attempt would be to quench, by artificial means, the fires of Etna?" (143-144). Though these questions are offered in *Description of the Retreat* as supporting the importance of kind treatment in the care of asylum patients, they illustrate the danger of emotional displays that suggest intemperance and immoderation, even at an asylum operated as "humanely" as the York Retreat.

A few years later, John Conolly's *Indications of Insanity* (1830) offers an explanation of how the actions of a sane person may be interpreted as signaling a mental illness:

When the affair [of interviewing a person for confinement] is conducted with more formality, and the suspected person is visited before being imprisoned, those who visit him are often very little acquainted with mental disorders, and come rather to find proofs of his insanity, which, to minds prepossessed, are seldom wanting, than cautiously to examine the state of his mind. If a person of sound mind were so visited, and knew of the visit beforehand, it would not be quite easy for him so to comport himself, as to avoid furnishing conviction that he was not of sound mind. (3-4)

Here we see Conolly admitting what Reade would later suspect, as discussed in the first chapter, that the doctors tasked with interviewing the potential patient are often viewing the person and hearing their words through the powerful lens of the master plot of insanity. Conolly implies that it is primarily the uninitiated who enter into such interviews looking “to find proofs of [the patient’s] insanity,” a position that ignores the possibility of financial motives acting as a key driver in the certification process. Conolly does, however, acknowledge that natural displays of anger at being accosted by someone who already assumes that one is insane are likely to be considered supporting evidence for a lunacy certification. Paternoster demonstrates his concern with the same issue by exclaiming, “These special circumstances authorise a person’s being seized in the street or in his bed, handcuffed, gagged, chucked into a hackney-coach, conveyed away to madhouse and *there* certificated by two interested doctors. What man out of a hundred would not be in such a state of frenzy, rage, and despair at the treatment he had received, as to induce, not two mad-doctors, but any impartial observer to declare that he was really insane?” (11, emphasis in original). Of course, Paternoster draws attention to the importance of the profit motive in these events. The person who reacts emotionally to the doctor’s imposition in

their life risks being considered intemperate and thus insane, for surely a person who meets a doctor's inquiry with an outburst is likely displaying maniacal passion. The individual cast as the patient may choose to remonstrate with the authorities, but if the visitors have accepted the individual's madness narrative, they will likely assume that the patient's complaints are merely an unrestrained display of emotion founded upon a hallucination, rather than a legitimate request that oppressive treatment be stopped. A person in the asylum patient role is therefore assumed to lack a sense of moderation and self-control.

Ineffective Sense of Judgment

In *Indications of Insanity*, Conolly defines insanity as “THE IMPAIRMENT OF ANY ONE OR MORE OF THE FACULTIES OF THE MIND, ACCOMPANIED WITH, OR INDUCING, A DEFECT IN THE COMPARING FACULTY” (301; author's emphasis). This definition draws attention to the importance of judgment in the diagnosis of insanity, for he explains that a delusion in one or more of the mental faculties (attention, memory, imagination, sensation, comparison, etc.) only leads to insanity when the faculty of comparison is impaired. When one can no longer use one's faculty of comparison or sense of judgment to discern the validity of a thought or action (determining whether it is delusional or misguided), then one becomes insane. For example, like Pascal, one may experience a “false sensation, representing to him the edge of an immediate and fearful precipice;” however, if one can also imitate Pascal in comparing that hallucination with the facts visible, that a chair could not be sitting solidly on the ground, “beyond the brink of a precipice,” then one can banish the delusion and not fall into insanity (Conolly 315-16). The discussion of the “comparing faculty” may seem rather mundane and largely connected to determining whether a sight seen or a sound heard is merely a visual or

auditory hallucination. However, the sense of judgment connects to the patient's sense of reality and allows him or her to compare what he or she is experiencing with some externally-verified "reality." The issue arises when the potentially-suspect matter being judged is connected with the management of the asylum or with some powerful person. Whether the patient offers an accurate judgment or not, the keepers are able to prejudice Commission visitors against the patient's words, as suggested in the formulae of Reade's *Hard Cash* and Conolly's *Indications of Insanity*.³³ Because the patient's sense of comparison or judgment is considered faulty, his or her ability to share an opinion that will be taken seriously is greatly damaged, for though the patient's judgment may only be troubled with regard to one delusion, as Tuke explains, the common practice depicted throughout Paternoster's exposé extends the trait to suggest that the patient's entire sense of judgment is faulty.

The matter of obtaining an order to release a patient from an asylum also raises concerns about the patient's sense of judgment. McCandless states that Commissioners defended their reticence to release confined patients by arguing "that it was 'preferable' for the patient's friends to have the 'opportunity and credit' of liberating him. To release someone against the wishes of his friends would only convince him that his commitment had been maliciously motivated" ("Dangerous" 91). Having the "opportunity and credit" of obtaining the release of a patient from an asylum allows the friends to boost their reputation as caring people. Additionally, patients persuaded that their commitment was "maliciously motivated" might begin to doubt the fairness of an asylum system that could

³³ Conolly explains that the keeper "does away with all the effect of the patient's words . . . [explaining] that it is one of his 'good days'" (5).

be manipulated in such a manner. From this perspective, the Commissioners are attempting to protect the reputations of both the friends and the system. However, this position also reveals an assumption that patients confined to an asylum lack a strong sense of judgment, for they cannot perceive the situation clearly enough to determine whether their friends were true or not. A person cast as the asylum patient character is therefore assumed to lack the ability to judge situations clearly.

The Problem and Potential of the Press

Marked, as a former asylum patient, with the assumption that he possesses these detrimental traits, Paternoster resists by bringing publicity to the asylum system through his connections with the periodical press. Paternoster had written for *The Satirist* before, so he found it a welcoming place to publish his articles, important when the label of having been confined to an asylum could prejudice editors against accepting one's submissions (67). However, the reputation of journalists in the early nineteenth century was rather negative. In a letter to a friend, John Stuart Mill compares the French press and the English press, noting the lack of esteem for the latter. In contrast with France, where "the best thinkers & writers of the nation, write in the journals & direct public opinion," in England, the "daily & weekly writers are the lowest hacks of literature, which when it is a trade, is the vilest & most degrading of all trades" (Mill 60-61). Mill attributes this state to the necessity of "affectation," "hypocrisy," and "subservience to the baser feelings of others" to be successful in journalism. Of course, Mill is writing from the privileged perspective of the middle class, rather than the position of one, like Paternoster, who recognizes that asylum confinement can effectively remove one from one's own class.

In *The Novelty of Newspapers*, Matthew Rubery discusses the reputation of the journalist, explaining that “[w]riting for the newspapers was neither a dignified nor even a reputable activity at the start of the century. Journalism was regarded by many as an inferior occupation conducted by men of low birth, sparse education, and dubious morals. It was a group referred to by Max Weber as a ‘pariah caste.’ . . . Few occupations at the time aroused such outspoken animosity as journalism” (Rubery 87). Writing as Paternoster did for *The Satirist*, he would not have been considered entirely socially acceptable. Though Rubery primarily focuses on the press in relation to Anthony Trollope’s writings, he notes that “the uneasy reception of the English press [can be connected] to concerns with publicity above all else: ‘the press is dreaded; and where fear is, there cannot be much love.’” (86). Paternoster himself asserts that he “regained [his] liberty” “thanks to the blessings of the free Press,” suggesting that the pressure produced by publicity was the primary reason that the Commissioners paid attention to his case (16). Though Paternoster found the periodical press a convenient venue in which to seek publicity for the abuse he witnessed in the asylum, the low reputation of journalists and the press in general would not add to his credibility or social standing.

Paternoster would also have to overcome the reputation of the periodical in which he published, for *The Satirist* was edited by Barnard Gregory whom, Brian Maidment notes, “used, or rather misused, the power of the press to publish scurrilous allegations not just to increase his circulation but also to blackmail those unfortunates whom he threatened to denounce or disgrace in his columns” (557). Paternoster’s reputation would certainly have suffered from this association, underscoring the importance of Paternoster bolstering his own ethos and trustworthiness. Indeed, David E. Latané Jr. quotes several later

Victorian authors in describing *The Satirist* and similar periodicals “as coarse, low, ungentlemanly, and overly personal; they were ‘incubi on the Press of the day,’ or ‘infamous paper[s],’ ‘cancers in the heart of the London press,’ edited by ‘vulgar and presumptuous’ men” (44). These descriptions are not built entirely on personal dislike; rather, Gregory and editors like him “built up their papers as reckless messengers of small scandals so that the persons so found out would pay to stay out of their pages, or to be set right in them.” (Gray “Scandalous” 323). Gregory’s penchant for scandal and blackmail was not without risks, for he “was involved in a constant stream of libel suits relating to private individuals—over a paragraph for instance charging that a man cheated at cards—and several times went to jail” (Latané 54). In fact, Gregory was imprisoned for libel at least three times from 1839-1850 (Boase and Matthew). Despite, or perhaps because of, the scandalous content it published, *The Satirist* sold fairly well, even priced at 7d., with average weekly sales of about 5,000 copies in 1834-35 and “fewer than 4,000 copies weekly in 1840” (Gray “List” 32; Gray “Scandalous” 319).³⁴ Donald J. Gray posits, however, that these sales figures were “solid enough” in a time when respectable weekly newspapers were selling 3,000-10,000 copies per week (“Scandalous” 319). Though *The Satirist* and other such weeklies were not respectable, as Gray notes, “people read them to find out what was going on, not just to enjoy a comic treatment of opinions and events they already knew about” (“List” 4). The readership of *The Satirist* could give Paternoster hope that his exposé would be read by a decent number of people, potentially gaining supporters

³⁴ Gray asserts that the price of 7d. indicates that the *Satirist* was “directed primarily toward middle-class and upper-middle-class readers” (“Scandalous” 318). The *Oxford Dictionary of National Biography* entry for Gregory indicates that the circulation of the *Satirist* was 10,000. The reason for the discrepancy is unclear to me. Gray bases his assertion on Sessional Papers from the time while the *ODNB* entry is supported by G. C. Boase’s *Modern English Biography*.

for his cause. In light of Paternoster's desire for reform, and possibly revenge, *The Satirist's* ability to reach a relatively wide audience is important. The fact that asylum patients are silenced by their madness narrative and have no voice means that gaining access to a popular publishing venue, even one seen as less serious than *The Times* or the *Morning Chronicle*, is an important step in asserting the right of asylum patients to be heard.

One aspect of *The Satirist* would prove useful for Paternoster; the newspaper routinely "affect[ed] indignant shock at the corruption and witlessness of the world," potentially allowing readers to soothe any qualms they may have had about reading scurrilous and salacious material by joining in the writer's righteous anger, or at least pretending to do so (Gray "Scandalous" 325). While Gregory could hope to successfully blackmail many of his targets, according to Gray, Gregory had no expectation of this type with articles about asylum abuse, misconduct by religious figures, or legal corruption ("Scandalous" 326). Indeed, Gray argues that part of the appeal of *The Satirist* is that it "offered readers with a taste for scandal a perception of systemic corruption, moving from high to low, from the outlaw to the respectable," similar to what one could learn from reading respectable essays by Carlyle or "the much less reputable penny numbers of G. W. M. Reynolds' *The Mysteries of London*" ("Scandalous" 327).

While Gray's point here is that readers of *The Satirist* could gain a new perspective on society but in a style and tone that they found appealing, I would assert that occasional moments of clear-sighted societal criticism allowed Gregory to potentially boost his readership. While a more traditional periodical might have an article dealing with the same societal issue, the fact that *The Satirist* regularly and fearlessly addressed sensitive topics could suggest that *The Satirist's* writers, unhindered by the decorum and discretion of a

more reputable newspaper, would not shy away from the horrific details. Despite occasional moments when it drew attention to real problems, *The Satirist* maintained a poor reputation as a “publication of gossip and abusive remarks about the personal lives, characters, and appearances of well-known persons” (Gray “Scandalous” 319). Paternoster’s prior relationship with the periodical surely made it easier to publish his articles on the asylum; however, the low estate of the press and the infamous stature of *The Satirist* were potentially detrimental to his ability to produce a persuasive text.

Redirecting the Traits

In light of the poor reputation of *The Satirist*, the low standing of journalists in the first half of the nineteenth century, and the silencing effect of the madness narrative, Paternoster surely felt the need to craft a text that would rise above these detracting factors and effectively reach his audience. To overcome these challenges, *The Madhouse System* engages the negative traits that are applied to the asylum patient character in the madness narrative. Paternoster rebuts the assumption that asylum patients are necessarily under the sway of delusions and shows his clear-minded approach to writing through his techniques of objectivity such as providing statistics, reprinting verifiable documents like Parliamentary reports, and describing his work in terms that suggest he deals in facts rather than fiction. Paternoster’s exposé also rejects the madness narrative’s characterization of asylum patients as lacking restraint. Paternoster resists this assumption through techniques of self-control that demonstrate his calmness in the face of verbal abuse and his sensitivity to the sensibilities of his readers. Additionally, Paternoster critiques the notion that asylum patients are immoderate by reversing the assumption and showing how the asylum superintendent and keepers are actually the ones who lack self-control. Finally, Paternoster

rejects the idea that asylum patients have a perverted or ineffective sense of judgment by using rhetorical techniques that demonstrate his sense of judgment. Examples include using emotional rhetoric in balanced manner to engage his readers without causing suspicion that he may be overwrought and carefully depicting moments of hypocrisy in the behavior of asylum keepers and Lunacy Commissioners. The following sections provide examples of Paternoster's use of these techniques as he rejects the madness narrative. Though Paternoster does not deny that some voices in the asylum may be questionable or suspect, the automatic application of these negative traits to the figure of the asylum patient results in a suppression of the person's voice. By forcing his readers to confront the asylum patient's voice, Paternoster leads them to acknowledge the voice and thus the humanity of the asylum patient.

In many ways, Paternoster's approach in *The Madhouse System* resembles that of the investigative journalist, a figure that would not fully arise until later in the century. In *Secret Commissions: An Anthology of Victorian Investigative Journalism*, Stephen Donovan and Matthew Rubery outline the characteristics of investigative journalism, noting that the exposé "presents incontrovertible documentary evidence obtained at first hand by its author . . . and identifies a clear remedy, typically legislative or economic." (9). Furthermore, such texts seek "to elicit both an emotional and a cerebral response so as to provoke readers into involvement" and "to maximize [their] impact by exploiting the formal possibilities of periodical publication" (10). While I hesitate to anachronistically call Paternoster an investigative journalist, the techniques I discuss in the following sections proved effective, helping Paternoster to gain a financial settlement from his father

and those who participated in his wrongful confinement. Therefore, it is no wonder that the same approaches would eventually be employed by investigative journalists.

Techniques of Objectivity

Fairly early in his text, Paternoster describes his attempt to seek justice for a murder that he witnessed, “I handed up to the Coroner, soon after my liberation, the case of a man who was murdered there: no notice was taken. I then handed it up to the constable and the magistrates of the district, and still no notice was taken” (17). The physical action of “hand[ing] up” evidence receives no reaction, for “no notice was taken,” suggesting that Paternoster and his evidence were ignored, as though they were not seen. Paternoster’s response to this invisibility is to remind us that he has a voice, “I now again repeat that I have been witness of the murder of a fellow creature in a Private Lunatic Asylum” (17). Following “no notice was taken” and “still no notice was taken” with the phrase “I now again repeat” suggests a sense of annoyance that his account is being ignored despite his claim to first-hand knowledge. These few sentences illustrate the frustrating problem faced by the formerly-confined person. The inconvenient relative who has been safely “out of sight” and “out of mind” in the asylum returns to society but is still practically invisible. As mentioned earlier, Paternoster understands how the asylum patient is silenced as delusional, so the phrase “I now again repeat” also signals an intention to regain his voice, to make himself heard on behalf of those who have had their voices taken away. Paternoster expresses his determination to bring publicity to the case by stating, “I offer to go before the authorities and substantiate what I say,” a declaration that speaks to his certainty that he deals in evidence rather than assumptions. A request for aid from “any benevolent individual [who] will assist me in so doing” demonstrates Paternoster’s awareness that the

testimony of a former asylum inmate may not carry sufficient weight without the support of another person. Paternoster's eagerness to be heard and to have his efforts supported by "any benevolent individual" shows a desire to establish his credibility and authority to speak by having his evidence corroborated. In this section, I examine how Paternoster figuratively enlists the aid of individuals and institutions to help demonstrate his objectivity, the credibility of his evidence, and the validity of his voice.

One of the first steps Paternoster takes to establish his credibility is to examine the very tools that were used against him, the medical certificate that declared him "of unsound mind" and the resulting order of confinement (9-10). Paternoster notes that "printed forms are kept all ready by the proprietors of madhouses, who will be happy to furnish my readers with any number they may require, on application" (9). The use of "all ready" and "happy to furnish" allows Paternoster to suggest that asylum administrators are prepared to enthusiastically assist in the confinement of any individual, as though the desire to have a "troublesome relative" confined were sufficient justification (9-10).³⁵ The implied eagerness of the asylum administrators to encourage confinement provides further support for Paternoster's argument that the asylum system is corrupted by greed. Despite the fact that "[n]o patient can be received into a Private Lunatic Asylum without two documents, called an order and certificate," Paternoster asserts that it is unnecessary to truly follow the letter of the law, for he notes that "[o]ne of the above forms is sufficient to take away a

³⁵ In "Getting Out of the Asylum," David Wright notes that research has begun to show that psychiatrists were actually in control of very little of the process, particularly in public asylums. Wright makes clear the relative unimportance of the asylum superintendents compared to the family and poor law medical officers. (154-55). While this particular example deals with private asylums, Paternoster does discuss public asylums in his text, arguing that conditions are not much better than in private asylums.

person's liberty, and consign him to a madhouse," referring to an exception allowed by law in "special circumstances" (9, 11). In fact, Paternoster furnishes evidence that no one gave due diligence to the matter of his confinement, "Here is an order for confining a person as insane, dated the 23rd August; the certificates on which such order is, or should be based, are dated the 24th August; that is, judgment is passed and execution done on the unhappy victim *before trial*" (10, emphasis in original). The attention to detail Paternoster exhibits pairs well with his provision of transcripts of the certificate of lunacy and order of confinement, demonstrating his clear understanding of the mechanism and process of confinement.

These forms also allow Paternoster to establish a connection with his readers, as he gives them an opportunity to consider the possibility that they could easily suffer the same fate. Paternoster drives the point home, "[i]f, upon a mere order for confinement, a person can be pounced on and thrown into a madhouse, and be afterwards certified as insane, I would ask what possible guarantee there is for the safety of any individual that walks the streets" (10-11). In this sentence, Paternoster constructs the reader as potential prey for the "pounc[ing]" asylum worker, making the hypothetical patient's lack of power clear. Paternoster clarifies the underlying issue by insisting that any date could be attached to the certificates, for the "poor patient himself is not allowed any means of making known the deception or forgery; even if he should get such an opportunity, all that he said would be accounted a delusion" (11). Through this discussion, Paternoster extrapolates from what happened to him to conclude that the system that allowed him to suffer this injustice would just as easily allow others to experience the same treatment. By following this logical progression of thoughts and presenting the warning to his readers, Paternoster demonstrates

the clarity of his thinking and his objectivity, for he is not merely concerned with railing against those who mistreated him. He also uses the facts, as he perceives them, to show his readers why they should care about the issue, even if they do not care about him. Paternoster also draws attention to the double barrier facing patients who would speak out against their confinement. To the physical impediment of keeping the patient separated from anyone who could help, the keepers add the interpretive obstacle that the confined person's words are entirely discounted. Paternoster's discussion of these twin hinderances gestures toward his implied goal, using his access to a readership and the court of public opinion to lend his voice to the patients still confined without the opportunity to make their own voices heard.

In addition to using the evidence of his own case, Paternoster metaphorically enlists Parliament to support his call for reform. In a section of his exposé he titles "Barbarous Treatment of a Patient in a Public Madhouse," Paternoster demonstrates the necessity of reforming the public asylum system. Paternoster contextualizes the report he provides by stating, "A great deal has been lately said about the improved treatment of lunatics in public madhouses, and the impossibility of any cruelty or gross abuse occurring at the present day" (43). Criticism of private asylums was more common because of the desire for profit that can motivate asylum keepers and the view that private asylums are subject to less rigorous oversight than public asylums.³⁶ However, Paternoster asserts that "those who prate so much about this, and who are so unwilling to believe in the existence of madhouse

³⁶ McCandless points to the fact that private asylums are also the main targets of the reformers, explaining that many critics of the asylum system "argued that the profit motive tempted the proprietors of [private] establishments to keep them filled in any way they could, and that even the basically honest might be blinded by their own self-interest" (370).

atrocities” should read the Parliamentary Report on the Hereford Lunatic Asylum that he excerpts in this section. This statement is really a suggestion that the people who naively believe that improvements in public asylums have eliminated extreme abuse are ignoring the evidence produced by Parliament, illustrating their own lack of objectivity. Through this statement, Paternoster implies that the label of being delusional is perhaps more fitting for those who deny asylum abuse; the choice of “prate” to describe how people discuss recent improvements makes clear his disdain for their opinions, which he considers foolish. Paternoster is also preparing his readers to encounter the examples that he will shortly provide directly from reports produced by Parliamentary Select Committees, illustrating the irony that a person assumed to lack objectivity due to the power of his delusions would be aware of Parliamentary investigations and would offer easy access to verifiable evidence in the form of Parliamentary reports.

For any of his readers who might have ignored the Parliamentary reports, Paternoster includes excerpts from such reports, adding the weight of governmental authority to his claim that reforms are needed. Within his discussion of the Parliamentary Report on the Hereford Lunatic Asylum, Paternoster focuses on the investigation into the death of Thomas Jenkins, a patient at that asylum (44). The excerpts from this report include accounts from various people who examined Jenkins’s body. Dr. Lye, for example, notes that the sores on Jenkins’s leg “were of a week’s standing,” an assertion accompanied by a hand-drawn oval depicting “[t]he largest sore of this size must have been of a week’s standing” (44). Despite the simplicity of the oval depiction, the visual element concretizes the abuse for the reader, moving it from the realm of hearsay into the realm of evidence. Furthermore, Samuel Kempster who attended Jenkins states in deposition that “three

wounds on the right ankle, were deep, one three-eighths of an inch—there were sores around the arms, arising from his lying in his urine or ordure, or both” and that “the feet were in a very dirty state; could not have been washed for a week, as the accumulation of dirt between the toes was such as to cause the skin to come off” (Paternoster 45). This passage allows Paternoster to focus the reader’s attention on the severity of the abuse and neglect suffered by asylum patients while showing that he is not the only person who has witnessed these shocking situations. In a sense, Paternoster is exposing the accumulated layers of evidence that prove the existence of appalling practices in the asylum. Paternoster concludes by calling the man’s death a release and asserting that “[t]he whole of the report is one continued narrative of cruelty, torture, and disgusting bestiality, revolting to every humane mind” (45). Unafraid to pass judgment, Paternoster resists any assumption that he is writing sensational fiction that emanates from a delusional state by providing evidence that can be verified.

Though Paternoster had already given the name of the report he is discussing, he takes an additional step to show his sources. He instructs his readers that those “who are unwilling to believe in the existence of madhouse atrocities” ought to read the report, informing the reader that it can be bought for “but two-shillings-and-sixpence” and that it “was printed in June, 1839” as an aid to finding the document (Paternoster 43-44). Labeling people “who are unwilling to believe” draws attention to the fact that he has just presented them with evidence that must be considered by the objective reader and with the means to verify that evidence. Additionally, in contrast with *The Satirist*’s name as a scurrilous purveyor of gossip, Paternoster points to his sources as a way of differentiating himself from the newspaper in which he is publishing. Through this recommendation and the

accompanying excerpt, Paternoster demonstrates his credibility, which is an act of resistance against both the reputation of *The Satirist* as untrustworthy and the assumption of the asylum patient's lack of objectivity.

While the previous example focuses on highlighting the wounds and other physical issues that one patient suffered due to insufficient care at an asylum, Paternoster turns his attention to the matter of cruelty in an excerpt from another Report of the Select Committee. Paternoster begins the section with, "Now we'll have a little cruelty from Warburton's, at Bethnal Green, and see what the public think of that. Report of the Select Committee on Asylums, p.p. 175, *et seq.*" (26). The matter-of-fact introduction suggests that he thinks that the transcript will do what is needed, even without comment from him, while also gesturing with bitter irony to the frequency and casual attitude with which such cruelty is practiced. This section is structured as a transcript with the header, "Archibald Parke examined" followed by a series of questions (Paternoster 27). Parke describes being chained about the waist with handcuffs positioned so that his hands could never get more than four inches from his body while he is also chained to the bed (Paternoster 27). The severe reduction of mobility emphasizes Parke's lack of authority over his own body; he is treated as an object to be managed rather than as a patient to be treated. Furthermore, Parke testifies to having seen individuals beaten "in such a manner that they have died in two or three days afterwards" (27). When asked if the patients were "kept in the cribs all day Sunday," Parke confirms that "[t]hey were kept all day Sunday; they were put in, in the winter time, about four o'clock on the Saturday evening, and they're taken out about eight o'clock on Monday morning" (Paternoster 27). It is important to note that the word "crib" was used in the interviewer's question, rather than the patient's reply. The term

“crib” could refer to either the small rectangular child’s bed or to a narrow room, for both meanings were used in the nineteenth century. Though the term is likely being used to indicate the narrow cells the patients were forced to inhabit, the ambiguity of the term marks the asylum’s infantilization of the patients by comparing their confining cells to the child’s bed (“crib, n”). The loss of self-determination is further noted in “[t]hey were kept,” “they were put in,” and “they’re taken out,” for these phrases show that “they” (the patients) were always the recipients of action rather than the actors, pointing again to the notion of patients as objects. Through the mediating layer of a governmental report, Paternoster addresses one of the most frustrating aspects of asylum confinement, being denied a voice and a will.

Perhaps most disturbing is the description Parke gives of the unsanitary conditions, a description that troubles the commonplace of the animalistic madman. Parke declares that the patients “used to have physic³⁷ on a Saturday when they used to go to bed, and they used to be lying in it all day more like pigs than Christians,” after which they were “taken to a tub, where there is ice in cold frosty weather, and they stand by the side of the tub and are mopped down, just the same as if they were mopping an animal” (27). Indeed, Paternoster’s choice of this excerpt places the supposed animality of the patients in stark contrast with the brutality of the keepers who would treat another person as though they were less than human. By providing this report, Paternoster can pronounce judgment on the inhumanity of the keepers at Bethnal Green without directly condemning them himself. If people tend to think of asylum patients as animals, then offering a patient’s testimony is a powerful way of combatting that view. The patient is speaking and being understood,

³⁷ “Physic” suggests an emetic medication.

offering evidence, an act that is far from animalistic. Plus, the patient is describing treatment so horrendous that it is bestial, suggesting that the assumed trait really fits the keepers better. Paternoster's decision to reprint this examination contrasts the interviewer's search for truth with the suspicion with which the patient's words are treated in the asylum. Though he was not performing the interview, Paternoster can still imply that he recognizes the necessity of an interview that places value on the claims of the patient.

In addition to using material from verifiable sources, Paternoster also borrows writing strategies to ensure that his text would be persuasive and seen as authoritative. Linking his exposé to the burgeoning field of statistics is one way Paternoster claims authority. Beginning in the early 1830s, organizations were founded for the promotion of statistical inquiry, popularizing the usefulness of statistics in the realms of commerce and politics. Mary Poovey explains the importance of statistics within politics by noting that “the aim of statistical knowledge was to anchor legislation in incontrovertible ‘accurate information’ so as to obviate the need ‘to legislate in the dark’” (“Figures” 263). Paternoster's creation of tables and lists, though not as complex as some of the material produced by the members of the statistical organizations, draws upon the cultural capital accruing to statistics. The first issue of the *Journal of the Statistical Society of London* explained that statistics were “facts which are calculated to illustrate the condition and prospects of society” (qtd. in Choi 576). Poovey writes, “As J. R. McCulloch, the well-known popularizer of statistics, confidently claimed, ‘the accumulation of minute and detailed information from all parts of the country would, at length, enable politicians and legislators to come to a correct conclusion as to many highly interesting practical questions that have hitherto been involved in the greatest doubt and uncertainty’” (“Figures” 263). In

an era of reform supported by statistics, Paternoster's implicit claim to statistical accuracy is an attempt to make his text more effective by making it more similar to the works of other reformers like Edwin Chadwick.

To draw attention to the horrifying situations he discovered, Paternoster provides a list of the patients confined at Kensington House asylum. Though some entries offer less information than others, most provide the patient's occupation, age, address, and the person who confined the patient (72-73). Paternoster's drive to expose the abuses of the asylum and to bring the patients who had been hidden away into the light of public knowledge underlies this list, recalling the epigraph from Jeremy Bentham with which Paternoster starts the text: "Publicity is the soul of justice" (5). The overall effect of this section is to suggest that the names listed represent actual people, rather than just entries in a log book. Producing an official-looking list of patients allows Paternoster to show that his knowledge extends further than a collection of personal anecdotes. By using the names of the patients and providing information about their lives, Paternoster reminds his readers that each entry represents a human with a story. While the list itself, with its clarity and suggestion of statistical accuracy, operates as a technique to demonstrate Paternoster's objectivity, the additional touches that he adds to the list make it rhetorically effective, supporting the logical depiction of facts with reminders of humanity and gesturing toward the people on whose behalf Paternoster is writing.

Broadening from his discussion of the asylum where he was confined, Paternoster constructs a table of the licensed private asylums in England outside the jurisdiction of the Metropolitan Commissioners in Lunacy (78). Organized by county, this list contains the location of the asylum, the name of the proprietor, and the number of male and female

patients. Paternoster includes small notes at the end of many of the county sections. For example, the entry for Durham county includes the following note: “Here we have a whole parish devoted to the trade in lunacy, containing on a moderate calculation one hundred and forty patients. There must be a wide field for the investigation of abuses here. What! 34 ladies under the protection of Messrs. Glenton!!!” (78). While this momentary display of exasperation might seem to contradict the image of objectivity that Paternoster has constructed, this note actually allows Paternoster to establish an emotional connection to the statistics, offering his readers an opportunity to engage with the statistics on a personal level as they encounter the moral meaning the emotion imparts to the table. The display of emotion is grounded in the statistical information conveyed within the table, justifying the exasperation as having a foundation in reality. The need for careful investigation is underscored by many of the notes asserting that the information offered was “a very insufficient return” (78). Indeed, the document ends with a final note that “from several of the counties there is no return at all: and with regard to such returns as have been made, much latitude is to be given for wilful suppression and misrepresentation” (Paternoster 80). Paternoster does not expect honesty from those who are part of the asylum system, and the notes thus provide support for his desire to reform the system and increase the effectiveness of the oversight bodies.

Techniques of Self-Control

One of the earliest experiences Paternoster shares from his confinement is the keepers’ attempt to “destroy [his] reason,” as he describes it (60). Paternoster narrates, “Every now and then other keepers came in to stare at me, and insult me by all sorts of questions and remarks made to me and to each other,” mentioning how Launcelot Sharpe

“continued abusing me in the grossest terms, telling the others, ‘damn him he nearly broke my head; by G— I will teach him to be quiet here’ (60-61). This statement, labeling Paternoster as a violent patient, seems intended to anger Paternoster and to goad him into providing proof of his supposed wild nature. Since patients are cast as delusional, the keepers are accustomed to believing one another rather than the patient, meaning that Sharpe’s assertion would likely be trusted. The fact that Paternoster’s liberty and quality of life are under the authority of people who would readily prejudice others against him is an injustice that would surely have grated on Paternoster, supporting his assessment that the barrage of insults was intended to drive him mad. However, Paternoster displays his determination to avoid excessively-impassioned language through his response to this verbal abuse, “I remained perfectly quiet, keeping complete command over myself” (60). Paternoster’s description of his silence offers a dual comparison, contrasting his composure with their expectation of him and with unmoderated cruelty of their insults.

Further illustrating the provocation he experienced, Paternoster describes an exchange with another keeper, George Hillier: “‘I say, old fellow what’s your name?’ I told him. ‘Pa-ter-nos-ter, What a name! It will be enough for me if I call you Mr. Noster, I suppose?’ I replied, ‘You may call me what you please.’ ‘Well, Mr. Noster, you’re a tailor, arn’t you? I say, what’s your father? Noster, isn’t you mother * *****?’” (Paternoster 61). Hillier’s refusal to use Paternoster’s actual name symbolically informs Paternoster that his true identity does not matter, for all who encounter him within the asylum will do so through the mediation of the asylum keepers’ statements. Additionally, one does not need much imagination to guess what Hillier was likely calling Paternoster’s mother. These insults, and “a vast deal more in the same style, which I cannot repeat,” were heaped on

Paternoster; however, he declares, “I made no answer to all this. I sat quiet, bearing all, and I must, in justice to myself, say that I think human nature never before bore such insults and provocation with equal patience” (61). Whether Paternoster actually held his peace in response to mistreatment is less important than the fact that the text depicts him as a silent sufferer who refuses to engage with his tormentors, a rhetorical choice that counters the assumption that he will be unable to control himself but will be given to emotional outbursts.

Paternoster’s composure extends further than remaining silent when he is goaded. Paternoster states, “for some time after I was confined I could not expose myself to witness the conduct pursued towards the other prisoners; my own feelings had received too great a shock to allow them to be further harrowed by the suffering of others,” an admission that he felt the sting of the unjust treatment he experienced (17-18). However, he quickly declares, “latterly I seized every opportunity of observing the general treatment, and of enquiring into the ease of every individual there” (Paternoster 17-18). Despite seeing horrific situations and having a strong emotional reaction, his self-mastery allows him to move past his shock and pay attention to his surroundings and the abuses he witnesses so that he can eventually expose them to the harsh light of publicity. In this way, Paternoster demonstrates that his self-control extends further than a momentary ability to hold his peace; he is also able to control his emotional state well enough to gain an advantage for future reform.

One opportunity for observation that Paternoster seized is depicted in his treatment of the tortures suffered by Anthony, a man he calls “a poor, weak idiot,” signaling a pitiable state and hinting that Anthony is unable to speak out for himself (17).

Paternoster's characterization of the patient is also a clear appeal to the sympathies of the reader. After reminding the reader that the incident is one of several that "occurred under my own eyes while in confinement, and I therefore know them to be true," Paternoster explains how Anthony, who had a talent for "standing on his toes, which, however was painful to him," was made to do so by keepers "to afford amusement" (17). Anthony's attempts to ignore or disobey these commands resulted in unrestrained brutality, for his tormenters responded by "beating him, pulling his ears and whiskers, and knocking him about," despite the fact that he would begin "begging piteously that they would not hurt him so" (17). Paternoster strengthens the pathetic appeal by narrating another instance of abuse that Anthony suffered, drawing attention both to the suffering and to Paternoster's own inability to intervene, emphasizing the frustration of witnessing injustice and being unable to rectify the situation. Paternoster states,

One day Green, the keeper, brought out some cayenne pepper in the garden where Anthony was, and desired him to open his mouth: he did so instantly, and Green put the pepper in, and told him to swallow it! The poor creature was in agony, as may well be conceived. I was indignant to see such treatment, but could do nothing—remonstrance was useless—complaint to the proprietor impossible. This was a specimen of pure malicious torture of a helpless—a torture enough to have produced insanity, if it existed not before. (17)

Paternoster's use "pure malicious" points to an unmoderated cruelty, as though Green lacked any of the finer qualities of humanity to restrain a predilection for causing pain to others. Though the phrase "complaint to the proprietor impossible" reminds us that Paternoster feels that complaints will be ignored as delusional, the statement "remonstrance was useless" suggests that Green would turn a deaf ear on any sort of protest, likely due to the purity of his cruel streak. There is a sense that, though Paternoster could do nothing to alleviate the suffering he witnessed while confined, he is determined to achieve something

by using his experience and the opportunities he had for observation to fuel asylum reform efforts.

In addition to including scenes that depict his self-control and the asylum keepers' lack of restraint, Paternoster exhibits control over his emotions in his writing. The tale Paternoster offers of Esom, a young patient who is kicked and abused despite his class status, provides just such an example. Rather than describing the scene in straightforward terms and immediately launching into a tirade, Paternoster first gives a transcript of the scene, including parenthetical descriptions of actions taken and offering a sense of Hillier's cruelty. Hillier "chuck[s] him [Esom] a fragment of my brown bread," despite the fact that the young man is already laden with dishes, and then "giv[es] Esom a kick on the behind, which upsets him" as he stoops to retrieve the bread, a scene Paternoster asserts "occurred constantly" though with "a slight variation" each time (49). Other than Hillier's curse, "damn you," the primary evidence of his cruelty is provided through Paternoster's parenthetical insertions, notes that give the feel of stage directions for a depressing performance, offered so that the reader will imagine the scene clearly enough to provoke a sympathetic reaction. Paternoster's determination to provide a vivid description for his readers while maintaining a distance is also evident in this transcript, for while he does not purge all emotion from the account, Paternoster does not indicate any response or reaction on his own part at the time.

In addition to painting the scene for the reader, Paternoster provides commentary on the treatment of Esom, declaring,

If poor Esom had complained, it is easy to suppose what would have been his fate. Can anything be more shameful than such treatment? He was too insane to have his liberty, but he was not too insane to do the keeper's work. It would have been quite impossible for him, *of course*, to have carried a tray up and down stairs, swept the

passages, and cleaned boots and shoes in any other place than a madhouse! Sane or insane, it matters not: nothing can possibly justify such conduct. Here was a man, probably a gentleman, accustomed to be treated with that delicacy which the feelings of a gentleman require, reduced to become the menial of a menial, the humble and submissive slave of a madhouse keeper! kicked, cuffed, insulted, abused—exposed to every species of degradation and tyranny, with no power to appeal to for protection, save the Commissioners at their quarterly visitation, and most likely too much terrified by the fear of subsequent ill-usage, ever to make the attempt. (48)

In this quotation, Paternoster first ominously suggests that a complaint from Esom would have brought worse treatment. While the sentences that follow describe the degrading treatment of Esom and thus the validity of a potential complaint, they also reveal Paternoster's understanding of the way that the asylum may break down individuals, stripping them of any security they may have felt in their class position. Instead of denying the possibility of Esom may have some form of mental illness, Paternoster declares that mental instability does not justify any treatment that would force patients to behave in a way that is beneath their station. Though Paternoster frequently condemns inhumanity within the asylum, his censure here centers on the "shameful" loss of station.³⁸ Paternoster implicitly argues that traditional asylum management practices pose a threat to the class position of those confined to such asylums. This argument is made possible through Paternoster's ability to depict the scene in a way that invites readers to visualize themselves in the scene and to establish a sympathetic connection with Esom. Readers are thus given an opportunity to imagine how it might feel to be confined, to have everyone around assume that they have no self-control, and then to be forced to submit to the "care" of keepers who frequently demonstrate their own immoderation. Additionally, Paternoster

³⁸ This passage does cause one to wonder how much ill-treatment Paternoster would overlook if Esom had been born in the lower classes.

uses the occasion to connect the suffering of Esom to the possibility that readers could similarly lose their own class status.

Paternoster's treatment of another case also engages the reader in the topic of class status, for he draws attention to the long-term effects of asylum confinement on a person's reputation and property. However, I have chosen this passage because it connects the current discussion of self-control with the topic of the next section, clarity of judgment. Before he launches into the tale, Paternoster inserts a note that highlights his sensitivity and desire for accuracy, "The following case is of so serious a nature that I have thought proper to refer it, before publication, to the party chiefly implicated. As his answer rather confirms than otherwise the chief facts of the case, I have no longer any hesitation in handing it up to public notice" (22). This statement displays Paternoster's sense of discretion, offering a stark contrast with the familiarity and lack of decorum he notes in asylum officials' behavior toward their patients. Though a particularly shocking story could be quite persuasive, Paternoster curbs his desire to use every tool at his disposal if the use of that tool could violate another person's privacy. Choosing not to abuse his access to information, Paternoster waits for permission to share the account, a decision that contrasts with the unrestrained use of gossip and private information elsewhere in the pages of *The Satirist*.

Techniques Illustrating Judgment

At the end of the previous section, we examine a note in terms of Paternoster restraining his desire to discuss a case he felt would be particularly compelling. This short note also provides a useful introduction to the topic of the current section: techniques that Paternoster uses to demonstrate the soundness of his judgment and the clarity of his

faculties of perception. In the previous section, I argue that Paternoster's delay in sharing the tale until he receives permission illustrates his self-control. This decision also makes his sense of discernment evident. The starkness of the contrast between the keepers' abusive immoderation and Paternoster's restraint suggests that he is intentionally creating a distinction between his character and that of the keepers, pointing to a keen sense of judgement. Additionally, Paternoster shows his sensitivity to the feelings of others through the insertion of this short note, for he recognizes that publishing another person's story without verifying the facts could cause that person emotional distress.

Thus, Paternoster demonstrates the clarity of his perception and the soundness of his judgment by exposing hypocrisy and using emotional rhetoric in balanced and effective ways. Paternoster's general approach is to capture the reader's attention while showing restraint by not titillating his readers. For example, Paternoster offers a careful description of specific instances of abuse he witnessed in the asylum by arranging several incidents in a numbered list, suggesting a careful attention to the value of providing evidence in an additive form (17). These examples include a new patient who was "knocked down by a keeper and beat" for "pluck[ing] up a plant at the bottom of the garden," another patient who, for "pull[ing] off a small branch of a tree" was beaten while his hands were bound in a "muff (a thing made of stout sole leather in which the hands are confined together), and a chain with a log put round his leg," and "Myers [who] was violently knocked down by a keeper one day on a bench in graden [sic], and received a hurt in his back, from which he has suffered ever since" (Paternoster 16-17). Starting the second, third, and fourth examples with "Again" casts the abuses Paternoster witnessed as horrific repetitions of the same patterns of torture, as though the list could continue indefinitely. Through this list,

Paternoster carefully arranges shocking events into an organized and consumable form, allowing the reader to take in each example without as much danger of being overwhelmed by any one scene. Paternoster expresses concern that his writings not go too far when he asks, “Need I say more to prove unnecessary severity—wanton cruelty? I would that this were all” (17). Despite the shocking nature of these tales, Paternoster seems to take no pleasure in the recounting, asserting, “more and far greater horrors have I to detail before my painful, thankless task is done, and I have roused the British public to shew some pity, some sympathy, for the sufferings of their most unfortunate and neglected fellow creatures” (17). This statement suggests that Paternoster recognizes the value of a shocking account to spur his readers to action, but the declaration “I would that this were all” distinguishes his text from the usual fare offered by *The Satirist*, a newspaper largely built on the commercial possibilities of titillating readers with scandalous tales. In this quotation, Paternoster demonstrates his sense of a high calling, to bring reform to a corrupt institution by making public the personal narratives of those who have suffered needlessly. Despite the noble image Paternoster crafts for himself with this passage, it is clear that he is aware of and is willing to manipulate his readers’ sensibilities to create the outrage needed to support reform.

The desire to balance moderation in his language with the need to provide sufficient enticing details to attract readers is evident in Paternoster’s description of the lodging arrangements at the Kensington House asylum:

Some of those insensible to the calls of nature slept in the long room, together with others labouring only under nervous affections or trifling delusions, or who were quite sane and condemned to sleep in that ward as a punishment; there, amidst the stench and revolting noises and scenes, doomed to witness a picture of the modren [*sic*] treatment of insanity in this enlightened country. But I cannot, I will not

disgust and horrify my readers by describing more minutely the revolting scenes which I have witnessed in this and the lower ward. (Paternoster 74)

Paternoster's use of "others labouring *only* under nervous affections" and "quite sane" contrasts with the description of "those insensible to the calls of nature," hinting at the vast difference he perceives between the various patients and the conditions of their minds (74, emphasis mine). These terms suggest that the forced sharing of rooms is particularly offensive, for those "who were quite sane" would indeed feel the sleeping arrangements "as a punishment." This passage gives a sense that Paternoster also considers the lodging harmful to the mental health of the patients. The prospect of being forced to sleep "amidst the stench and revolting noises and scenes" raises the possibility that the patient enduring this environment might receive a shock that would drag him or her even deeper into madness. Paternoster's "I cannot, I will not" suggests a halting, pausing as if to emphasize an unwillingness to force the reader to look too closely at "revolting scenes" that might take the reader beyond the bounds of propriety. Additionally, ending the description before it reaches the point of "disgust[ing] and horrify[ing]" the readers is a shrewd rhetorical move, for it tantalizes readers with the possibility that even more shocking circumstances could exist, an appealing prospect for readers of a newspaper that makes its money by covering scandal. Though this description increases the appeal for the usual readers of *The Satirist*, by declaring that he is stopping before he would "disgust and horrify" Paternoster can maintain that he is not stooping to the levels reached by other *Satirist* writers. This passage also allows Paternoster to claim the high road of not offending his readers, thereby demonstrating the depth of his sensibilities, rejecting the assumption that he, as a former asylum patient, lacks a clear sense of judgment.

Paternoster exhibits his desire to appeal to his readers' emotions and interest in scandal while maintaining sufficient moderation to avoid being labeled as overly emotional as he crafts the introduction for his account of being confined. Approximately halfway through the text, Paternoster offers his own tale, a decision of timing that suggests a desire to establish his credentials and rally attention to the cause of the confined individual before turning to the most personal aspects of his writings. Paternoster starts this section with a series of statements beginning with "I shall," each assertion declaring his intent to unmask some aspect of psychiatric care that has become corrupted (49). This format offers an outline for the following passages, a feature reminiscent of an opening statement in a courtroom, a stylistic choice that suggests Paternoster is dealing in proof rather than conjecture.³⁹ This structure places the coming scenes of abuses in a context that calls upon the reader to review the evidence and pronounce judgment by supporting reform. Paternoster starts by placing the focus on the events that resulted in his confinement, asserting that he will "reveal every transaction," casting what should be a medical decision in a commercial light and implying that he will not withhold the details of his own situation as he does when examining the cases of other patients (49). In another example, Paternoster enlists the assistance of metaphor as he promises that he will expose the similarity between confinement and a death sentence by declaring, "I shall lay bare all the horrors of these charnel-houses," inserting a macabre charge that entices readers while the opening

³⁹ In "A History of the Opening Statement from Barristers to Corporate Lawyers: A Case Study of South Carolina," William Lewis Burke, Jr. traces the history of the opening statement. According to Burke, there is evidence that opening statements were an established part of English court by the fifteenth century (27). Furthermore, Burke notes that Sir William Blackstone offers in 1765 a clear description of the opening statement as part of his seminal text, *Commentaries on the Laws of England* (29).

statement structure reassures them that he has a purpose behind the subtle titillation (49). The announcement that Paternoster will “expose the abuses of the Metropolitan Commissioners, hand them up by name, friend or foe, and report for the first time, the secret examinations of their Inquisition” reveals a certainty on his part that the system of oversight is corrupt. Additionally, by choosing the word “Inquisition” Paternoster sounds a xenophobic note, a rhetorical choice that will be discussed later in this chapter, characterizing the secretive interviews between the Metropolitan Commissioners and the patients as foreign and suspect. Paternoster promises to paint his picture of the asylum in a realistic light by “exemplify[ing] the iniquities of the system from [his] own personal history” (49). Beginning his own story with the “I shall” opening statement indicates that Paternoster is borrowing from the cultural capital of the courts and placing his personal account in a familiar framework. This choice allows him to acknowledge the persuasive thrust of his writings while distancing himself from any suggestion of an unregulated emotional outpouring of rage at the abuses he suffered.

Using emotional rhetoric in a balanced manner to avoid arousing suspicion, Paternoster pursues his specific goal of exposing hypocrisy, a project that draws directly on the faculty of comparison. As mentioned in the earlier section, “Ineffective Sense of Judgment,” John Conolly asserts that insanity requires “impairment of any one or more of the faculties of the mind” along with or causing “a defect in the comparing faculty” (301). While an otherwise healthy person may experience a temporary delusion, the inability to compare the delusion with reality is what allows the delusion to take hold, producing insanity. In his treatment of his findings during a trip to Blackland’s House in Chelsea, Paternoster shrewdly critiques the asylum which has a reputation of having kind keepers.

While no specific dimensions are given, Paternoster declares that the “situation is low, damp, dull, and unhealthy; nearly surrounded by buildings, and in a smoky atmosphere, totally devoid of the healthy and cheerful requisites of a lunatic asylum,” a stinging criticism of a place of healing (28). Though the asylum at Chelsea is “far superior to Finch’s,” possessing a garden that, “though prettily laid out, is far too small for the number of patients” and “an excellent billiard room for the use of the patients,” it does possess “two cells or dungeons for the refractory, places to be utterly condemned, whether as regards humanity or the proper treatment of insanity” (Paternoster 28). Paternoster asserts that finding evidence of gentleness in a few isolated asylums is not sufficient; the patients “may be more kindly treated than elsewhere; these restraints or punishments or whatever they are to be called, may be more mildly administered: but the system is the same; the *quantum* of cruelty or lenity shown depends on the will of the superintendent and the keepers” (28, emphasis in original). Paternoster’s incisive commentary makes it clear that kindness is not sufficient when the system of care is broken, for he recognizes the possibility of the reputation of kindness acting as a temporary anesthetic to soothe the reader’s sense of urgency in reforming the asylum system.

Paternoster also demonstrates the clarity of his perception and judgment in the strong condemnation he issues of the asylum operated by Dr. Munro, a well-known psychiatrist. The Brook-house asylum, residence of sixteen males and twenty females, is “an old fashioned dilapidated place, to which a modern front has been attached, which fails to give any idea of what the interior is,” hinting that Munro could be hiding systemic abuses beneath a façade of skillful care (29). Further proof of Paternoster’s ability to see beyond

what is presented to him, to exercise perceptive judgment, is provided in his description of the environment at Munro's asylum:

Immediately behind the house is a grass-plat, of about thirty paces square, surrounded by a high wall. This, with the exception of the gravel walk round it, was entirely under water. Beyond was an extensive kitchen-garden, in which I was informed the female prisoners were allowed to walk—the flooded green being reserved for the male. Not one foot of pleasure garden, no flowers, no shady walks, no seats, nothing whatever pretty or agreeable. (Paternoster 29)

This passage casts Munro's asylum in a critical light as potentially unhygienic, a place ill-suited to pleasant rest. Paternoster's characterization of the garden as "a green swamp" shows that the space reserved for exercise and thus supposedly intended for the patients' benefit is neglected and practically unusable, unfit to be considered a therapeutic space (29).

During his depressing tour of the asylum grounds, Paternoster notes a "gloomy-looking building, of about seven feet square" about which he questions his guide (29). At Paternoster's inquiry about the nature of the structure, the servant replies "'I believe (!), Sir it is—a water-closet.' 'Rather an out of the way place for a water-closet,' I said, 'perhaps it is a cell for the refractory.' 'Why, yes, Sir, I believe it is!' In this damp hole then are confined those unhappy, *irresponsable* (as the law has it) prisoners who may be unfortunate enough to incur the displeasure of the Misses Pettingale [the superintendents] or their keepers" (Paternoster 29). The exclamation point inserted after "I believe" indicates Paternoster's annoyance that the servant would try to mislead him. Paternoster's ability to confront this fabrication with logic and persuade the servant to admit that the building is a place of punishment for recalcitrant patients is further demonstration of his sense of judgment, for Paternoster is able to compare the characteristics of the space with other cells that he has seen and potentially experienced. By showing the small building for what it

truly is, Paternoster symbolically reminds his readers that he can show the asylum system for what it is, a torturous cell for imprisoning inconvenient members of society.

Paternoster tends to embrace calm, reasoned language throughout his text, but there are a few notable examples of strong language and passionate writing in this exposé. While verbal abuse denying Paternoster's personhood and attacking his mother's virtue provokes no response, Paternoster aims some of his most pointed language at abusive individuals whose actions he is unwilling to even name and marks them as unfit to have power over the patients. As I construct the category of forceful language within this text, it includes the use of non-standard italicization and capitalization, diction expressing anger or disgust, asterisks to replace words he refused to write (similar to the use of “@#%&” to represent profanity, an object now called a grawlix), and exclamation points.⁴⁰ One example of a momentary break in Paternoster's restraint is in his description of Launcelot Sharpe, one of the men who apprehended him. Though Mr. John Kendrick wrote “in such high terms” of having employed Sharpe to attend his own patients and Dr. Munro later employed Sharpe at Brook-house Asylum, Paternoster reserves some of his most vituperative language for Sharpe. After informing us that Sharpe had been imprisoned “for an offence

⁴⁰ In order to gain a better sense of the distribution of strong language, I performed a rough count of the number of exclamation points in the text, noting where they occur. Other than a few cases in which Paternoster quotes other people and uses exclamation points to give a sense of their tone, there are ninety exclamation points in the eighty-page text. Though this does average to more than one exclamation point per page, six of them are used on the last page when Paternoster expresses his anger that his own father prevented anyone from visiting him while he was confined to the asylum and five are used when he describes on page 52 his anger and disgust at a female superintendent's attempts to seduce him. Additionally, there are two additional instances when Paternoster discusses cases of familial mistreatment or the prevention of familial care, and he uses six exclamation points in each of those cases. The highest concentration of exclamation points is found in moments when Paternoster is discussing something that threatens or weakens the family structure.

I need only allude to,” Paternoster begs, “Let my readers only imagine such a character placed over poor, helpless lunatics, with power to shut them up in a dark room, strap them to the bed, chain them, *****! It is a subject too horrible to dwell on” (50). Paternoster’s certainty that an allusion is sufficient suggests that the audience would likely be familiar with the crime that the language would suggest or possibly even the specific offense that Sharpe had committed. The same tactic of substituting asterisks for a word occurs when Paternoster complains of Mr. Wing’s insistence “on a keeper sleeping in the same room [as Paternoster]; this man would have been Launcelot Sharpe, the *****!” (59). The very fact that Paternoster refuses to be explicit in these moments and refrains from employing such strong language in the rest of *The Madhouse System* suggests that he finds Sharpe and his actions particularly offensive. That the system of oversight would be so ineffective as to allow a morally-deviant criminal to be in charge of the day-to-day care of helpless confined patients arouses Paternoster’s ire, thereby implicitly drawing attention to the calmness of the rest of his text. Paternoster’s choice to veer so close to the territory of inflammatory language reveals the strength of his anger against the asylum superintendent and the laws that allow such a situation. The superintendent is charged with the wellbeing of the patients and should, in Paternoster’s view, care enough for them to not place them within the grasp of a person Paternoster considers vile. Additionally, the fact that the laws governing asylums would allow a superintendent to hire criminals clearly angers Paternoster. In this case, the use of emotional rhetoric represents an attempt by Paternoster to inspire a similar righteous indignation in his readers and win them to the cause of reform.

Paternoster also significantly departs from his use of calm language when he describes a practice he witnessed in the asylum of “entrap[ping the patients] into

indiscretions towards the females of the establishment, and then [proceeding] to take advantage of their conduct as indicative of insanity” (52). This method has the same underlying principle as I discussed earlier when the keepers would try to goad Paternoster by insulting his mother; however, Paternoster seems to find this particular iteration of the practice more offensive, perhaps because it flies in the face of the culture’s movement toward increased propriety in sexual matters. After noting that Miss Eliza Lush, a female superintendent, would sit in his room for hours, quoting *Don Juan* and writing “There is no harm in a woman’s loving a man, or any men, after she is herself married—love is no sin, however illicitly formed” on a piece of paper, Paternoster sarcastically spits out “Modest! decent! discreet!!! I hope this will open my readers’ eyes sufficiently” (52). The use of five exclamation points in rapid succession illustrates Paternoster’s anger at Lush’s attempt to tempt him into sexual indiscretions; incidentally, this passage has the highest concentration of exclamation points in the entire text. In this response, so similar in anger to the description of Sharpe, Paternoster implies that the asylum system promotes a perversion of societal mores. It is telling that Paternoster is most animated in his condemnation of the asylum system when it promotes the cause of those whom he deems morally deficient. In these moments of animation, Paternoster is attempting to arouse an emotional response as well as an intellectual one, a hallmark of investigative journalism according to Donovan and Rubery (10). These few instances of agitated language, by their infrequency, lend greater weight to the large amount of calm, rational language employed throughout the rest of Paternoster’s text. Though the readers of *The Satirist* may be accustomed to scandalous discussions of affairs and sexual dalliances being offered as entertainment, Paternoster employs emotionally-charged language to attack keepers who

attempt to lure patients into sexual behaviors that could be used against them, working to convey a sense of the injustice they experience.

In addition to using emotional rhetoric to highlight his disgust at the use of sexual temptation and entrapment as a tool of oppression, Paternoster also demonstrates the soundness of his judgment through his effective use of xenophobia and national pride. One of the most common examples of vivid language that Paternoster employs is alluding to other cultures as he describes the asylums and the treatment experienced within them. *The Madhouse System* offers such an example in an early discussion of the importance of transparency in asylum oversight. Paternoster argues that the primary reason oversight is ineffective is a lack of publicity. Signaling his goal of exposing the asylum system, Paternoster chooses Jeremy Bentham's assertion that "Publicity is the soul of justice" as the epigraph for his book. Paternoster asserts that:

there is no security for personal liberty—no certainty that it is acted on honestly and *bonâ fide*; and never can there be, till we have the safeguard of PUBLICITY. Why not shut up our Courts of Law and Justice, and have all their proceedings secret? Would our judges and juries long maintain their high character of integrity? No: our Courts would soon become Star Chambers, and our prisons turned into bastilles and inquisitions. Our Lunatic Asylums are but another form of the Inquisition, and orders and certificates but *lettres de cachet*—nay worse, for in the latter there was at least this consolation, that the Government imprisoned, and not those who are bound, by every tie of nature and the social state, to aid, protect, and cherish. (11)

In addition to arguing that only transparency can prevent gross abuses of power, this quotation suggests Paternoster's deep-seated belief that the current psychiatric system is somehow un-English.⁴¹ Likening the asylums to the Inquisition brings the suspicion of all things Spanish and Catholic to bear on the psychiatric profession. Furthermore, the

⁴¹ Of course, the use of "Star Chambers" does not refer to a foreign practice but an earlier, more oppressive segment of the court system.

comparison between the orders, certificates, and lettres de cachet calls to mind the practice of obtaining from the King of France an order to imprison an individual without trial or opportunity of defense. Paternoster's criticism of the secrecy of the process of confinement is continued in his assertion that, "the inmates of Private Asylums never know by whose order and certificates they are confined, this is a matter studiously kept from them in order to preserve perfect the system of secrecy, and bring them more completely under the power of their persecutors" (13). Through consideration of these passages and Paternoster's earlier criticism of the Board of Commissioners, we see Paternoster drawing a connection between the secrecy of confinement and the structural proneness of the current oversight mechanism to be insufficient, using xenophobia to bring additional emotional energy to his call for transparency.

In addition to using allusions to other cultures to illustrate the dangerous lack of publicity, Paternoster draws a comparison between the supposedly-civilized Englishmen and "barbarians," insisting that the maltreatment made possible through the asylum system damages society (50). Paternoster's declaration rings with pathos as he declares, "Why, in God's name, if we are to punish each other, we need no laws; it becomes might against right, we revert at once to a state of barbarism—nay, worse, for barbarians kill their victims outright, whilst the persecutors under this system let them linger out in torture for years" (50). While it is possible to read this passage as primarily drawing on the Victorian concerns with degeneration and atavism, the proximity of this passage to a reference to "the secret examinations of [the Metropolitan Commissioners'] Inquisition" on the page before ensures that the xenophobic subtext of "a state of barbarism" will shine through (Paternoster 49). These allusions to other nations and cultures allow Paternoster to offer

his readers implicit opportunities to reinforce their English identity by rejecting practices within the asylum system that resemble the ways of the French and Spanish. Whether comparing the people of England to the continental Europeans or to the “barbarians,” Paternoster shrewdly connects the need for reform with national pride. Paternoster exclaims, “Englishmen! do you read these things and yet not rouse yourselves in defence of your helpless fellow creatures and contrymen,” issuing a call to action for the hitherto silent majority. Through this nationalist rhetoric, Paternoster attempts to persuade his readers that failing to take up the flag of asylum reform is implicitly a failure to be a good Englishman.

Conclusion

Richard Paternoster’s *The Madhouse System* joins a tradition of fictional and nonfictional wrongful confinement accounts such as *Perceval’s Narrative* (1838-40), Wilkie Collins’ *The Woman in White* (1859), Reade’s *Hard Cash* (1863), and more. The instrumental nature of his text, turning public opinion in his favor to help him win the suit against his father and those who enabled his confinement, necessitated that Paternoster ensure that his text would be rhetorically effective as well as an engaging read. Because of *The Satirist’s* reputation as a source of gossip and half-truths, Paternoster needed to differentiate his writings from the usual fare offered by *The Satirist*. The host of negative traits considered common features of people confined to asylums could certainly prove detrimental, particularly the assumptions that they live perpetually under the power of their delusions, that they are prone to violent and emotional outbursts, and that they lack clarity of judgment. The specific rhetorical strategies Paternoster employs allow him to demonstrate his objectivity, his self-control, and his perceptive sense of judgment,

establishing his ethos as a trustworthy writer who draws on personal observation, first-hand witnesses, and factual resources to promote reform and counteracting the possibility that *The Satirist*, the venue which he chose for *The Madhouse System*, would have a detrimental effect on the reception of his exposé.

CHAPTER THREE. A MAGAZINE OF THEIR OWN: LITERARY PERIODICALS OF VICTORIAN ASYLUMS IN SCOTLAND

In a short article titled “An Asylum Thirty Years Ago” an anonymous author decried the abuses he suffered in an earlier asylum, declaring that he was “Fed, too, along with [“the ‘*Profanum Vulgus*”], not being *permitted*, nor *able* even, to feed *himself*, not even with ‘*the husks which the swine did eat!!!*’” Referencing the sad state of the prodigal son who would have eaten the feed he offered to the pigs, the contributor implies that his treatment in the former asylum was more degrading than that suffered by the Biblical son who wasted his living, a situation made worse by his suggestion that at least the prodigal could choose whether to eat the husks, unlike himself (Luke 15:11-32). This article was published on 4 August 1845, on the front page of *The New Moon*, a literary magazine produced and edited by patients within the Crichton Royal Institution, an asylum for patients with mental illnesses in Dumfries, Scotland. This piece strongly denounces the abuses the author experienced three decades earlier in an unnamed asylum. Through his Biblical and allusive language, the contributor casts himself as one who has suffered unjust treatment, signaling his extensive scriptural knowledge, the clear expression of which is a marker of his education. Assuming this identity allows the author to cast himself within a grand moral narrative as the victim and intended object of sympathy. The fact that the contributor is no longer confined to that particular asylum implicitly contextualizes the writer’s position as an improvement, a partially-positive ending to the narrative he constructed, though it is possible that he is still confined within another asylum.⁴²

⁴² It is not clear whether the author is confined in the Crichton Royal Institution, for *The New Moon* published contributions from patients confined to other asylums from time to time. See the “Prospectus” published in the first issue.

Furthermore, despite the debasing treatment he experienced, the author's choice to filter his experience through this redemption narrative allows him to implicitly elevate himself above the asylum in which he had been abused.

In this piece, the patient-writer describes his experience, simultaneously condemning the indignities of the past and claiming respectability for himself. This denunciation occupies, however, a complex position within the context of the magazine and the asylum in which it is published. Though the article notes the misguided treatments of the past, offering a contrast for the kinder treatment offered under the new therapeutic philosophy of moral management, the strong excoriation of an asylum runs the risk of rousing the ire of the reader against asylums as a whole. Operating as a measure of reputation management, a short editorial insertion follows, asserting that the abuses of the past were likely due to fear and ignorance, rather than wicked intentions. At the locus of this article and editorial response, we witness the opportunities an asylum literary magazine provides for patients to reassert their claims over their identities and to resist the power of the asylum to control their voices. Additionally, the editor, often aligned with the goals of the asylum administration, finds within the periodical space to bolster and support the reputation of the sponsoring asylum. "An Asylum Thirty Years Ago" provides a small-scale model of the way that patient contributions to asylum literary magazines operate within the context of the asylums' need to regulate their reputations and to demonstrate the contrast between the older forms of asylum administration and the newer moral management.

In this chapter, I argue that two Scottish asylum literary magazines, *The New Moon* and *The Gartnavel Gazette*, established in part to benefit the patients and to support the

reputations of the asylums, provide patients a limited space for self-expression.⁴³ Both of these periodicals feature a mixture of editorials, poetry, reviews, and articles on subjects such as science, religion, art, history, and current events. Because of the freedom of the therapeutic philosophy in which they are conceived, this opportunity is potentially problematic, for these cultural productions at times challenge the respectability of the magazines and the asylums that sponsor them, subverting the “civilizing” influence of moral management practices and potentially hindering the work of psychiatrists who wish to facilitate the patients’ return to respectable society. After discussing the principles of moral management and its arrival in Scotland, I investigate these patient-run magazines, arguing that the editors frequently express support for the asylums and the practices of moral management, implicitly aligning themselves with the administrators through editorials that cast the journals as respectable and middle class. Within this context, I read these contributions as resisting the silencing function of the label of madness, which tends to cause non-patients to interpret the words and actions of those confined primarily as manifestations of their illnesses and to ignore attempts by patients to control their own identities. Contributors expend their cultural and social capital for a variety of reasons (some to demonstrate their cleverness and challenge assumptions about their intelligence, some to praise the asylum and its therapeutic approach, and some to critique the asylum and the insanity diagnosis), all helping to establish or maintain their own sense of identity.

⁴³ Shoshana Felman notes that many critics have followed Foucault’s example to argue for the importance of heeding the voice of the mad, since “madness is, primarily, a lack of language,” making it our task to “comprehend the incomprehensible-to listen to the inaudible speech of madness” (14). While the matter of madness itself being stifled language is fascinating, I am more focused on bringing attention to the ways that social relationships and symbolic capital affect the voice of those in the context of madness.

Asylums operating on moral management have a complicated relationship with this patient struggle against the insanity diagnosis. On one hand, the inculcation of moderation and self-restraint in patients, part of moral management's replication of middle-class values, can manifest through the editorial urge to manage and manipulate the contributions to avoid excessive criticism of the asylum. On the other hand, the space for self-expression offered in their literary magazines provides an opportunity for the patients to make their voices heard, implicitly rejecting their forced silence. Though the creation of these asylum periodicals allows asylum management to guide the patients into therapeutic behaviors, the limited freedom offered through these publications provided the patients a valuable opportunity to reject their madness narrative's oppression, even if only temporarily, though the results are not always positive for the asylums.

History of Moral Management

What might seem only an exaggerated caricature of eighteenth-century asylums as locations of torture and misery takes on new validity as we engage with parliamentary reports and retrospective accounts from mid-century physicians. An 1807 report from the House of Commons Select Committee on the State of Lunatics described the insufficient accommodations made by the parishes for the mentally ill:

[I]n no instance have I seen them kept with any regard to their cure; they are generally confined in some out-house or cell, or other place in which their noise gives least disturbance and trouble to the keepers of those houses. I have seen poor Lunatics not in the poor house, who have been fastened to the leg of a table within a dwelling house; others chained to a post in an out-house; and in one instance I witnessed the case of a man shut up chained in an uninhabited ruin, and food daily brought to him from his relations. (21)

This report paints a picture of mental healthcare as being little more than removal of the insane from society. This report, along with information uncovered by another select

committee in 1816-1817, provided the impetus for early nineteenth-century reform of the lunacy laws.

Publishing *The Treatment of the Insane without Mechanical Restraints* in 1856, Conolly provides a history of the non-restraint system, his term for moral management, from the early years at the turn of the century in Paris and York through his own implementation of this approach at the Hanwell asylum in 1839. Before delving into the new therapeutic measures, Conolly discusses the state of affairs prior to non-restraint, describing the lodging for the mentally ill as “prisons of the worst description” that were managed by “terrible attendants, armed with whips, sometimes (in France) accompanied by savage dogs, and free to impose manacles, and chains, and stripes, at their own brutal will” and were marked by “uncleanliness, semi-starvation, the garotte, and unpunished murders” (5). Conolly holds that the abuses arise from a wicked desire to torture the patients as well as from misguided therapeutic notions, offering the example of Dr. Haslam who tells us “that lunatics, being supposed to be under the influence of the moon, were bound, chained, and even flogged at particular periods of the moon’s age, to prevent the accession of violence” (12). Noting that the previous medical view was that fear was most effective in the treatment of insanity, Conolly describes a practice whereby “an unsuspecting patient was sometimes induced to walk across a treacherous floor; it gave way, and the patient fell into a bath of surprise, and was there half drowned and half frightened to death” (13). The fear-based approach seems intended to merely shock the patient out of their delusions, rather than to understand the psychological problem and address it.

In 1857, Andrew Wynter, a London insanity specialist, offered a comparison of the current modes of treating mental illness with those practiced fifty years earlier, “we see at a glance what a gulf has been leaped in half a century—a gulf on one side of which we see man like a demon torturing his unfortunate fellows, on the other like a ministering angel carrying out the all-powerful law of love” (Taylor and Shuttleworth 233). Though filled with pathos, Wynter’s language describes treatment that is implicitly founded on notions of human equality, for the law of love references the command of Jesus: “Thou shalt love thy neighbor as thyself” (Matthew 22:39). Here Wynter suggests that the asylum officials provide treatment in a way that shows they care for their patients as strongly as they care for themselves. Wynter’s praise of the current mode of treatment makes a clear distinction between the former practices which often resembled torture and Wynter’s idealized view of the current forms of treatment. These accounts illustrate the perceived movement toward kindness in mental healthcare that occurred with the rise of non-restraint. It is this shift in therapeutic philosophy that made the rise of literary magazines in the asylums possible.

Asylum Magazines and Their Connection to Moral Management

This new system of asylum administration was brought to Scotland by William Alexander Francis Browne who, in 1832 had studied in Paris under Jean-Étienne Esquirol, a former favorite student of Pinel (Scull 88).⁴⁴ After learning the principles of moral management on the continent, Browne brought them back to Scotland, taking charge of the Montrose Royal Lunatic Asylum in 1834. In a series of lectures in 1837, Browne outlined his understanding of the new modes of treatment, a presentation that helped him gain an

⁴⁴ For a more extensive discussion of Browne’s history, see chapter four of *Masters of Bedlam* by Andrew Scull, Charlotte MacKenzie, and Nicholas Hervey.

administrative position at the newly-established Crichton Royal Institution in 1839. Upon arriving at Crichton, Browne began to implement a series of diverting activities for the improvement of the asylum patients. Such activities included dances, outdoor games like croquet, and lectures. All of these adjustments to the cultural landscape of the asylum represent Browne's implementation of moral management. In his second annual report, Browne defends the therapeutic benefit of "occupation," declaring that it is "preparative to all other attempts to remove mental disease. It contributes primarily to impart healthy vigor to the body; and, secondarily, to expel delusion, and to establish that tranquility which allows and facilitates the operation of rebuke, remonstrance, threats, encouragement, or reasoning" (Browne *Annual Reports*, No. 2, 18). One such addition to the cultural life of Crichton was the establishment of *The New Moon*.⁴⁵ Two years before the first printing of *The New Moon*, Browne noted that "an Asylum Annual is contemplated, and in progress. These avocations are not imposed as burdens; they are suggested as recreations: the mind is occupied, not taxed or fatigued" (Browne *Annual Reports*, No. 3, 19). Once established, Browne declares the patient-managed periodical useful as a "mode of employing these

⁴⁵ This four-page periodical was printed monthly, typically early in the month. Beginning with the third issue, the front page indicated the price of six cents for an issue of *The New Moon*. Compared with the 80-page *Good Words* published at the same price, the charge of six cents for the four-page *New Moon* is expensive. The price for *Good Words* is from the 1860s, as opposed to the mid 1840s for *The New Moon*; however, I believe that the point still stands. This information suggests that the price of *The New Moon*, at six cents, was not necessarily feasible for those on the lower end of the income spectrum, pointing to a middle-class audience. Additionally, the cost of an issue of *The New Moon* is roughly equivalent to one and a half days of work for a London laborer, suggesting that it would be seen as something of a luxury for individuals in the lower classes. After the passage of the 1855 Stamp Act which repealed the duty on newspapers, the costs of printing newspapers dropped, allowing for lower prices with newspapers and magazines routinely selling for 1-2 cents. For more information on serial prices, see "Periodicals of the mid-Victorian period: the physical properties of illustrated magazines" by Simon Cooke. For more information on wages, see "The Price of Bread: Poverty, Purchasing Power, and The Victorian Laborer's Standard of Living." by Robert L. Nelson.

dormant or valueless energies of contributing to the amusement of the rest of the community” and as a tool to demonstrate “how closely the insane mind may, in its operations, approach the standard of health, as well as how widely it may depart from it” (*Browne Annual Reports*, No. 5, 21). In this final capacity, Browne hints at the possibility that the periodical can be useful for correcting false public opinions of asylum patients, such as the notion that they are all violent.

The success of *The New Moon* subscription sales is asserted in Browne’s annual report for 1847, three years after the establishment of the magazine (33). Browne declares the periodical “fortunate” as “a pecuniary speculation,” asserting that the proceeds have provided for “[a]llowances . . . granted to patients on their discharge from the Asylum,” support for public charities, funds for the purchase of “an excellent organ” for use in “services of the Church of England in the concerts, and evening parties,” for the purchase of a printing press, and for the purchase of “additions to the Library” (*Browne Crichton Annual Reports*, No. 8, 33-34).⁴⁶ Through the combination of magazine-sponsored purchases and the results of benefactor giving sparked by the periodical, “1200 volumes have been collected during the past year” (34). Additionally, there are several outside reviews of *The New Moon* that attest to its circulation outside the families of the patients.⁴⁷ Although we don’t know the specific readership figures and specific information about the identities and locations of the readers of this periodical has not been uncovered, these accomplishments provide a testimony to the wide readership of *The New Moon*.

⁴⁶ Browne’s comments on the financial success of the periodical suggests that, though the patients may not have gained income from their writings, their literary productions secured funds for the institution, illustrating the conversion of embodied cultural capital (in the ability to create culturally-valued objects) into financial capital.

⁴⁷ These reviews are discussed in greater detail later in this chapter.

Additionally, many well-read and respected periodicals such as *The Times*, *Athenaeum*, and the *Quarterly Review* directly comment on the periodicals; I will say more about this later in the chapter, but for now it is important to note that these references suggest a circulation and readership that extends well beyond the expected circulation of inmates' families and friends.

Influenced by the impulse of moral management to correct false thinking, in his first annual report (1840) as resident physician at Crichton Browne touts the usefulness of correcting ideas about asylum patients, declaring that his reports “have disabused the public of many erroneous opinions, and much of the false feeling formerly entertained respecting mental disease, and defused [*sic*] more Christian views of the nature of the malady, the condition of the Patient and his guardians, and the objects and importance of isolation” (Browne *Crichton Annual Reports*, No.1, 28-29).⁴⁸ This glowing characterization of asylum reports reveals Browne's concern that the asylum and the patients confined therein not be subject to popular notions that he considers false. During his tenure at Crichton, Browne fills his reports with descriptions of the various delusions suffered by newly-admitted patients, the sundry treatments practiced within the asylum, and the successes and failures of those treatments. In Browne's conception, asylum officials producing documents for public consumption have a clear duty to present an accurate picture of the asylum.

As part of his mission to improve public awareness of the facts concerning mental illness and asylum confinement, Browne attacks “the traditionary opinion . . . which

⁴⁸ In this first report, Browne lists many of the key practices of moral management: “moral discipline, occupation, recreation, the removal of all sources of irritation, the presence of numerous attendants, seclusion in padded rooms, and similar measures” (Crichton Annual Reports, No.1, 12).

regards all who are deprived of reason as proud, passionate, morose, melancholy, desperate, dangerous—intractable by ordinary means, or upon principles applicable to the sane,” asserting that it is “inspired by ignorance and timidity” (Browne *Crichton Annual Reports*, No. 3, 6). The implicit claim here is that a diagnosis of insanity produces a public assumption that a host of symptoms cling to individuals, no matter the specific nature of their illness. In Browne’s view, asylum administrators have a responsibility to combat this notion with careful accounts of the asylum as it is.

While Browne assigns the task of correcting misconceptions about the asylum to administrators, patient publications also participate in this work. On 3 December 1844, the afore-mentioned *The New Moon* was started by the patients at the Crichton Royal Institution. The patients at the Glasgow Royal Lunatic Asylum established a similar magazine, *The Gartnavel Gazette*, on 1 June 1853.⁴⁹ These patient-managed magazines provided opportunities for positive distraction, for asylum keepers practicing moral management felt that writing for and participating in the production of the periodicals would allow the patients to replace their delusions and obsessions with respectable thought patterns. In other words, if patients’ delusions caused them to behave “madly,” then they could replace the delusions with “sane” thoughts by behaving “sanely.”

The practices promoted by moral management also helped to create the middle-class subject within the asylum, a facet key to our understanding of the asylum periodicals. Many of the techniques and practices inherent in this form of treatment replicate the practices of the middle-class home and attempt to instill within the patients attitudes of

⁴⁹ Though both magazines were run by patients, it is not clear whether the impetus for the establishment of these periodicals arose first in the patients or the asylum administrators.

restraint, habits of productivity and cleanliness, and an appreciation for domesticity and propriety.⁵⁰ *The New Moon* and *The Gartnavel Gazette* allow patients to reject stereotypes about mental illness that threaten their own claim to middle-class identity, thereby overturning many of the misconceptions that Browne claims existed. Additionally, the establishment of these periodicals allows the editors to publish contributions that work together to display the asylums in a positive manner.

The creation of the asylum periodicals also provides space for the patients' literary creativity. These magazines provide a publishing venue for patients who might find their diagnoses, asylum residence, or in-patient status a barrier to publication in mainstream magazines. Because these periodicals are circulated both inside and outside the asylums, they allow the patients access to a wider readership, potentially allowing their implicit message of the value of patients' cultural production to reach a broader audience. Additionally, this creative space allows patients to express criticism of the asylum, resulting in a tension with the administrators' desire for these periodicals to bolster the reputations of the asylums. Whether we consider the point of view of the editors or the contributors, asylum literary magazines participate in Browne's call to address the notions popularly held about the asylum, though this correction is somewhat uneven due at least in part to the limited freedom of expression afforded to the contributors.

Through their cultural production in the space offered by the asylum magazines, patients challenge publicly-held notions about the humanity of those confined to asylums and the value of their voice by implicitly rejecting and responding to various stereotypes

⁵⁰ For discussions of the relationship between middle-class domesticity and respectability, see Nancy Armstrong's *Desire and Domestic Fiction*, Leonore Davidoff and Catherine Hall's *Family Fortunes*, Elizabeth Langland's *Nobody's Angels*, and John Tosh's *A Man's Place*.

which will be discussed later in this chapter. Benjamin Reis also investigates the cultural production of asylum inmates, focusing on the way that the administration at the New York Lunatic Asylum influenced *The Opal*, its own literary magazine, to create a common culture of creative literacy and expression for the patients. Reiss reads the journal “as what James Scott calls a ‘public transcript’ of official asylum ideology, in which patients are made to legitimize the ideology behind their treatment; and yet it also gives us a glimmer of a ‘hidden transcript,’ that is, a ‘critique of power spoken behind the back of the dominant,’ but disguised by carefully maintained ‘innocuous understandings of their conduct’” (25-26). Reiss is most attentive to ways in which patient criticism of the asylum breaks through in the magazine, pointing out moments when patient poetry, for example, can be read as hinting at injustice practiced within the asylum. While such criticism does occur in the literary periodicals I treat, rather than focusing only on struggles between patients and the asylums, I also uncover ways in which the magazines offer a space for patients to reject stereotypes that threaten their class status.

Establishment of The Gartnavel Gazette

Less than a decade later, the administration at the Glasgow Royal Lunatic Asylum approved the establishment of *The Gartnavel Gazette*.⁵¹ Operating in a similar environment

⁵¹ The first ten issues of *The Gartnavel Gazette* are printed on a monthly basis running from 1 June 1853 to 1 March 1854. The next issue that was bound in the volume and digitized by the Wellcome Library was printed on 15 March 1855 and is labeled Volume 1, Issue 2. This results in a confusing leap from the previous issue which was labeled Volume 1, Issue 10. However, based on the presence of a Chess game labeled “Problem 2,” a solution to “Problem 1,” and a note “To Our Correspondents” indicating that two correspondents had given the correct answer to Problem 1, there is sufficient evidence to assert the existence of a missing Volume 1, Issue 1, likely printed early in March 1855. Based on this deduction, the rise of a new printer and editor, a new masthead complete with a modified graphic and a new motto, and the change from monthly to weekly printings, this next run should be considered a separate publication. In light of these changes, I will

of non-restraint, this patient-managed periodical shares many characteristics with *The New Moon*, featuring news segments, editorials, letters to the editor, poetry, fiction, and nonfiction in its four pages. However, *The Gartnavel Gazette* has no subscription charge, a departure from the six cents charged by *The New Moon*.⁵² The ability to engage with *The Gartnavel Gazette* for no charge opens the readership to a broader economic class. No longer does an entry to readership require the same financial resources as with *The New Moon*. Therefore, we cannot use the price to determine the likely readership in the same way. This is not to suggest that the ideal reader is necessarily a member of the lower classes. The barriers of literacy and education are still present, for these magazines do not feature many illustrations, placing the burden on the consumer to be literate in order to benefit from the magazines. Additionally, the allusive style of writing contained in the magazines presumes that the reader has read widely, a marker of education. The comfort of the editors and contributors with the writing styles of the middle class strengthens their ability to appeal to a middle-class audience, thereby increasing their readership and potentially demonstrating their membership in that class.

not be considering the new *Gartnavel Gazette* in my analysis. Rather, I will restrict this project to the issues published in 1853-1854.

⁵² The editor “beg[s] to call the special attention of our readers, to the startling fact, that no charge is to be made for the *Gartnavel Gazette*. It is to be circulated amongst our subscribers, as seen or published, Free—Gratis—for nothing!” (“The Gartnavel Gazette,” 1 June 1853). While it is possible to interpret the lack of a charge as suggesting that the asylum wished to broaden the readership while maintaining a tighter grip over the content, it is possible that the sponsors are not connected with the asylum administration at all. This is an intriguing matter which must, unfortunately, wait until another time.

Support for Moral Management in Asylum Periodicals

Fulfilling a therapeutic function in the context of non-restraint, these literary periodicals also implicitly demonstrate the administrations' commitment to moral management. For example, in an introductory piece in *The New Moon*, the anonymous editor, a patient at the asylum, declares that the "chief object of this Journal" is to lead other inmates to "think aright on the chief subjects that should occupy their attention under present circumstances, so that they may leave [this institution] wiser and better men and women than they entered it" ("Prospectus"). Moral management insists that sustained focus on appropriate subjects will repair the faulty thought processes. According to this therapeutic approach, displacing defective thought with new, improved thoughts corrects the mental aberrations of the patients. The alignment of the goal of the periodical with the aims of non-restraint suggest that the editor, a patient in the asylum, aligns himself with the asylum administration, thereby elevating his own position within the asylum. This connection suggests that the editor wishes to speak as if he has been positively influenced by the work of that therapeutic philosophy.

The editor continues to promote positive relations between the asylum and the periodical, stating "We propose also to offer occasional observations on the management and success of other Houses of the same kind, both at home and abroad. We may thus lend our humble endeavour to make this more perfect" ("Prospectus"). In this assertion, the editor hints at a desire to mediate between the administrators and the outside world. The editor thus characterizes the authorial voice of the magazine as informed about asylum practices, supportive of the asylum regime, and, perhaps most importantly, possessing the cultural capital that accompanies being educated. Being able to comment knowledgeably on the administration of other asylums marks the editor and contributors as well-informed,

often a result of reading practices produced through education. Possession of the time and resources to gain this education is likely a sign of membership in the middle class or at least the skilled lower class, though this particular topic is not a typical subject of middle-class education. The ability to comment on these matters suggests that the editor has had extended exposure to the asylum system.

The Prospectus prepares us for a text that allows a freedom of expression beneficial for the asylum inmate, provided that expression be regulated and kept from any extreme that would threaten the placidity of the inmates, for though the editor asserts that “no damper” shall be placed “on the play of fancy,” he declares that “all things should be done in order, or with suitable appropriateness, as far as possible, to the condition of its inmates” (“Prospectus”). The regulation of this literary liberty is guided by the moral management imperative to promote positive thought patterns. Additionally, the Prospectus at least partially rejects the silencing effect of the insanity diagnosis while also largely upholding the therapeutic approach followed at the asylum. Though we do not know the full extent of what submissions were rejected or greatly modified before publication, the variety of contributions, variously expressing support and criticism for the asylum’s therapeutic philosophy, suggests that the magazine does provide a fairly free but regulated expression, as promised by the Prospectus.

A similar commitment to appropriate creative expression is demonstrated in *The Gartnavel Gazette*. Beginning in the first issue, a segment titled “The Gartnavel Gazette,” similar to the “Intelligence” section of *The New Moon*, consistently features a mixture of editorial pronouncements, news of events within the asylum, and news from outside the asylum. The first instance of “The Gartnavel Gazette” provides a history of the

establishment of the periodical and provides more information about the nature of the magazine. First, the editor declares that the journal's principles "will be of the most liberal character on all questions, whether Social, Political, or Ecclesiastical. Every encouragement will be given to free discussion on all questions affecting the welfare of the community, either of general or local importance" ("The Gartnavel Gazette," 1 June 1853). Though the editor demonstrates a willingness to allow creative liberty, he makes clear in the final paragraph that, since the journal reflects upon his character, he reserves the right to make adjustments to any materials contributed; indeed, the editor asserts that he "is always held responsible for the general character of his paper." Therefore, we can infer that the magazine will not be allowed to deviate so far from the traditional fare of literary magazines as to bring public condemnation of the periodical and the editor behind it. Indeed, the editor asserts that though he must be able to reject objectionable content, he "earnestly hope[s] that the usual rules of propriety, good taste and charity, will be so well observed by all who may favour us with their contributions, as to render the exercise of this privilege quite unnecessary" ("The Gartnavel Gazette," 1 June 1853). The editor's message is that the asylum periodical must be managed in order to avoid gaining a negative reputation but rather to gain one that will appeal to a wide variety of respectable readers. The editor clearly wishes to preserve his own reputation and the reputation of the magazine, particularly since the standing of the editor is linked to the character of the periodical. This impulse results in an editorial insertion after a piece of non-fiction that is particularly critical of asylums, as I discuss in the section on "An Asylum Thirty Years Ago." This editorial intervention, while not uncommon, illustrates the editor's desire to manage the periodical in a way that pleases the asylum administrators. As Joanne Shattock asserts, to

“ignore the sponsors is to ignore a vital ingredient in the chemistry of a periodical” (164). While there is room for differences of opinion between the editors and the asylum administrators, Shattock’s warning means that we do well to consider the ways in which the goals of the periodicals are connected with and potentially influenced by the goals of the asylum administration. Though the asylum magazines are patient-managed, the asylum administration always has the ability to intervene, preventing a person from contributing or participating in the editorial process by restricting privileges.

Moral Management and Middle-Class Mores

In addition to banishing practices deemed abusive, practitioners of the new form of treatment attempt to instill in their patients the avowed values of the middle class such as domesticity and support for the normative family structure.⁵³ The goal of this inculcation is two-fold: to bring the curative influence of the home to the patients and to ready the patients for reentry into society. In lectures at the Montrose Royal Lunatic Asylum, Browne declares, “[t]he rule formerly was, and I suspect still is, to render an asylum as unlike the home of which the patients had been deprived as possible,” a rule which he denigrates as “fail[ing] to cure” even unruly patients and more likely to create a “pernicious influence” (*What Asylums* 156-57). Furthermore, Browne asserts that classification according to the types of maladies and the dispositions of the patients should result in people being grouped together for mutual benefit: “The affectionate and happy may be associated with the desponding and despairing, and the helpless idiot may become the adopted child of some

⁵³ The close identification of these values with the Victorian middle class is discussed by John Tosh who notes that the successful establishment of a domestic space was a marker of a young man’s entrance in middle-class masculinity. See *A Man’s Place: Masculinity and the Middle-Class Home in Victorian England*.

mother whose only delusion is weeping for infants which she never bore. . . . But [this system] may be carried farther; and whole families may be formed” (*What Asylums* 200-01). This impulse to create a familial space within the asylum and thus impart domestic bliss to the patients is also implied in Browne’s assertion that the asylum administrator “must live among [his patients]; he must be their domestic associate,” a practice Browne suggests should extend to the administrator’s family, so that they may serve as examples for patients (*What Asylums* 181). Similarly, in her discussion of Wilkie Collins’s *The Woman in White*, Jenny Bourne Taylor asserts that the goal of moral management is to produce middle-class subjects, noting that the care provided by Walter Hartright and Marian Halcombe, mimicking moral management, transforms Laura Fairlie into the ideal of the middle-class wife, though Bourne Taylor asserts that this process silences Laura.⁵⁴ Though Collins’s text is not the subject of this chapter, Bourne Taylor’s analysis supports our understanding of the system of non-restraint in its cultural context.⁵⁵ Browne’s writings instruct potential asylum administrators in the proper management of the asylum, offering advice that suggests the creation of the middle-class domestic patient. Bourne Taylor’s article draws attention to Collins’s perception of the reality of this class-creation while also drawing upon non-fictional sources.⁵⁶ Through Browne and Bourne Taylor, we see that

⁵⁴ Though a gendered analysis of the asylum periodicals and their connection with the creation of middle-class subjects would be fascinating, due to the anonymity of some contributors and the use of pseudonyms by other contributors, such an analysis would be challenging and beyond the scope of the current project.

⁵⁵ While Bourne Taylor’s article usefully points to the tendency of moral management to produce a middle-class subject, she expresses concern about how this process results in the continued subjugation of the middle-class woman (55). While the transformation of Laura is problematic, the assumption of a middle-class identity potentially affords a stronger voice to the patient than would be possible without that identity.

⁵⁶ Additional research will undoubtedly uncover clear differences between the “fictional” accounts offered by novelists and the “real” stories told by asylum administrators, patients current and

moral management shores up the security of the middle class in the face of the dangers of insanity, at least within the context of public perception. I would not argue that the middle class is disproportionately susceptible to insanity. However, some elements of moral management treatment align with and seem to be derived from middle-class domestic norms, and middle-class families increasingly have the means to institutionalize their inconvenient relatives. Therefore, it is important to understand the middle-class view of mental illness and response to mental healthcare. Essentially, madness represents a loss of control over the mind and a loss of social conformity. The individual suffering from insanity has a mind that is no longer subject to the values of moderation and self-control. Therefore, a diagnosis of insanity contests the individual's claim to middle-class status, a challenge made more damaging by the silencing nature of the diagnosis. Under the label of madman or madwoman, patients' attempts to exemplify the ethos of the middle class may be discounted and ignored as delusive acts. However, the authors featured in *The New Moon* and *The Gartnavel Gazette* find through these publications access to an audience that will at least encounter their attempts to construct and manage their own identities.

Asylum Periodicals Aligning with the Middle Classes

The asylum magazines consistently cast themselves as middle-class periodicals, aiding in moral management's efforts to produce middle-class subjects. The *New Moon* and the *Gartnavel Gazette* achieve this effect by demonstrating the periodicals' commitment to propriety, describing the qualifications and respectability of the asylum

former, and outside investigators. One potential difference is that authors of fictional accounts have more liberty to focus on specific issues in a way that may not be possible for authors claiming to offer "true" accounts of asylum practices.

administrators, and articulating their positive position in the periodical marketplace. This chapter analyzes these methods through the lens of Pierre Bourdieu's notions of cultural and social capital. Bourdieu notes that cultural capital can take an embodied form as "long-lasting dispositions of the mind and body." These dispositions, often developed through time spent on self-improvement, are an embodied cultural competence comprising awareness of one's own cultural membership, the capacity to accurately gauge the cultural position of another person, and the ability to effectively engage with people in similar and different cultural positions ("Why Cultural Competence"). Magazine contributors demonstrate their cultural capital through their awareness of literary forms, their ability to create texts in traditional literary forms, and their Classical and biblical allusions. Social capital refers to the "actual or potential resources which are linked to . . . membership in a group," such as the middle class or those educated at Oxford and Cambridge (Bourdieu 248). In the case of both cultural and social capital, the demonstration of these forms of capital in the appropriate setting "yields profits of distinction" for individuals, increasing the value and validity of their opinions to those around them. This can happen within the asylum as the patient who accrues distinction receives better treatment and begins to be trusted. For example, patients with this distinction are trusted with the production of a magazine which could influence the attitudes of the reading population within and outside of the asylum. My analysis in chapter one of Alfred Hardie's use of cultural and social capital inside the asylum indicates that he is only temporarily successful in gaining distinction in the asylum. However, when he deploys these forms of capital in the Court, an outside institution, he is believed and can successfully reject his madness narrative. In this chapter, the patients expend their cultural capital as they reject specific stereotypes

through their writings, shoring up their social capital by contributing to periodicals that reach outside the asylum and gaining the distinction that accompanies participation in the creation of successful magazines.⁵⁷

An understanding of how the editors of the asylum magazines articulate the class position of their periodicals will allow us to contextualize patient attempts to elevate or protect their own class status. The opening piece of *The New Moon*, the “Prospectus,” features an editorial announcement that “In the conduct of a Journal for such an Institution,” as everything else in the asylum, “all things should be done in order, or with suitable appropriateness, as far as possible, to the condition of its inmates; which is, in general, all must confess, lamentable in the extreme!” (“Prospectus”).⁵⁸ The use of “in order,” “suitable,” and “appropriateness” underscores the necessity of the editor considering the plight of the patients and avoiding any interference with the work of the asylum. The author’s description of the patients’ conditions as “lamentable” is an attempt to elicit the reader’s sympathy by pointing to the passionate sorrow one should feel when considering the plight of the asylum inmates. In the prospectus, the editor tells readers in advance how they should feel by calling for sympathy. The editor’s effort to produce a sympathetic encounter between the reader and the figure of the asylum inmate places the patients in a positive light as people, a project continued through the magazine’s display of patients’ cultural production. Whether readers are confined to the asylum or reside outside its walls, they are invited to imaginatively place themselves in the condition of the general population of the asylum and experience sympathetic concern. The editor’s call for

⁵⁷ These stereotypes are discussed at a later point in this chapter.

⁵⁸ *The New Moon* is modeled after the popular literary magazines of the day which contained poetry, fiction, non-fiction, correspondence, and editorials.

sympathy is not, however, a straightforward endeavor that will automatically produce benevolence. This attempted transformation cannot be entirely successful, for the effect of this sympathetic encounter is that the difference between the outside reader and the patient is strengthened in the reader's mind as the reader's own identity is reinforced. If the result of this reminder of difference is that the reader continues to purchase issues of *The New Moon*, perhaps from a sense of altruism, pity, or curiosity, then the reader will continue to encounter the creative productions of the patients and, ideally, will gradually begin to recognize the patient-writers' rights to their own voices. However, there is a risk that the reminder of difference will further Other the asylum patients in the mind of the reader, resulting in aversion. This possibility necessitates that the editors of the asylum magazines walk a careful line in their attempts to create sympathetic encounters, remaining aware of the danger of forcing the reader to look too closely at scenes that might cause them to draw back.

The statement, "all must confess," further implicates the readership of the magazine, asserting that those who read the journal will undoubtedly recognize the sadness of insanity and will approve of the leniency expressed by the editor and the asylum administration. The need to keep the periodical "in order" must not override the free expression of the inmates, for the editor states, "Yet we will place no damper on the play of fancy, or the flow of the soul" ("Prospectus"). The separation of this expression into "the play of fancy" and "the flow of the soul" suggests a willingness to recognize that both delusive imagination and emotional intensity can be creatively productive. However, while no damper will be placed on this expression, the impulse of the journal to lead patients into becoming "wiser and better men and women" requires that this creativity not interfere with

the moderation instilled by moral management. Revealing a tension between the need to promote order and the desire to allow creative freedom, the “Prospectus” prepares us to encounter a magazine in which creativity is encouraged within the boundaries of middle-class propriety, for contributions exhibiting excessive harshness against the asylum are occasionally accompanied by editorial insertions that soften the blow. This prospectus, with its goal of allowing creative freedom, projects for outside readers a positive image of both the asylum, as a place free from the reputation of the oppressive madhouse, and the magazine editor as an individual capable of balanced judgment, allowing free expression while ensuring that everything is done decently and in order.

In addition to describing the aims of the periodical in terms that demonstrate middle-class values, the management of *The Gartnavel Gazette* also claims this status through a portrayal of the characteristics of the magazine editor. In this way, the editor implies that the periodical is a middle-class magazine, demonstrating an awareness of these class markers and bringing respectability that may accrue to the contributors. A Wanted advertisement from 1 March 1854 announces the need for a new editor using language that implicitly asserts a positive reputation and a secure position in the literary marketplace which must be upheld by prospective future editors.⁵⁹ The current editor demonstrates his understanding of the magazine’s position, stipulating that the new editor must possess a reputation that will add to and not detract from the social standing of the periodical. The journal requires a “Gentleman” who will “be capable of pleasing parties of every political creed; of producing first-class testimonials of character and abilities; and of standing a most

⁵⁹ This advertisement does not specify that the new editor must still be a patient. However, the statement that the Russian Czar could arrive as a patient and become the next editor suggests that the future editor will be a patient.

searching examination” (“Wanted”). The requirement that the applicant be a “Gentleman” reveals a desire for both cultural and social capital, for the ability to please “parties of every political creed” suggests training in effective communication, the result of education. This particular prerequisite also indicates that the new editor must be politically moderate and thus less likely to alienate readers with extreme political views. The new editor must be able to balance a variety of opinions, an approach to management that aligns itself with the ideal of the restrained gentleman and that rejects in advance any application by a person troubled with monomania. Furthermore, the social capital of the potential editor must be evident in his standing in society; the requirement that the applicant have “first-class testimonials of character and abilities” signals a need for the potential editor to have a circle of acquaintances with positive opinions of him. It is not sufficient for the potential editor to have the ability to manage a literary magazine; he must also have the respect of his peers, a marker of social capital.

The Gartnavel Gazette also gives early space to the issue of establishing its own class position by offering three pieces titled “Our Portrait Gallery” that depict members of the asylum administration, focusing in particular on their respectability and middle-class identity. The ability to recognize and clearly express the status of the administrators implicitly signals that the editors and their periodical as keenly aware of class markers and as belonging to the same class, bringing respectability to the contributors published within its pages. The openness of the field of psychiatric medicine creates a need for the editor to depict the class position of the administrators at the Glasgow asylum. For the majority of the nineteenth century, psychiatric medicine was a profession open to individuals with varying levels of education, from the Oxbridge-educated physician to the apprenticeship-

trained apothecary. Firmly claiming respectability for the administrators of the asylum allows the editor to reject the stereotype of the greedy asylum owner who is unconcerned for his patients, illustrating his identification with the administrators rather than the other patients. Through the magazine's portrayal of the asylum administrators' moderation, support for domesticity, and good manners, the editor demonstrates the class position of the asylum leadership and implicitly claims a similar status by signaling familiarity and identification with these markers of the middle class.

Restraint in Duties and Behavior

By portraying the moderation of the asylum administrators, the editor casts them as middle class. In the first portrait, the editor describes the asylum governor, Dr. Macintosh, giving attention to his behavior with the staff to demonstrate his moral character and his possession of the Victorian sense of middle-class restraint.⁶⁰ The editor asserts that “the slightest neglect on the part of others is quickly detected and promptly reprimanded; but it is always done in that calm and dignified way that usually secures the respect of even the offender” (“The Governor” 1). The same impulse for all things to be done decently and in order which is noted in the “Prospectus” from *The New Moon* is present in this portrait of the governor. Dr. Macintosh's correction of his employees is never extreme, for he exercises restraint in his reprimands. The editor casts these moments in an optimistic light, asserting that the governor rises in the opinions of those around him.

⁶⁰ James Eli Adams argues that the Victorians saw self-government and self-control as masculine exertions of will, asserting that “self-discipline is increasingly claimed as the special province and distinguishing attribute of middle-class men” (7). See *Dandies and Desert Saints: Styles of Victorian Masculinity*.

In the portrait of Mr. Russell, the pastor for the asylum inhabitants, the editor relates the matter of restraint to the issue of doctrine. The editor implies that Mr. Russell's doctrine is moderate:

Mr. Russell's mode of conducting divine service is highly satisfactory, being plain, simple, and altogether, unaffected. We have never noticed any attempts at high flown oratory or useless displays of erudition. He is evidently desirous of communicating Bible truths in such a way as may be comprehended by the meanest capacity, while at the same time the most cultivated and refined may hear something to their advantage. ("The Pastor" 1)

From this description, the editor makes clear his appreciation for the moderate nature of Russell's teaching, for he gears his speaking style to the various needs of his audience members. The editor even includes a transcript from a recent sermon. Russell focuses on promoting practical applications of the central tenets of Christianity. For example, Russell admonishes, "let us ask the question, each one for himself—is this hope [of salvation] one with which I am experimentally acquainted? Let It ever be borne in mind that a mere theoretical acquaintance with divine truth, cannot prove of any real service" ("The Pastor" 1). Russell's message of salvation calls for the Christian to have a personal religious experience, rather than rely on theoretical knowledge. By couching his sermon in terms of lived experience, Russell places Christianity in the realm of solid reality rather than hypothetical musings. Such an approach seems intended to aid the patients in approaching religion with practicality and moderation rather than a mystical mindset, which could be seen as tending toward religious mania. In this light, Russell's message can be classified as reinforcing moderation and restraint.

The portrait in the fourth issue of Mrs. Mapleson, the "Lady-Superintendent," paints her as similar to the governor of the asylum in her sense of restraint when admonishing the employees under her direction. The domestic servants illustrate this

moderation as they declare that she is kind and offers reprimands but “never makes a fule o’ us if she can help it” (“The Lady-Superintendent” 1). Mapleson’s gentleness indicates an awareness of the self-esteem of the servants; the sense of the servant’s assertion is that the middle-class administrator secure in her authority need not denigrate while reprimanding those beneath her.

Domesticity

In addition to restraint, the middle-class status of Mrs. Mapleson is demonstrated through her key role in creating a domestic atmosphere in the asylum. The portrait of Mrs. Mapleson suggests that her efforts transform the asylum into a civilizing home for those confined. This portrait differs from the other entries in “Our Portrait Gallery” by focusing less on the actual person being described. While the other two articles set the scene for the first paragraph or two, this portrait begins with four paragraphs describing the long history of feminine influence humanizing society, a Victorian commonplace. Thus, the editor prepares the way for a description of Mapleson as the Angel in the Madhouse, providing a benign, civilizing influence for the patients. The reference to her “*knack* of pleasing with the efficient discharge of important duties,” the praise of “her maternal care,” all form a picture of the ideal woman who can bring the positive benefits of middle-class domesticity into the therapeutic space of the asylum, though the portrait ignores the possibility of Mapleson bringing medical expertise or managerial experience to the position (“The Lady-Superintendent” 1). The choice of the word “knack” is telling for it implies that Mapleson is operating from an innate sense of how to perform her work, rather than relying on training, as though some maternal instinct enables her to be effective. It is clear that the periodical is depicting Mapleson’s work as part of the domestic scene at Gartnavel and a

facet of the implementation of moral management. Through exposure to the influence of a mother figure, the administrators attempt to instill a sense of domestic calm in their patients, acclimating them to a middle-class environment in preparation for potential return to society.

Respectable Manners

The class status of the administrators is also demonstrated through the depiction of their respectable manners. The asylum governor, Dr. Macintosh, is the very picture of respectability - temperate in all his ways, conscientious of his duties, well-dressed (“The Governor” 1). In an era when self-control and pleasant manners are markers of the middle class, the fact that Dr. Macintosh “always pays a marked regard to those little civilities that constitute one of the charms of refined society” firmly marks him as middle class. Of course, it is possible to read the “marked regard” to this behavior as indicative of an abiding concern on the part of the governor regarding his status; in an era when the figure of the psychiatrist is still becoming respectable, demonstrating refined manners aids the psychiatrist in claiming respectability. This attention is extended even to the attire of Dr. Macintosh, which does not disappoint. Indeed, the governor is “always dressed with that degree of care and regard to taste, that generally marks the educated gentleman.” In addition to fitting the image of the gentleman, the governor’s “care and regard to taste” suggests that he has developed the mindset and habits, the embodied cultural capital, expected of the gentleman, rather than merely looking respectable.

The good manners of Pastor Russell are also described as the editor notes that he has “movements [that] are on the whole graceful,” suggesting that he has developed his habits of movement in the company of elegant people (“The Pastor” 1). The possession of

a “rather dignified air,” and a “grave and thoughtful” countenance illustrates both the pastor’s serious character as well as his ability to fit his attitude and expression to the needs of decorum. All of these characteristics mark the pastor as practicing self-discipline and exhibiting a sense of propriety appealing to the habits of the middle class. The positive tone of this description and the familiarity with the markers of education implicitly cast this periodical and the editor as respectable.

Maintaining a Place in the Periodical Marketplace

In addition to demonstrating that these literary magazines and the asylums in which they are produced are managed by respectable individuals, the editors work to ensure that their journals maintain a positive reputation in the periodical marketplace. This favorable relation to the outside world provides an effective space in which patients can construct their identities. By ensuring that their contributions will reach an outside audience, these asylum periodicals allow patients to partake in the periodical marketplace and the larger social sphere of readers, effectively providing them an outside institution in which to exercise their cultural and social capital.

The editor of *The New Moon* constructs an identity for the magazine through references to its relationship to other literary journals. The penultimate entry in an “Intelligence” segment in the third issue notes, “Our first Quarter has been noticed and applauded in a most generous and discriminating manner by our contemporaries. It is only our innate modesty which prevents us from extracting what the Phrenological Journal, the Lancet, Chambers’ Journal, Scotsman, &c., say; and even guessing at what such rivals as the old Quarterlies and Blackwood *think* of us, makes us blush like a Nor-West Moon” (“Intelligence,” 7 February 1845, titles not italicized in original). Such reviews did indeed

exist, for example, “Periodical Work Conducted by Lunatics,” an article in the 18 January 1845 issue of *Chamber’s Edinburgh Journal*, describes the first issue of *The New Moon* and declares, “[n]ot only is the literary matter sane in its general tone, and rhetorically correct, but there is positive merit in several of the little articles,” before offering a few short extracts from *The New Moon’s* first issue (43). Furthermore, the review’s author notes the disconnect between the assumption of insanity and the ability to produce such compositions:

It might be asked, Supposing the writers of these extracts had been at liberty, and had been guilty of some capital outrage, would not such compositions have proved as strong proofs of their sanity, and consequent liability to punishment, as any that have been adduced in cases where punishment has been suffered, or, at best, narrowly missed (that of Macnaughton, for instance)? and yet these persons are deemed fit inmates for a lunatic asylum, and actually are in such an asylum at this moment. (44)

This statement concludes the article by questioning whether the writings of the patients could be used to justify liberating them, suggesting that the asylum writers’ efforts to be taken seriously are having an effect. In addition to informing the reader of the positive reception of the periodical, the “Intelligence” entry explicitly claims membership in the periodical marketplace for *The New Moon*, placing itself on an even footing with such venerable journals as *Blackwood’s Edinburgh Magazine*. While there is a claim of modesty which will not allow for quotation of favorable reviews, this modesty is undercut by the editor’s implication of equality with the journals mentioned. Indeed, even the name of the feature, “Intelligence,” suggests a mere reporting of facts based on impartiality, rather than an editorial, a choice of name that adds a sheen of veracity to the information reported in the feature.

The editor of *The New Moon* further reveals a sense of membership in the periodical marketplace when he comments on the establishment of “a rival in an ‘Asylum Journal,’

published by the inmates of the Vermont Asylum, in the ‘far West,’” which he describes as “an aspirant near our throne” (“Intelligence,” 3 June 1845). The competitive nature of this announcement implies an awareness that one of the distinguishing features of the magazine is that it is produced within an asylum, a novelty that will potentially wear thin with the establishment of other such periodicals. Though the assertion that the other publication is “an aspirant near our throne” suggests suspicion that another magazine could become more popular than *The New Moon*, it is only a threat because the editor conceives of his own periodical as possessing an elevated position within the periodical marketplace. However, the editor is not completely critical but notes that the American magazine editor receives copies of all American periodicals, remarking that it is an “excellent and imitable arrangement,” suggesting that the editor wishes he received copies of all British periodicals and approves of the cross-fertilization which undoubtedly accompanies such a practice.

Even in printing the opinions of the contemporary press, the editor of *The New Moon* considers the reputation of the magazine, always attempting to accrue social capital by associating his publication with other better-known periodicals. The first portion of an early “Intelligence” segment consists entirely of quotations from other periodicals. These excerpts are quite mixed, ranging from condemnation to admiration:

‘It is whispered that many distinguished personages support this periodical. That it is produced in an Asylum is pure romance. It is the organ of a powerful, and, it may be, a dangerous party.’—*Brussels Gazette*. ‘We accuse our contemporary of gross plagiarism and piracy: of having taken the shine out of us.’—*Athenaeum*. ‘This paper is neither High Church nor Low Church, neither for nor against the Ministry, but pursues that middle course we admire, sailing by side winds.’—*Quarterly Review*. (“Intelligence,” 3 July 1845)⁶¹

⁶¹ I have not yet found these particular quotations; however, I have found a relatively positive reference to *The New Moon* in “Our Weekly Gossip,” a column in the 29 March 1845 issue of *The Athenaeum*.

These quotations show that *The New Moon*'s readership exceeds the expected audience of inmates' families, friends, and well-wishers. Moreover, choosing to reprint both positive and negative opinions, the editor bolsters the reputation of *The New Moon* as a reasonable periodical that can countenance both praise and criticism, a characteristic that appeals to readers who see themselves as intelligent and able to consider multiple sides of an issue. Additionally, casting the magazine as reasonable contradicts the stereotypical view of asylum inmates as holding extreme views and thus able to only produce extreme texts. This balanced approach to outside opinions, however, points to an awareness that even criticism must be turned to the magazine's advantage, for even the denunciations that the editor chooses to publish implicitly increase the prestige of the periodical. For example, the assertion by the *Brussels Gazette* that "distinguished personages support this periodical" suggests that, despite the tone of distrust and fear in the printed opinion, *The New Moon* should not be discounted. Additionally, though the *Athenaeum* accuses the asylum magazine of plagiarism, the notion that this periodical could have "taken the shine out of" the *Athenaeum* reveals a fear that *The New Moon* could outshine the more traditional literary magazines ("Shine").⁶² Finally, the quotation from the *Quarterly Review* is particularly fitting for an asylum magazine, touting, as it does, the moderate nature of *The New Moon*, a characteristic which is rarely attributed to individuals and groups marked with madness.

While these claims of fame in the periodical marketplace seem potentially hyperbolic, Browne's annual reports assert that "even beyond the Establishment the

⁶² The *Oxford English Dictionary* offers the following definition based on nineteenth-century usage, "to deprive (a person or thing) of his or its brilliance or pre-eminence; to outshine, surpass."

support of a large body of subscribers, the opinions of literary men, and the countenance of those devoted to the observation of the phenomena of the human mind, have all conferred a position, importance, and perpetuity upon what was commenced as a recreation” (Browne *Annual Reports*, No. 7, 25). The following year, Browne declares that *The New Moon* “is most popular among those to whom it is specially addressed; is extensively circulated in the external world, and even in foreign lands; and has excited the attention, and criticism, and approbation of those who are qualified to pronounce judgment upon its merits” (Browne *Annual Reports*, No. 8, 33). Though these statements do not verify the accuracy of the specific excerpts discussed in the previous paragraph, they gesture toward a wide readership for this periodical.

The editor of *The Gartnavel Gazette* also portrays his journal in a positive light in comparison with other literary journals. In an early issue, the editor combats an assertion that “*long Editorials* are a growing evil” and that “those Periodicals, which indulge this taste to the greatest extent, are not unfrequently [*sic*] distinguished for a lamentable barrenness of original matter throughout the rest of their Columns” (“*Gartnavel Gazette*,” 6 July 1853). While the editor does not disagree that this may be the case in some periodicals, he asserts that “feeling entire confidence in our own resources, we would never dream of *cabbaging* from any contemporary,” declaring that the journal has more contributions than can be printed. The use of “*cabbaging*,” a slang term for plagiarism, demonstrates the distaste that the editor has for such a practice. In light of slang’s connection to vulgarity and mean speech, the italicization of “*cabbaging*” debases plagiarism alongside the “linguistic slumming” of slang, thereby elevating the periodical

above the perceived low status of both plagiarism and slang (Rosenman 59).⁶³ Furthermore, this entire discussion allows the editor to claim a superior position for the *Gartnavel Gazette* as a periodical with more contributions than can be printed, a suggestion of selectivity illustrating the prestige of the journal.

Asylum Magazines as Creative Space for Patients

In addition to serving the asylum by linking their practices to moral management and claiming cultural capital, the asylum magazines provide a creative space for the patients to assert their own respectable identities and to implicitly reject the tendency of the insanity diagnosis to foreclose critical thought concerning their conditions. In the case of Alfred Hardie, the focus of the first chapter, resistance to the power of the insanity diagnosis is intentional and founded in an awareness that he must change the doctor's opinion of him. It is not clear that asylum contributors are intentionally resisting their diagnoses, particularly since we do not have their personal writings such as letters or diaries. However, the effect of their contributions is not so different from Alfred's efforts, for their writings implicitly challenge the silencing effect of their diagnoses. While Alfred works to be sure that his voice is heard so that he can fight against his diagnosis, it is possible that the contributors to *The Gartnavel Gazette* and *The New Moon* were only trying to be compliant patients who partook in the therapeutic activities promoted by moral management. Motives for contributing to the asylum periodicals vary from patient to patient; indeed, not all patients are necessarily trying to reject accounts of their mental

⁶³ The characterization of slang as "linguistic slumming" reflects Victorian sentiments about this style of communication and is discussed in Ellen Rosenman's chapter on vulgarity in *Victorian Vulgarity: Taste in Verbal and Visual Culture*.

illnesses, for some patients even acknowledge the validity of their diagnoses. However, whether intentional or not, the contributions of these patients obliquely fight against the power of diagnoses of insanity, attempting to bring into question the validity of stereotypical views of people with diagnoses of mental illness. The contributors are therefore able to counteract the cultural power of the insanity label by offering their own narrative and finding their own voices. In this reclamation, contributors deploy their cultural and social capital in bids to manage their own identities and to insist that their class positions should not be threatened by their diagnoses and the accompanying stereotypes. It is possible that some patients, rather than attempting to maintain their position in the middle class, are striving to claim this status, having learned the markers of the middle class. However, the amount of education necessary to craft the sort of literary pieces featured in these magazines would have been difficult for someone outside of the upper and middle classes to gain, though education was occasionally open to less wealthy families as well.⁶⁴

⁶⁴ Though Scotland had a reputation in the nineteenth century as a land of educated people, several sources have suggested that this reputation was somewhat mythical. R. K. Webb notes that there was “a serious gap between reading and writing—notoriously large in Glasgow, . . . [that] makes it clear that there was a decline in duration and breadth of education as well as in numbers educated. This conclusion is borne out by indications that the children of the Scottish handloom weavers, though still taught to read, were receiving much less education than had been the case formerly,” and that “many persons here returned as able to read had only a slight degree of attainment, and that the habit of reading was far from universal, while apathy must have affected still larger numbers. Yet they formed a potential reading public, able to practise their skill on street literature and advertising” (113). R. D. Anderson notes that, before the 1872 Education Act established a national Scottish board of education, the rural southern regions of Scotland had the highest level of literacy while heavily industrialized regions such as Glasgow suffered from lower literacy levels. This point suggests that the contributors to the *New Moon*, published in an asylum in southern Scotland, could have included more individuals from the lower class than those contributing to the *Gartnavel Gazette*, published in Glasgow. The first report of Dr. W. A. F. Browne for the Crichton Asylum contains a table of the number of patients admitted at various levels of education (35). Twelve patients were admitted who were “Highly educated,” twenty were “Well educated,” thirty-one “Can read and write,” eleven “Can read, but cannot write,” one “Cannot read or write,” and eight have an “Unknown” amount of education. The result is that approximately 38.6% of the new admissions were well or highly educated. *A Table of Professions, and Trades of Patients, and*

Additionally, while determined writers could practice their craft in any space available, patients paying over £100 per year were given a private parlor, a room of one's own, which could make literary production easier.⁶⁵ The high cost of the more luxurious amenities and accommodations suggests that such patients would have been from the higher end of the middle class, if not the upper class.⁶⁶ The ability to afford such comforts as would make writing easier suggests that frequent contributors are likely from the upper classes. Less wealthy contributors who write despite the lack of these amenities are more striking, for the possession of the cultural capital demonstrated through their contributions suggests that they found ways to further their education in spite of their potentially less-privileged upbringing.

Results of Treatment in Relation is included on page 31, allowing comparison of the literacy levels with the approximate class position of the patients. Tables of education levels and professions can be found in the appendices of Annual Reports one through eighteen.

⁶⁵ In an administrative document contained within the C. R. I. Scrapbook, the table of board rates provides the following information. Annual Pauper Rates were £15 for those in the local counties and £18 for those outside the local region. This rate, paid by the poor fund of the local county or parish, secured access to a public room shared between ten people, a private sleeping room with iron bed and nothing else, bread and vegetables with "animal soup" every day and meat three times per week, tea for the females and tobacco and beer for "industrious males," and an attendant to oversee ten patients. Additional charges were assessed for "bed and body clothes." (Crichton Scrapbook 4). The next level of luxury, secured by payment of £30-100 per year, allowed access to two public rooms, a private sleeping room with curtained bed, carpet, toilet, basin stand, and more, meat every day, tea twice daily, wine for the industrious, access to amusements for the well-behaved, and more. £100 per year reserved a parlor and bedroom, wine and dessert three times per week, automatic access to amusements, and an attendant shared between four people. £200 per year increased the size of the rooms and reserved mahogany furniture, wine and dessert daily, use of a carriage or horse three times per week, and an attendant shared between two people. Finally, £350 per year bought a private bathroom, elegant furnishings, game in season, a personal plate, daily use of a carriage or horse, and a personal attendant.

⁶⁶ In describing the income range of the Victorian middle class, John Tosh asserts that "a middle-class dignity could hardly be sustained by men in these occupations on an income much lower than £300 per annum, and the same was true of members of the professions. Such an income could run to a commodious house and at least three indoor servants. The really successful professional or commercial man might earn anything up to £1,000 or more, in which case he was likely to maintain a horse and carriage with groom" (12). Of course, even a solidly middle-class family would not necessarily be able to afford to spend 10-30% of their annual income on the care of a confined relative.

Patient Contributions

Patients contributing to *The New Moon* and *The Gartnavel Gazette* rejected and responded to many popular conceptions about the insane. In a time when rapid economic shifts brought families into and out of the middle class in Great Britain and when values of restraint and respectability were becoming more prominent, stereotypes about mental illness that threaten the patient's respectability are particularly troubling to individuals and families concerned with maintaining their status. The first such stereotype is of the overly-excitable person, a notion drawing on the diagnoses of hysteria and mania. Of course, this is not to suggest that any person with an excitable personality would be judged insane; however, the person who has already been judged insane must avoid excessive displays of excitement or sentimentality, lest those diagnoses be applied or their fervent exclamations be viewed as further evidence of a deranged mind. This stereotype is depicted in Reade's *Hard Cash* when Alfred Hardie declares that his letters have been stolen during his stay in the asylum; the doctor replies, "You are excited, Mr. Hardie. Be calm, sir, be calm: or you will be here all the longer" (Ch. 32). Furthermore, this excitability conflicts with Victorian notions of respectability as evidenced through gentlemanly restraint or ladylike modesty. Therefore, rejecting this stereotype is important for asylum patients who do not wish to have their respectability threatened by their diagnoses.

Just as the opinions of the overexcited patient are unlikely to be taken seriously but dismissed as illustrating derangement, the statements of the patient who demonstrates too much intelligence may also be discounted. Another stereotype facing people diagnosed with insanity is that they exhibit cunning in their madness and are capable of marshaling their intelligence in order to avoid punishment for acts of cruelty. In one of his annual reports, Browne discusses two patients who practice this sort of behavior, stating that one

“is a vain malicious being, who . . . defies all authority, disobeys every order and rule, . . . but ever meets you with a smile, affects deference and courtesy towards his superiors, eludes the vigilance and stultifies the accusations of his guardians, and has a dexterous explanation and justification for all his misdemeanours” (Browne *Annual Reports*, No. 2, 8). Browne describes another patient as “cunning, and treacherous, and wayward” but declares that he “can speak and act rationally when interest dictates such a course” (Browne *Annual Reports*, No. 2, 9). Despite Browne’s aforementioned assertions that his writings can provide a more accurate understanding of the conditions of his patients, these descriptions reveal a problematic perpetuation of stereotypical views. Whether patients are attempting to combat their diagnoses or to merely gain respect within the asylum, demonstrations of a sharp intellect can create difficulties for them because such displays are often taken as evidence of the wit of the mad, unless patients can alter their captor’s perception of their mental stability.⁶⁷ This issue can be seen in Reade’s *Hard Cash* when Alfred’s assertions of the sanity of Hamlet are dismissed as the cunning of the madman.

Patients diagnosed with mental illness also face the expectation that they are unable to successfully access the knowledge and skills of their education. This notion can be traced to a combination of the Classical belief that genius and insanity are nearly the same, as echoed by John Dryden, “Great wits are sure to madness near allied,” and John Conolly’s assertion that insanity arises when passion overcomes reason such that the power of comparison cannot be exercised, suggesting that the present circumstances or delusions

⁶⁷ Extensive, though not comprehensive, reading of *The New Moon* leads me to think that the editor, who we presume is intelligent, does not address this issue directly. However, consistent displays of restraint eventually tend to help overturn the assumption that the editor (or any contributor, for that matter) is only momentarily drawing on the wit of the mad.

cannot be accurately compared to the reality which the patient formerly knew or the education which would banish that delusion (Dryden 163; Taylor and Shuttleworth 241). In his discussion of the “school for lunatics,” Browne describes the education of patients as “a means by which the diseased intellect is to be weaned from its errors; by which delusions are to be displaced by real, and practical, and useful knowledge, useful when the pupil re-enters upon the active duties of life” (*Crichton Annual Reports*, No.1, 21). Browne later discusses the beneficial effects of occupying previously-educated patients with activities making use of their intelligence and education, mentioning a “well-educated gentleman” with a delusion of “undergoing a temporary penance for an offence against a high ecclesiastical dignitary” who is persuaded to turn his mind to “the acquisition of the French language,” thereby distracting him from his delusion and allowing him to access his educational abilities (*Crichton Annual Reports*, No.2, 21). Browne offers the example of the “clergyman of most morose and melancholy disposition [who] so far forgets his dejection and selfishness for an hour each Sunday, that he reads reverently and correctly, the prayers of the Church of England” to other patients and asylum employees (*Crichton Annual Reports*, No.2, 21). Browne’s hopeful characterization of the educational arm of moral management and examples of occupations for educated patients implicitly argue for the importance of educational practice as a way of allowing asylum inhabitants to exercise their hitherto inaccessible intellects and education. In these and other contributions throughout the magazines, we see evidence of patients attempting to demonstrate that they are able to use their intelligence and the knowledge they have gained through education in an effective, restrained manner.⁶⁸ Rejecting this stereotype allows contributors to

⁶⁸ See the discussion of embodied cultural capital in the introduction to this project.

demonstrate their education and clarity of thought. Additionally, such contributions reflect positively on the asylum and the ability of moral management to direct patients' energies into channels that allow them to employ their education and intellectual abilities.

The three individual contributions that follow represent patient attempts to construct their identity in the face of stereotypes of mental illness that would otherwise silence them and, in some cases, threaten the respectable status that they seem to hold.⁶⁹ While both magazines provide useful examples of how the magazines operate and position themselves in relation to the asylum administration and the periodical marketplace, *The Gartnavel Gazette* is particularly effective in describing the administration through the portraits offered in the first issues. I have chosen to focus on *The New Moon* for case studies of how individual contributions can counter stereotypes that silence patients and/or cast doubt on their reputations.

“An Asylum Thirty Years Ago”

The subscriber who produced “An Asylum Thirty Years Ago” constructs a saintly identity that demonstrates education and respectable religiosity while sternly denouncing the abuses of asylums of the past. An editorial insertion intended to manage potential damage to the periodical's reputation follows this contribution. While this article is a fairly straightforward account of one person's experience, retelling his undeserved mistreatment, the level of religious language and the way it is used to construct the patient's identity allows the author to demonstrate his comfort with biblical allusions, a marker of

⁶⁹ While this section focuses on three examples of individual contributions, it is useful to note that, unless otherwise indicated, all examples taken from *The New Moon* and *The Gartnavel Gazette* are written by asylum patients or former asylum patients. Therefore, each contribution can be read as taking part in the shaping and maintaining of the individual patients' identities.

respectable education. For example, the author declares that he was “bound or strapped in the same cruel and cursed manner to the chair, ‘*chairing*,’ as it is termed by those agents of ‘horrid cruelty,’ who *exulted* even and laughed *with a fiendish delight* at the misery and disgrace which the subscriber endured without so much as a *murmur*, without a single complaint, or even a *remonstrance*” (“An Asylum Thirty Years Ago”). In this short excerpt, the author describes some of the treatments that would have been considered effective before the rise of moral management. The author also marks the asylum employees as evil, and exhibits his self-control and restraint, implicitly identifying himself as respectable. Just as Christ “uttered not a word” when placed on trial, so our author refuses to respond to his enemies, illustrating how his actions follow a saintly pattern.

As discussed in the introduction to this chapter, the author alludes to the story of the prodigal son, subtly expressing a hope that he, like the prodigal son, will one day be able to return home. As the contributor concludes his article, he declares, “The subscriber even was not permitted to have so much as a *small* ‘cup of cold water’ to moisten his parched and starving clay withal” (“An Asylum Thirty Years Ago”). In this final sentence, we have two allusions. First, the “cup of cold water” is a reference to Matthew 10:42, “And whosoever shall give to drink unto one of these little ones a cup of cold water only in the name of a disciple, verily I say unto you, he shall in no wise lose his reward.” In this case, the author is placing himself in the weakened position of “one of these little ones” as well as implicitly declaring that those who mistreated him would surely lose their reward. Also, the desire to “moisten his parched and starving clay” is suggestive of Christ’s statement, “I thirst,” when he was on the cross. In light of the author’s statement only a few lines earlier that the muzzle used on him left marks and prevented him from taking any liquid, the

allusion to Christlike suffering is clear. This contributor intentionally constructs his identity in a saintly light in order to demonstrate just how vile he considers the caretakers at the asylum three decades prior to be. Whereas one might expect the article to end with a call for reform, a comparison with current asylum practices, or an explanation of how he was finally freed, the author does not provide a recognizable ending to the article. The result is that the reader is left feeling unsettled, perhaps reflecting the discomfort experienced by the contributor upon recalling his or her experience. Throughout this piece, the patient illustrates the severity of the unjust mistreatment that he faced by drawing on biblical allusions, implicitly rejecting the stereotype of individuals without the mental clarity to successfully bring their education to bear on an issue through writing. By showcasing the breadth of his biblical knowledge, the contributor elevates himself above his previous experience, implying that no matter how harsh, they could not steal his ability to consider his situation through the lens of educated allusions.

Because of the strength of the contributor's attack on the asylum of the past, the editors of *The New Moon* soften the blow of this criticism in order to protect the reputation of the magazine and the asylum. The editor accomplishes this goal by following the contribution with a comment suggesting that the patient's mistreatment was due to misguided good intentions. The power of the editors of mainstream magazines to provide guidance to their periodicals is discussed by Laurel Brake who notes that editorial revision was quite common in the broader periodical market place, with editors wielding a heavy hand at times, even determining the texts reviewed and affecting the positions of the reviewers. Commenting on how reviews were often subject to considerable editorial revision and input, Brake asserts, "This interleaving of editor and reviewer provides a

fascinating insight into how editors influenced reviewers, how readily reviewers complied with this imposition by the editor, and how periodicals maintained their house style and ethos” (15). In a similar fashion, the editors of asylum periodicals maintain strict control over which pieces are printed, responding to contributions, and potentially reworking the authors’ language, ensuring that the periodical has a consistent voice.

The editor of *The New Moon* shows just such a strong hand in the following editorial insertion as he ensures that we read “An Asylum Thirty Years Ago” as indicative of mistreatment resulting from ignorance rather than evil intentions and that we recognize the beneficence of the current asylum practices and thus the positive reputation of the asylum.

Our correspondent assuredly employs “words that burn;” but there can be no doubt of the truthfulness of his personal recollections, although he is altogether in error as to the motives and views which dictated the treatment which he may have received. The vice of the time and of the system was fear or ignorance, not gratuitous cruelty. (“An Asylum Thirty Years Ago”)

The first significant aspect of this response is that the editor confirms the account, revealing an unwillingness to cast aspersions on the contributor, an action which would have marked the periodical as willing to print lies. Additionally, publishing honorable authors would have elevated the periodical’s reputation. The inclination to trust the author suggests that the editor values patient testimony. Printing a piece such as this allows the editors to implicitly demonstrate their fairness in allowing critical opinions. Furthermore, publishing this account aligns with Browne’s assertion that *The New Moon* “will serve as a vehicle for the free undisguised feelings and views of the writers, whether erroneous or not; it will be a compound of the grotesque and the beautiful, of the sensible and extravagant,” offering a potentially more diverse sampling of the variety of views held by asylum patients (Browne *Annual Reports*, No. 5, 21). This value placed on contributions does not, however,

override the editorial impulse to support the asylum. Implicit endorsement of the asylum is marked by the intensifier “altogether” as applied to the assertion that the author is mistaken about the motives of those who mistreated the author. Furthermore, though the editor declares that the correspondent is truthful, there is still a shade of doubt in the phrase “the treatment which he *may* have received” (“An Asylum Thirty Years Ago,” emphasis mine). Indeed, the editor asserts the essential innocence of those who mistreated the patient, declaring that, while they may have acted cruelly, they did so out of misguided motives, rather than a desire to cause pain. This insertion attempts to soften the harshness of the asylum criticism and to bring a measure of restraint to the submission, distancing the editor from any attempt to damage the asylum’s reputation. In this way, the magazine allows the free expression of the patients without necessarily aligning the editor with the views expressed by the contributors, allowing the magazine to support moral management’s directive to guide patients toward mental productivity.

“A Shrift”

In the next contribution under consideration here, an anonymous patient paints the asylum and his treatment in a positive light, explaining how his self-control was restored through his time in the asylum. In a sense, this account, titled “A Shrift,” is a success story of how moral management transforms the author into a middle-class man. The author describes being bound by a delusion that leaves him mesmerized, “as passive and incapable of exertion as the moss on the wall outside [his] window,” a condition eventually remedied through the effects of moral management’s operation in the asylum (“A Shrift”). In his conclusion to this tale of recuperation, the author states that after he sheds the mesmeric paralysis, his “visions were ‘baseless fabrics’ enough for a long time after this resuscitation,

and have only been displaced by the brick and mortar realities of common sense, and the fair play given to the five senses” (“A Shrift”). This statement demonstrates the completion of his recovery, for the contributor not only regains his mobility but also forsakes delusion for reason.

Though the author expresses relief that he is no longer bound in a frozen and unfeeling state, there is no evidence of pleasure at the prospect of regaining his freedom. Instead, the contributor declares that the asylum “seemed to me a vast resort of Somnambulists,” giving a sense of the asylum as a place of security where fancies, though not encouraged, do not encounter the dangers or the harsh judgment of the outside world (“A Shrift”). Beginning the piece in a religious vein, the contributor compares his impending departure from the asylum to the death of a villain on the scaffold or a hero on the stage, declaring that “a full, true, and particular confession appears to be a meet and graceful last act” (“A Shrift”). The patient does not express any great joy at the prospect of his freedom but declares that he is being transported from the “realms of fancy [to] the stale, flat, but not unprofitable fields of “S—shire.” In addition to reminding the reader of the economic reality of middle-class existence, the construction, “not unprofitable,” combines with the descriptors “stale, flat” to gesture toward a muted disappointment that life on the outside is not as exciting as the “realms of fancy;” indeed, the beginning of the tale avoids a demonstration of relief at being able to share his story or any excitement at escape: “My shrift is this.” As a result, the reader is left without any sense that the asylum was less than a desirable place to be. It is possible that the author feared an overly critical description of the asylum or an overabundance of excitement at leaving the asylum might attract unwanted attention from asylum authorities who could delay his departure on the

grounds that the excitement could be a sign of giddiness or mania. Furthermore, the contributor notes that in a situation such as his, with “nothing to gain but liberty,” a man’s final words “are more likely to smack of the sentimental goose than of the dying swan” (“A Shrift”). The author’s decision to continue writing despite this possibility reveals a certainty that he will be able to avoid sentimentality, a descriptor which would place his contribution in the realm of emotionally-driven texts rather than logical declarations. While writing a piece tinged with sentimental language would not alone cast suspicion on the contributor as being unable to control his emotions, the patient would want to ensure that readers did not suppose that he was cured so thoroughly of his previous condition of being insensible to emotions and sensations that he would fall prey to the opposite excess.

After a placid introduction, the contributor describes the circumstances of his confinement, namely his certainty that he had been mesmerized by a French Count.⁷⁰ This delusion left the patient unable to move or to experience emotions or sensations, a situation he illustrates as being “chained, spirit and will, for two long eternities of years” (“A Shrift”). In light of moral management’s support for non-restraint of patients, when possible, the author’s depiction of insanity, rather than asylum incarceration, as leaving him “chained” suggests that he appreciates the asylum’s therapeutic philosophy, a feature of the contribution potentially making it more palatable to asylum administration than a more critical piece. The author then recounts the experience of being carried to an evening of musical entertainment at the asylum, a practice which reflects both the improvement

⁷⁰ While a discussion of this text in terms of gender would be fascinating in light of the gender politics of mesmerism and representations of passivity and emotions, I have chosen to save that particular issue for future investigation.

intended by moral management and the middle-class promotion of respectability.⁷¹ Though he appeared “as unobservant, and unmoved as the chair on which [he] sat,” he experienced a sort of healing through the music, declaring that though he is uncertain which song “reached [his] heart or melted it; . . . from that time some two parts of being seemed to be reunited together that had been long asunder. I felt that I could obey myself; I felt that I could feel” (“A Shrift”). This description provides clear support for the moral management practice of employing musical diversion as a way of displacing the delusions of the insane with healthier mental occupations. The author’s positive depiction of the asylum and the effect of the experiences he had there suggest a lack of excitement to leave the asylum. The desire to stay in the asylum is further suggested by his appreciation that moral management allows him to enjoy the pleasures of respectable entertainment, such as musical performances. This contributor’s assertion, “I felt that I could obey myself,” gestures to the notion of self-control, one facet of Victorian ideals of middle-class masculinity.⁷² The patient’s resumed self-control means that he feels he is no longer under the authority of the French count, whom he admits could be a figment of his delusion or “a real quack on the back of a night-mare” (“A Shrift”). The author’s declaration that he “felt that [he] could feel” reveals more than a renewed sensibility but also suggests a regained ability to judge, marking his recovery from insanity, as defined in Conolly’s statement that insanity arises

⁷¹ Though attendance at musical performances was not restricted to the middle classes only, the middle classes believed in the ability of concerts to promote respectability in the mid-nineteenth century. Describing this middle-class cultural belief, Derek B. Scott writes that “culture was in itself instructive but first required that people be instructed in it; hence the didactic character of attempts to encourage working-class ‘appreciation’ of music,” noting that “no coercion was needed to interest the working class in music,” due to the “all-pervasive ideology of respectability and improvement” (69).

⁷² See James Eli Adams.

when passion overpowers reason and prevents the exercise of comparison, a necessary component of judgment. With the author's ability to feel renewed, he can again compare his own emotions with the reality brought to him by the five senses. Through this piece, the author constructs himself as a well-balanced individual who has benefited from the asylum and its treatment of him. Additionally, his account aids in dispelling the common stereotype of the asylum as a bleak prison-like place of mistreatment.

Sonnet by Sigma

While the previous contribution paints the asylum in a favorable light, depicting the successful restoration of the author's mental faculties and self-control while supporting the asylum and its therapeutic philosophy, our next contributor seems to be writing from motives aimed more at personal pleasure. In the first issue of *The New Moon*, a patient, writing under the pseudonym of Sigma, contributes a humorous, if somewhat obscene, poem that displays his intellect and lays claim to cultural capital through biblical and classical allusions, suggesting a desire to be seen as witty and well-read. Sigma's ability to contribute a poem that exhibits these markers of middle-class education while firmly embracing an obscenity that would read as lower class or resonant of an earlier period allows Sigma to challenge the characterization of education as the domain of the middle and upper classes.⁷³ Sigma's couplets are written largely in a fairly consistent anapestic tetrameter, with the exception of a triplet in lines thirteen through fifteen.⁷⁴ The ability to

⁷³ Sigma's use of obscenity could indicate that he was an older gentleman who appreciates and desires to imitate the less-restrained style of the 18th century. A comparison of this poem with 18th century bawdy poetry would likely produce useful conclusions, though that is beyond the scope of this project.

⁷⁴ Anapestic tetrameter is poetry with four rhythmic feet of two unstressed syllables followed by one stressed syllable. Sigma does follow this rhythmic pattern somewhat loosely at times.

write an extended poem of seventy-nine lines and maintain the rhyme scheme suggests an awareness of poetic form. Also, the allusions to the High Church doctrine of Pusey, the references to Greek figures and Shakespearean characters, and the Latin quotations function as markers of education and call attention to the cultural capital that Sigma is able to acquire through education (whether formal or informal), despite the possibility that he may belong to the lower class and is therefore not seen as an obvious member of the educated class. For example, Sigma describes the asylum doctor's rheumatism as "a corporeal schism/ Not very unlike what is called Puseyism," referring to the teachings of Edward Pusey, a leading Tractarian, who promoted the resumption of Roman Catholic rituals in the Church of England (14-15). Just as the rise of the Tractarians caused some ministers to sever their connections to the Church of England, so rheumatism inflames the joints and connective tissue of the body. Sigma provides another example of his possession of a solid education when he notes that things are "in *statu quo*! (This same is a classical phrase, else, ecod!/ I would break Priscian's head, and write *statu QUOD*;)” (25-27). The mention of Priscian (a neoplatonist grammarian) in reference to the ending of the Latin phrase points to a familiarity with the rules of that language; he turns the moment into a joke for those who are similarly educated by suggesting that breaking the rules would inflict pain on Priscian, a bit of humor that he folds into the rhyme scheme.⁷⁵ By laying claim to this cultural and social capital, Sigma claims an identity as an individual who, though operating under a diagnosis of mental illness, can produce clever writing and should

⁷⁵ Incidentally, the second issue of *The New Moon* contains a recurring piece with news from inside and outside the asylum which is titled "Intelligence." The signature of "PRISCIAN, Secy." suggests Sigma could be referring to the secretary of the periodical rather than the ancient grammarian. Given the cleverness of Sigma's allusions, it seems most likely that he is referring to both while benefitting from the allusive doubling.

not be automatically excluded from implicit membership in the ranks of the educated. Though the lower classes are generally prevented from obtaining a thorough education due to the weaknesses of the educational system and the poverty-induced necessity of leaving formal education at an early age for employment, Sigma's contribution challenges readers to consider the possibility that a lower-class person could obtain a good education and become widely-read.

In addition to exhibiting his intelligence, Sigma evidences a desire to take a therapeutic opportunity and subvert it for his own pleasure, a maneuver that marks Sigma as unwilling to be silenced by his diagnosis or the expectations of propriety connected with the magazine. Throughout his poem, Sigma distracts readers from his discussions of obscene matters through his use of allusions, displaying his cultural capital as he makes his writing potentially more palatable and to potentially make the tension between those features and the lewd topics more pleasurable. This practice recalls the habits of the "patterers" described by Henry Mayhew as working to "help off their wares by pompous speeches, in which little regard is paid either to truth or propriety." Mayhew declares that to "indulge in this kind of oral puffery, of course, requires a certain exercise of the intellect," though this intellectual activity does not remove them from their positions in the lower classes (213). Mayhew writes of a person who sold fortunes with a bottle, quoting the person as saying, "People don't pay us for what we gives 'em, but only to hear us talk. We live like yourself, sir, by the hexercise [*sic*] of our hintellects-[*sic*]we by talking, and you by writing" (213).

Sigma largely fits this description, employing elevated language while flouting propriety and possibly ignoring the truth. The object for sale, if we consider Sigma a

patterer, is initially unclear. Rather than attempting to convince the reader of his class position, Sigma is trying to sell readers an appreciation of his intellect. For example, discussing one of the patients called “The Prince,” Sigma declares that he “behaves himself finely,/ While his breeches he gropes with an air—quite divinely” (30-31). While the assertion of good behavior could distract the reader from Sigma’s intentions, the tongue-in-cheek description of The Prince’s socially-unacceptable adjustment of garments, implies that the other patient is a skilled practitioner of self-pleasuring.⁷⁶ Furthermore, Sigma’s declaration that he has “not the least doubt he’ll prove a good sinner,/ if the worms (maranatha!) had finished their dinner,” suggests that the Prince, once he dies and becomes food for worms, will at least be noteworthy for his mastery of self-gratification. Additionally, the exclamation of “Maranatha!” harks back to I Corinthians 16:22 and Revelations 22:21-22 and can be roughly translated as “Our Lord, Come!”⁷⁷ One interpretation of this interjection is that Sigma is making clear that he is discussing the future deceased state of the Prince, for this phrase was employed in the early church to express a desire for a speedy second coming of Christ, a desire not out of place when a friend or acquaintance has died (Branford 288). These two lines and the interjection contained within lessen the harshness of Sigma’s commentary on the Prince. Additionally,

⁷⁶ The stereotype of the effeminate, drained young man poses a danger to the health of the empire. This figure is depicted as weak and lacking the vigor of a proper British young man. He may be artistic or academic in leaning but would be distinguished as unmotivated and unproductive. The particular problem facing a family with such a young man is that he is unlikely to carry on the family name or to bring honor to the family through exploits in acceptable professions. The family of such a young man might humor and support him or might send him to an asylum. Certainly, the asylum was less dangerous to the family reputation than prison, should the young man be charged and tried as a homosexual. Note that masturbation was thought to lead to insanity. For more information, see Hunt, Alan. “The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain.”

⁷⁷ See Branford, Jean. “Maranatha: Trading on the Word?” *American Speech*.

Sigma prefaces his description of the Prince with the afore-mentioned play on words with “*in statu quo*” and couches the obscene account to follow within the elevated language of the previous sentences. Ironically calling the Prince “a good sinner” and writing of how he will serve to gratify the hunger of the worms, Sigma casts the other patient in a humorous light, offering the reader prurient diversion. In this way, Sigma sells the reader an appreciation of his own intellect with a helping of entertainment. In a sense, Sigma coopts the space provided in the magazine to place the asylum in a positive light and to dispel popular notions of the asylum as a place filled with debased individuals who cannot exercise their intellect and turns it for his own designs. These schemes include flouting conventions of decency in publishing while spreading enough markers of education across his text to allow the reader to reconsider their preconceptions about the possibility of an educated member of the lower class. While this sort of perversity could potentially anger the editor who realizes Sigma’s intentions, there is a readerly pleasure in witnessing a writer outwit those who would potentially censor his work. Of course, it is possible that the editor is aware of and complicit with Sigma’s intentions. In this case, the decision to publish Sigma’s poetry may be driven by a need to attract readers with the disguised obscenity of his topics.

Sigma further demonstrates his ability to treat a subject judged impolite with wit in his commentary on Mr. Jenkinson, who “still on his sofa is lying—/ For shag and slim waist like a furnace is sighing;/ And declares he’ll turn Turk, if you don’t straight provide/ A couple of hours to wait by his side” (52-55). Through this description, Sigma openly engages with the topic of eroticism while subtly distancing himself from the matter by keeping the focus on Mr. Jenkinson as the locus for the unfulfilled desire. His mention of

“turning Turk” has enough prejudice to declare his own superiority and Britishness and express his implicit judgment of Mr. Jenkinson. The most common understanding of “turning Turk” was to take on the cruelty, and brutishness that the British associated with Muslim men (“Turk, n.4.”). The implied threat of violence illustrates the strength of Mr. Jenkinson’s sexual desire as he demands “houris,” an allusion to the virginal nymphs of the Muslim Paradise. Sigma’s willingness to write so publicly and pornographically about another person’s sexual desires is potentially dangerous for him, for such openness about another person’s sexuality reeks of impropriety and immodesty. Sigma’s discussion of Mr. Jenkinson, though risky in terms of sexual mores, allows him to begin constructing an identity as one who is capable of treating obscene material with humor while avoiding editorial censorship.

Though Sigma avoids being explicitly critical of the asylum, a decision revealing his rhetorical awareness, he subtly casts doubt on the intelligence of Dr. Browne. Early in the poem, Sigma warns the absent physician who is traveling for treatment of his rheumatism against “follow[ing]/ The cold water cure of that Pluvius Apollo” at Graefenberg (16-17). This reference, drawing on the title for Jupiter as bringer of rain and Apollo as god of healing, alludes to the founder of hydrotherapy, Vincenz Priessnitz, who founded a spa and treatment center in 1822. Finally, Sigma begins this discussion by declaring, “If you take my advice,” preparing Browne for his pronouncements about hydrotherapy. In this moment, Sigma is casting himself as possessing the knowledge sufficient to denounce Priessnitz’s treatment. By expressing doubt about hydrotherapy, Sigma presents himself as reasonable and sensible, in contrast to his depiction of Browne as potentially gullible. Sigma’s tone of disbelief is demonstrated through his description of

Pluvius Apollo as “cur[ing] old and young of the dumps,/ By the magical aid of a couple of pumps” (18-19). The phrase “magical aid of a couple of pumps” reveals a sense of sarcastic disbelief on Sigma’s part, for while new and unfamiliar machinery can seem magical, water pumps are nothing new and lack any mystery. Additionally, “magical” as a descriptor for hydrotherapy automatically places it in the realm of pseudoscience, rather than objective, scientifically-supported medicine. Sigma’s decision to warn Browne against this treatment reveals his suspicion that the doctor is incapable of distinguishing legitimate methods from quackery.⁷⁸

Sigma continues his disrespect for Dr. Browne through his plea for the doctor’s return, though his tone becomes more sarcastic than before. Near the end of the poem, Sigma beseeches his recipient to “heal thyself quickly, physician—now do:/ One and all will rejoice, if to-morrow you’ll promise/ To lift up the light of thy countenance on us” (75-77). The tension created by the mixing of biblical allusions in this passage is rather amusing, referencing the Pharisaical cry for Christ on the cross to “heal thyself, physician” and the prayer in Psalm 4:6 for God to “lift thou up the light of thy countenance upon us.” While the section quoting the psalm is unreservedly positive, the demand, “heal thyself, physician,” in its original context expresses a disdainful doubt in the auditor’s ability to heal as well as the auditor’s identity as a healer. Though Sigma’s quotation on the surface

⁷⁸ I have been unable to find proof that Browne was actually seeking this treatment in Graefenberg; however, the minutes of the Board of Trustees from 5 September 1844 does include a discussion of Browne receiving approval for a few weeks leave of absence, lending some credibility to the comments on Browne’s absence in Sigma’s poem (Crichton Royal Institution Board of Trustees and Directors 259). The minutes from the 26 November 1844 meeting suggest that Browne had returned quite recently and was thus unable to provide an expected report (267). As the first number of *The New Moon* is dated 3 December 1844, it is quite possible that Browne was indeed absent when Sigma produced his contribution.

fits with his desire for Browne to recover, the context of the quote reveals its nature as a jab, implicitly casting doubt on Browne's identity as a physician and his ability to heal. It is possible that Browne's absence while Sigma was writing his poem emboldened the editor of the *New Moon* to the extent that he would allow such sarcasm in a contribution that could be seen as critical of the asylum administration. However, it seems likely that the perceived therapeutic benefits of producing such a piece of clever writing were valued more highly than any potential disrespect that would result in the readers encountering remarks derogatory of Browne.

Just as Richard Paternoster, discussed in the previous chapter, found *The Satirist* to be a receptive space in which to create *The Madhouse System*, his exposé of the abuses occurring in the asylum where he was wrongfully confined, the patients at the Crichton Royal Institution and The Glasgow Royal Lunatic Asylum also find room in their asylums' literary magazines for their own tales. Through their contributions to *The New Moon* and *The Gartnavel Gazette*, the patients at these asylums demonstrate their familiarity with the signifiers of sanity and the markers of restraint and respectability and use them to attract readers that might otherwise ignore what they would have to say. Rather than being willing to suffer silently under the power of their diagnoses, these individuals, often nameless, produce texts that speak beyond the asylum, claiming a voice in the periodical marketplace for those formerly silenced by diagnoses of mental illness.

CONCLUSION. REWRITING THE NARRATIVE

This project grew out of a desire to understand the operation of power in the relationship between doctor and patient. As I narrowed my focus on mid-Victorian literature representing the diagnosis and confinement of patients judged to be insane, I discovered that this medical process is sometimes portrayed as the creation of a madness narrative. Such an account explains and justifies confinement, despite attempts by the potential patient to resist this medical decision. I asked how people (and characters) could be ignored so blatantly, how statements defending their sanity could be used against them. Incorporating the voices of the potential patients, the medical figures, and the family members, the madness narrative powerfully recasts the person as the lunatic, leading those who encounter the tale unwarily to accept the diagnosis and confinement of the patient without suspicion.

As I encountered texts written by patients confined to asylums and former patients, I began to ask how the patient's ability to construct a narrative affects the experience of being confined and attempts to gain freedom from the asylum. From Richard Paternoster's *The Madhouse System*, the earliest text in this project, through Charles Reade's *Hard Cash* to the anonymous and pseudonymous contributions of patients to literary magazines in Scottish asylums, we see efforts to resist the silencing power of the madness label through narratives. Just as the authority of the doctors to oversee the creation of the madness narrative is supported by their cultural and social capital, patients crafting counter-narratives that reject and modify their madness narratives draw on their own symbolic capital as they attempt to reach readers who will take their accounts seriously. This project points us to a more nuanced engagement with representations of the process of diagnosis

and confinement, uncovering the importance of symbolic capital in locations and decisions where medical authority ought to take precedence. Additionally, my project brings attention to Scottish asylum magazines, which have largely been overlooked by scholars, calling for us to revise our understanding of a method of subtle resistance possible within some asylums.

This project contributes to the scholarship on Victorian representations of mental health by explaining how patients and former patients confined to asylums were able, through writing, to resist the oppression of their diagnoses and confinement, at least in a small way. My framework of the madness narrative (as a collaboratively-created story combining written words, spoken language, and visual cues to justify a diagnosis and subsequent confinement) allows us to understand the importance of non-medical forms of symbolic capital in decisions regarding mental health during the Victorian period and can be modified to examine other medical experiences. By investigating the historical and cultural context of the authority figures within the system, we determine how their professional authority is supported, challenged, and complicated by their cultural and social capital. Examination of attempts by individuals disempowered by the system to resist their oppression within the system allows us to understand how they challenge the symbolic capital of the authority figures and attempt to demonstrate their own possession of those same forms of capital. Legal studies, which considers another complex system operated and managed by specialists, could prove a useful area for application of my framework, for attempts by oppressed individuals to represent themselves in court and other legal situations would likely illustrate the material effect of symbolic capital on the outcome of court cases.

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