Punishing the unregulated manly body and emotions in early Victorian England[1]

Joanne Begiato

Introduction

In *Manliness: A Lecture*, 1857, the minister Hugh Stowell Brown explained in great detail what constituted true manliness:

> I, virtue, I am manliness. I alone am manliness; without me you may be a fool, you may be a brute, you may be a demon, but you cannot be a man. I must be enthroned in your heart; I must have the absolute government of your physical, intellectual, moral being; I must regulate your life; I must direct you in your going out and your coming in; I must have the control of your thoughts, feelings, words and deeds; on such conditions only is it possible for you to be manly! (Brown 1858)

Brown spelled out that 'virtue and manliness are identical', telling his working-class audience that manliness 'stands in strong and eternal antagonism to every form of Licentiousness'. To be 'manly' was an ideal and an aspiration for men of all social ranks in the nineteenth century; the adjective conveying prized masculine values to society including virtue, piety, courage, endurance, honesty and directness.

As Brown explains, to be manly, nineteenth-century men were required to manage their bodies and emotions; left unregulated, they could severely undermine manliness. Thus, physical and emotional self-control was essential to achieving manly qualities. Historians of masculinity demonstrate that Victorian men's character was forged in independence and self-discipline (Tosh 2005: 75). These were more than abstract values, however, since their attainment depended upon hard work and a pious mind and heart. As such, manliness was not predominantly cerebral but depended upon a man controlling his body and managing his feelings. Increasingly, historians recognise the importance of both bodies and emotions in the formulation of gender ideals. Christopher Forth, for example, demonstrates that dietary

practices were considered to materially as well as symbolically construct the eighteenth- and nineteenth-century Western European male body; commentators envisaged food as impacting on nervous, digestive, and reproductive systems to thereby craft the materiality of manhood (Forth 2009: 582). Manliness from 1880 to 1914, Stephanie Olsen concludes, 'represented a cluster of carefully honed, controlled and directed emotions that were to ensure the embodiment, the emotional constitution of morality' (Olsen 2014: 13, 14, 166). This chapter positions itself within these historical approaches by tracing the relationship between the regulated male body and being manly in the early Victorian era, with particular emphasis on the meanings and consequences of the failure to manage appetites and emotions (Olsen 2014: 3).

This perspective is useful because little scholarship focuses on how far adult men were rewarded for being manly and penalised for being unmanly. When the penalties imposed on men deemed unmanly are discussed, the attention is largely upon accusations of effeminacy as the forfeit for failing to conform to gender norms. John Tosh, for example, argues that men were faced with a 'stark binary form of manliness against effeminacy, self-indulgence against self-discipline – or vice against virtue' (Tosh 2005: 73). Thus, domesticity and intensive time spent with wives and daughters were considered to risk effeminizing a man by undermining his vigour and authority (Tosh 2005: 70). This chapter proposes that effeminacy was not the sole antithesis of manliness or its main threat (Ellis and Meyer 2009). To be unmanly could also indicate a variety of bodily and emotional failings, which were not equated with being feminine, such as physical weakness, bodily excess or incapacity, and uncontrolled and unmanaged feelings. As Brown insisted in his lecture, 'there is no manliness in sin of any kind' and this relationship is considered in the first half of this chapter (Brown 1858). The chapter then turns to the penalties imposed for bodily and emotional excesses, demonstrating that they could have harsher consequences than the undermining of a man's

masculine reputation, even extending to physical repercussions. It does so by examining the most extreme form of penalty incurred by the breakdown of male self-control over the passions: the categorisation of insanity. It analyses the case notes of a sample of 180 male patients admitted in 1851 and 1854 to Colney Hatch, the second pauper lunatic asylum for the County of Middlesex, which opened at Friern Barnet in July 1851 (Hunter and MacAlpine, 1974).

Regulating the manly body: self-control and bodily appetites

Desirable standards of manliness required adult men to attain a high level of emotional and bodily management. Self-mastery over sexuality, food and drink was critical to becoming manly; how a man lived was as important as possessing a male body (Forth 2009: 579, 583). Physical moderation and abstinence were motivated by religion, health, morals and a modernising lifestyle. Christopher Forth argues that muscular ideals about masculinity came into being across Europe once modern lifestyles were perceived to be more luxurious and sedentary. Modernity was imagined to soften the body causing obesity, laziness, masturbation, and sodomy (Forth 2009: 580-1; Calvert 2013: 39). As such, masculine character and body were both intended to be built through a simple diet, which would enable men to build a harder body, resistant to the temptations of sexual excess (Begiato 2017: chapter 6).

Elite boys and youths were trained in forms of manliness through schooling, religious organisations, and engagement with sport (Rothery and French 2012: 17). Manliness and self-control were also demanded of low-ranking men nonetheless: even convicts. In 1861, for example, a Prison Governor reported to parliament on a commission into convict prisons in Ireland, explaining his regime for the convicts:

> I endeavour to inspire them with self-dependence and self respect- to generate in their hearts a repugnance to theft – to implant in their minds thoughts of true manliness- to

> encourage habits of temperance and honest, independent industry- to wean and win them from their past evil ways- to breathe into them the duty which they owe to their fellows, and place before them, clearly and patently, how they themselves can heal and eradicate their own mental and moral diseases, when assisted by a merciful and forgiving Providence (Parliamentary Papers 1861: 78).

One of the most famous proponents of a disciplined lifestyle was Samuel Smiles who made it a crucial component of his doctrine of self-improvement in *Self Help* (1859). Smiles, informed his working-class male readers that the highest object of life was 'to form a manly character, and to work out the best development possible, of body and spirit, - of mind, conscience, heart, and soul' (Smiles 1859: 150).

Self-control was critical in this endeavour. Smiles' explained that his motivation for writing the book was the success of a talk to young Northern working-class men in which he gave examples of successful men to show the audience that 'their happiness and well-being as individuals in afterlife, must necessarily depend mainly upon themselves, - upon their own diligent self-culture, self-discipline, and self-control, - and, above all, on that honest and upright performance of individual duty, which is the glory of manly character' (Smiles 1859: 6). For Smiles, manly character was sustained by not giving in to physical desire, whether for sexual gratification or food and alcohol, by controlling inappropriate passions and feelings such as anger and fear, and by physical hard work. Thus he advised his working-class reader to be frugal with money and diet. In his chapter 'Money, – use and abuse' he recommended that the provident man should not just plan for the future, 'he must also be a temperate man, and exercise the virtue of self-denial, than which nothing is so much calculated to give strength to the character'. By this date self-denial, was in and of itself a virtue that supplied 'strength to the character' (Smiles 1859: 137). Mastering temptation raised men's status; its lack produced discontented poor men who suffered from 'weakness, self-indulgence, and

perverseness' (Smiles 1859: 139) Succumbing to temptation even stripped middle-class men of their manliness. He disparaged their 'ambition to bring up boys as gentlemen, or rather "genteel" men' through which they 'acquire a taste for dress, style, luxuries, and amusements, which can never form any solid foundation for manly or gentlemanly character' (Smiles 1859: 143).

While the link between unmanaged passions and unmanliness was a feature of the Georgian and Victorian eras, arguably more was demanded of men's will-power in the latter. It is helpful to focus on the changing emphasis in dietary and alcohol restraint from moderation to abstinence to illustrate this. Restricted diet increasingly took on a more extreme form, for example, in abstention from meat. Vegetarianism was often considered a higher form of restraint in the Victorian period and was often adopted by those in the temperance movement (Calvert 2003: 20, 56). This non-denominational movement began with attempts to make milder beverages available, and from 1828 targeted spirit drinks. Teetotal societies were formed from the 1830s which sought total abstinence from all alcoholic drinks (Calvert 2003: 55, 99). Typically, they linked succumbing to temptation to the undermining of gendered bodies and minds. The temperance organisation, The Band of Hope, founded 1847, for example, issued an instructors' guide which observed that 'The youth who is under the influence of strong drink is at the mercy of his passions and has no resistance to temptation' and therefore unmanly (Olsen 2014: 108).

The dangers of uncontrolled habits were often delineated through gender conventions. Warnings of the dangers of drunkenness often focused on the gin-sodden woman consigned to prostitution thanks to her drinking. Moreover, many visual and textual Victorian temperance narratives centred on the decline of the respectable family man, depicting his fall as one of status in class, character, and masculinity (Murray 2012: 291). In 'road to ruin' accounts, the man travelled a ruinous journey from decency to drunken degradation thanks to

excessive consumption of alcohol. One of the most popular was George Cruickshank's series *The Bottle*, 1847, which sold 100,000 copies and was visible to many more eyes since it was displayed in shop windows (The Bottle, 1847/8). These melodramatic, haunting images depict a respectable man succumbing to the temptation of alcohol; his decline illustrated through his diminishing masculine attributes. In the first plate he introduced alcohol to his comfortable home and family, by the second he was no longer the male provider, having been discharged from employment for drunkenness. Thus the room was cosy no more, denuded by pawning its comforts in exchange for more alcohol. The plates that follow show the family begging on the streets and the death of their youngest child. Next the man falls to the level of the wife-beater, engaging in 'fearful quarrels, and brutal violence' until he murdered his wife with a bottle. The remaining plates vividly depict the consequences of excessive alcohol consumption: the husband a 'hopeless maniac' in a cell, the children reduced to vice via the gin-palace and beer-shop; the daughter dead by her own hand, the son transported for robbery (Murray 2012: 296, 297, 301, 302). Here was a man utterly unmanned by failing to control his appetites and therefore his passions, the result being destruction of job, reputation, family, and sanity.

The degrading physical losses of manliness caused by a descent into drunkenness were still powerful in temperance campaigns at the end of the century. For example, campaigns to make the Royal Navy teetotal used the connection in publicity. Agnes Weston's materials aimed at naval men made it clear that their inability to resist alcohol emasculated them. In one article she declared that 'the fine, manly, stalwart form of a man-o'-war's man reeling up the street, all his manliness gone, and the kindly, pleasant-spoken fellow turned either into a drivelling idiot or a rough swearing bully, is a spectacle sad enough to make men and angels weep' (Conley 1999: 9). What is striking in all these depictions is that the unmanly man was driven to insanity by his inability to resist bodily temptation. The fate of

Cruickshank's drunkard was Bedlam and the drunken sailor became an 'idiot'. The final section of this chapter explores the associations between the failure of will to control the passions, definitions of insanity, and loss of manliness.

The unregulated manly body: passions and insanity

Given the social importance placed upon male self-control, there were a variety of social, economic and cultural penalties associated with unrestrained male behaviour, which affected men from all social classes. This had long been in place. Early modernists have shown that unregulated, intemperate, or violent behaviour undermined middling-sort men's reputations in communities linked through credit. Similarly, work on the sexual double-standard indicates that adulterous middle-class married men lost public honour in the eighteenth century (Bailey (Begiato) 2003; Capp 1999; Turner 2002). Class and gender historians have also revealed the role that gender played in constructing class identity in the first half of the nineteenth century when respectable, self-controlled, masculine behaviour was integral to middle-class identity, inferring that failure to achieve this damaged social as well as gender status. In this era adopting such a manly persona was also part of working-class men's attempt to attain political and civic voices and social mobility by demonstrating the capacity to manage their bodies and feelings (Davidoff and Hall 1987; Clark 1997). The lack of such manly characteristics therefore risked downward social mobility for many men.

Demonstrating lack of self-restraint became more risky in the nineteenth century because persistent and extreme lack of control over passions, bodies, bodily appetites, and feelings was increasingly pathologised as a cause of insanity. In the early modern period, failure to control bodily appetites and the passions was seen as the road to crime and sin, punishment, and, eventually, redemption (Wilternburg 2004). During the nineteenth century, understandings of emotions shifted and the passions were increasingly conceived as internal

and non-cognitive, so that men's self-control needed to be a habituated state, more an inner instinct than a reasoned response (Dixon 2011: 304). Changing understandings of the medical aspects of passions meant that passions were less likely to be seen as a cause or symptom of organic disease and reconceptualised as the manias and phobias of mental illness (Dixon 2011: 305-6; Dixon, 2012: 341). Thus while there was consistency over time in the idea that succumbing to temptation escalated vice and undermined masculine identity, additionally it was considered to fuel a descent into madness, tainting the body through progressive loss of strength and constitution the mind through mania.

Bodies and emotions were central to explanations for insanity. For medical practitioners the body also represented its owner's physical circumstances and moral standing (Wallis 2014: 99). Forth observes that nineteenth-century health manuals related good health with aesthetic, physical, and moral traits. A man whose body was attractive and whose temperament was calm, would therefore possess internal organs that functioned efficiently and harmoniously (Forth 2009: 583). From the 1790s to 1850s it was understood that madness lay in disordered nerves and minds, caused by factors like poverty, stress, and emotional problems (Porter 2003: chapter 18; Shepherd 2014: 116). Samuel Tuke set out the causes of the main forms of insanity in his *Description of the Retreat* (published 1813), a Quaker-family mental asylum established in 1796:

> The approach of a maniacal paroxysm, is generally marked by an uncommon flow of spirits, and great warmth of the passions. For a time, these are not unusually kept in considerable subjection; but the mind, in this state, seeks for situations unfavourable to its calmness. The mental excitement of some, leads them to form indiscreet and hasty attachments [what he calls disappointed affections], which, leading to disappointment, hastens or perhaps induces the complete development of the disorder (Tuke 1818: 131).

Bodily appetites were critical too. Tuke noted that ‘Intemperance is another very prevalent, and less ambiguous cause of insanity’. William Black, Physician to Bethlem, added venereal causes to his list, published in *A Dissertation on Insanity*, 1811 (Tuke 1818: 133; Goodman 2015: 152-3). Masturbation is a particularly representative example (Goodman 2015: 158-9). Lesley Hall observes, that although the Victorian medical profession held varying views on the level of risk of masturbation, all saw it has having physical as well as moral consequences (Hall 1992: 365-87). Self-gratification facilitated and rooted sensual self-indulgence in men and made them unable to resist other temptations, leading to bodily disease and, in some views, insanity (Hall 1992: 373, 374, 382). As William Acton declared in the fourth edition (1867) of his *The Functions and Disorders of the Reproductive Organs*, citing at length from Robert Ritchie, 'An Inquiry into a Frequent Cause of Insanity in Young Men,' published in *The Lancet* in 1861: ‘That insanity is a consequence of this habit [masturbation], is now beyond doubt’ (Acton 1867: 95).

These same causes of insanity continued to be applied through the nineteenth century. For example, from 1867 to the end of the century the Surrey mental asylums Brookwood (a county asylum) and Holloway (a private sanatorium) identified as causes of insanity, mental worry, domestic trouble (including bereavement), adverse circumstances like business worries, love affairs, and ‘physical’ causes which included intemperance and bodily disease (Shepherd 2014: 124-5). In the 1890s the Board of Commissioners in Lunacy still applied six different categories for non-hereditary causes of insanity, which encompassed problematic circumstances, emotions and bodies: domestic trouble; adverse circumstances; mental anxiety and overwork; religious excitement; love affairs; and fright and nervous shock (Goodman 2015: 154).

In order to explore the penalties for men of failure to control bodily and emotional appetites, the next section is based on a sample of male case notes from Colney Hatch

Asylum (later known as Friern Hospital). The series of case books from the male side of Colney Hatch are held at the London Metropolitan Archives and a sample of the case notes therein were transcribed from the years 1851 and 1854 in order to survey patient notes from the first years of the asylum's history. In the case books, asylum medical officers recorded various details about patients from their admission until their discharge of death, namely their medical condition, appearance, habits, and behaviour (Andrews 1998). As such the case notes offer insights into medical officers' perceptions of their male patients and the links between failure of self-control, diminution of manliness, and insanity. The discussion focuses on those physical and moral causes (often the most numerous) which were related to the passions and self-control: General Paralysis of the Insane [GPI] and intemperance.[2]

The case notes typically record more than one cause of insanity. This is because a previous medical diagnosis or family opinion was first stated on the notes, and then added to by the Colney Hatch medical officer following observation.[3] In cases where men remained in the asylum for long periods new symptoms appeared or were identified over time. Thus although thirty-seven men were identified as having features of GPI this was more often diagnosed after the men's admittance rather than as the primary cause, since it was 'generally conceived of as a progressive deterioration of the whole mental and physical personality' (Wallis 2011). In some cases GPI was defined as incipient with descriptions of quivering of lips, tremor of facial muscles, difficulties in speaking, and unsteady gait, in others simply as abject or hopeless General Paralysis. It was not unequivocally established until the twentieth century that GPI was the final stage of untreated syphilis. In the mid nineteenth century alienists had reached no consensus about its links with venereal disease, but understood it to be linked to alcoholic and sexual excess (Wallis 2015: 100-1).

Indeed intemperance was also frequently recorded separately or as a possible contributor to the patient's condition alongside another stated cause. An intemperate lifestyle

was mentioned in twenty-seven men's case-notes. This category included drunkenness, usually addiction to spirits and beer, as well as a more general vicious lifestyle. Typically, men's strength and constitution was understood to be broken-down by intemperance, their muscles rendered flaccid, and their bodies subject to impotency, trembling, and mental derangement (Makras 2015: 137-8, 139-40). In several case-notes, the reference to intemperance was an opinion passed by the medical officer assessing the man; for example, James Fidler: 'Recurrent attack, of about 6 weeks duration – cause unknown – (probably intemperance)' (LMA 1854). In Charles Langley's case: 'There is a vagueness and difficulty about him which is suggestive of a fear of his having led a very irregular life' (LMA 1854). In some cases drunkenness was seen as exacerbating a prior cause of insanity. In John Costey, it worsened an accident:

> Instead of resting after this accident he went to work next day and was in the habit of drinking hard. Almost every day for a twelve months previously he was intoxicated. He continued this habit until his admission to Peckham Asylum. He would drink beer, rum, and brandy on the same day and at the same sitting at the bar of public houses (LMA 1854).

Intemperance was not restricted to alcoholism, and descriptions associated it with unrestrained sexuality and anger too.

In other cases it was the lifestyle itself which led to insanity. Some men seem to have identified this about themselves. Dwigne Leopold's own account of his troubles were recorded in his case notes in 1851: 'that when on his way from Ireland to visit France, passing through London he was mixed up with very bad company – and became intemperate – his brain was attacked and he became maniacal' (LMA 1851). Thomas West also attributed his condition to his lifestyle. His case notes recorded: 'He states that he is a native of

Warwick and has been 17 months in London and that he has succumbed to the vices and temptations of the metropolis' (LMA 1854).

Vice included a number of 'immoral' practices. In two cases masturbation was identified as the cause of insanity. About James Fitzgerald, for example:

> His friends say that until seven years since he was a sharp active lad of regular habits – intelligent and very respectable – about that time it was noticed that he absented himself shutting himself in his room and gave way to the habits of masturbator under which evil practices his mind seemed until entirely to break down (LMA 1851).

This parallels Ritchie's 'premonitory symptoms' of the typical masturbatory inmate in the insane asylum, in which the youth gradually altered from being 'quiet and studious', of good behaviour and abilities, to an isolated, slovenly, apathetic, unmanageable character. Ritchie states that in the asylum such a patient was marked out by his unsociability, pale colouring, emaciated slouching frame, and flaccid muscles (Acton 1867: 9506, 97). Clearly, masturbation was seen as unmanning in a very physical way.

As well as recording state of health, the case notes commented when a male patient was 'dirty in habits'. In the vast majority of cases the disparaging term, dirty or filthy simply described incontinence and occasionally was used more diagnostically as a manifestation of insanity in which the patient handled his own urine or excrement. In two cases, however, the term dirtiness was extended to the man's moral behaviour. John Leslie's dirty habits included his uncovering himself (LMA, 1854). William Phipps was 'reported as dangerous, (although hemiplegic) but not suicidal or Epileptic and as labouring under various Delusions and being dirty and indecent in his habits and as having used indecent language and threatened the lives of his wife and others' (LMA, 1854). As Phipps' notes demonstrate, physical and moral

causes and symptoms of insanity often made up a package of attributes which were rooted in lack of self-control of bodily appetites and passions.

Indeed, failure to control passions was itself referred to by patients and their families as a significant factor in the men's downfall. Lewis Aaron was admitted August 22nd 1851. Aged 35, married and a Clothes Salesman he was described as:

> A Jew with very marked features of that persuasion. He has been married about two years previous to which time he had a very Debauched life which evidently has caused the maniacal attack that he at present labours under. He has had two or three Epileptic Fits. His health is good and he affirms there only to have been fits of passion over which he had no control. His wife says that his passion and tempers are so ungovernable that it is impossible to live with him. His conversation is rational, though excessive and he complains bitterly of the confinement (LMA, 1851).

Bernard Fitzpatrick aged 50, married and formerly a Soldier and more recently a Hawker was admitted for a third time to Colney Hatch in June 1854, having been last discharged as recovered in February that year (LMA, 1854). He had recently been committed to Gaol for assaulting his wife and the police and while imprisoned used abusive and threatening language and showed 'much excitement' at times. On admission the case notes recorded that,

> he is prone to excitement and rambles in his conversation. He says he might have been excited by passions and broke the windows of his lodging house and then struck the police who entered the house "not with the foot of the bed-stead, I am more of a man than that" (LMA, 1854).'

Like Aaron, Fitzpatrick clearly saw his passions as uncontrollable and leading to violence. He defined his manliness however by the means by which he struck the police. To be a man

required a fair fight with each man relying on fists alone (Newell, 2017). The failure in both men to restrain passions was attributed to their previously debauched or intemperate lives. Fitzpatrick had served in the army from 1827 until he was pensioned out in 1839 having succumbed to yellow fever in the West Indies, which was identified as causing his insanity. Nevertheless, it was Fitzpatrick's questionable lifestyle and problematic self-restraint which was noted. Since the attack of fever he had been prone to insanity 'which has been excited by drinking beer'. Moreover: 'Before his commitment to the House of Correction 6th May 1854 he has been drinking with some of his countrymen … when he showed violence and broke windows' (LMA, 1854).

The importance of lack of self-control as a cause of male insanity is reinforced by practitioners' focus on rebuilding it to aid recovery and manliness. As Roy Porter observed, 'new psychiatric techniques of mastering madness, aimed at overpowering the delinquent will and passions' (Porter 2003: 314). Rather than trying to treat insanity through physical treatments, 'moral therapy' was introduced which focused on the restoration of self-control as enabling recovery from insanity. In England, this was initially a lay treatment influenced by continental models, most famously deployed by the Quaker Tuke family at their private asylum, the Retreat in York, established in 1796. The therapy reacted against coercive discipline previously used in asylums, proposing that treatment removed the afflicted individual from the damaging environment into the asylum where the patient could regain control of emotions and learn self-regulation. Samuel Tuke remarked: 'most insane persons, have a considerable degree of self command; and … the employment and cultivation of this remaining power, is found to be attended with the most salutary effects (Shepherd 2014: 116; Tuke 1818: 89). As Louis Charland observes, this philosophy was profoundly shaped by ideas about sensibility and benevolence but was not kindness for kindness sake, 'it was kindness administered for a specific ethical goal: instilling discipline and self-control'. He

describes it as 'ultimately a therapy of the passions. It worked on the passions, through the passions' (Charland 2007: 72). Such belief in the moralised value of will was shared in broader discourses of self-control. In 1857 the *North British Review* commented on drunkards: '[t]he great object in their treatment is to keep them from stimulants, and to train their moral feelings as to accustom them to bridle and overcome their morbid propensities' (Makras 2015:141).

Though moral treatment rejected the use of restraint, confinement might be deployed by asylums to train men to control violence and bodily habits. Samuel Tuke explained that the Retreat included an apartment furnished with a bed, securely fastened to the ground in which a [male] violent patient could be temporarily confined, 'by way of punishment, for any very offensive acts, which it is thought the patient had the power to restrain' (Tuke 1818: 64-5). Tuke suggested that the room was not in high demand, presumably because moral treatment was successful. It is likely that the 'offensive acts' Tuke described were masturbation. In some asylums blisters would be applied to the necks or even genitals of men who masturbated as a counter-irritant to divert their mind from the dangerous bodily excess (Shepherd 2014: 137). In others the patient was segregated until able to master his own behaviour (Shepherd 2014: 133).

Moral treatment of the insane was widely used throughout the nineteenth century since it was adopted by the medical superintendents of new county pauper asylums from the mid-century. As Louise Hide observes about the period 1890-1914, asylums still aimed to use kindness and pedagogy to alleviate the patients' distress and use reward and punishment to enable them to accept the consequences of their behaviour. However, with the vast growth in size of asylums from the mid-nineteenth century, such ambitions became impracticable and 'moral management' took over. This used the asylum buildings, material culture, exercise and amusement, and religious instruction to the same ends, rather than a specifically

personalised approach (Charland 2007: 66; Porter 2013: 318; Shepherd 2014: 116-7, 125; Hide 2014: chapter 4). While some aspects of the causes, diagnostic criteria, concepts of recovery, and treatment of insanity were applied to both sexes, they were also influenced by what society considered suitable gendered behaviour for the sexes (Shepherd 2014: 118).

The paradoxes and penalties of being unmanly

Until recently, most scholarly attention was paid to women and femininity with the thesis that the representative cultural stereotype of madness in the nineteenth century was female (Makras 2015: 135-7). Current scholarship, however, addresses the 'forgotten madman' too; exploring how male insanity was equally influenced by ideas of masculinity (Makras 2015: 137; Hide 2014). Thus, Helen Goodman argues that nineteenth-century male mad doctors found it difficult to reconcile mental illness with men because madness was seen as a feminine condition (Goodman 2015: 149-150, 158, 160). Men displaying hysterical symptoms, therefore, demonstrated effeminacy because they were failing to perform the male virtues of strength, decisiveness and authority. In his *Treatise on the Nervous Diseases of Women*, published 1840, for instance, Thomas Laycock opined that hysterical male patients lacked self-control, and engaged in emasculating 'vicious habits' as a consequence, resulting in their blood being reduced to the state of a hysterical female (Goodman 2015: 161, 162). In Goodman's view, new causes of insanity were therefore conceived to assimilate men deemed insane into existing gender categories; namely adverse circumstances due to business and financial difficulties, and mental anxiety and overwork. These were appropriate causes of male insanity since they matched men's gender roles as breadwinners and workers (Goodman 2015: 152, 155-7). Kostas Makras shows that medical, temperance, and literary texts viewed the drunkard as emasculated because his body and mind were weakened by his habits, which rendered him unable to work and provide for his family (Makras 2015: 139-140, 143, 146). The corporeal symptoms of General Paralysis Insanity in male sufferers were particularly

linked with compromised gendered characteristics. Jennifer Wallis observes that the features of GPI marked out men as the antithesis of idealised masculinity. Using medical descriptions and photographic evidence from the second half of the nineteenth century she shows that GPI's features of bodily atrophy and flaccidness, implied for medical practitioners lives of male apathy, laziness, and cowardice that contrasted with the ideal of bodily hardness and self-control (Wallis 2015: 102,110).

This chapter builds on this exciting scholarship to pursue the relationship between insanity and masculinity further. The analyses outlined above either categorise the insane man as effeminate, which in the period studied tended to mean 'like-a-woman', or as the antithesis of ideal masculinity. While the stigma of effeminacy was certainly one way in which hegemonic masculinity was maintained, it is important to recognise that there were inferior models of male behaviour beyond being like a woman. Hegemonic masculinity was a set of norms imposed on subordinate groups of men as well as women in order to uphold its dominance, and therefore used effeminacy as one of its weapons of authority. However, as John Tosh points out in his reassessment of the thesis of hegemonic masculinity, several masculine values were not related to the maintenance of patriarchal control and were related instead to peer-group standing. In these instances, those who failed were less than men (Tosh 2004: 49, 51, 54). Intemperance, vice, and GPI, considered the most extreme examples of failure to control oneself, represented the most unmanly of men, but an unmanly man was an inferior form of masculine behaviour, and at its worst bestial (Ellis and Meyer 2009). Working-class men who succumbed to drink or anger, for example, were frequently described as beasts (Makras 2015: 145). Failure to subdue one's passions and to exert control over bodily appetites made a man inferior because he allowed his unconstrained masculine traits (his passions and his bodily appetites) to dominate.

Furthermore, the intemperate or uncontrolled man who became insane was not simply the antithesis of ideal manliness. This is demonstrated in the apparently paradoxical views of men who displayed its symptoms in the second half of the nineteenth century. Juliet Hurn's study of GPI describes one strand of thought, influenced by French opinion, that the disease predominantly affected lower-class men who had been intemperate. Other British alienists, like John Connelly and Harrington Tuke associated GPI with middle-class men who had been struck down when successful, having 'lived hard' previously (Hurn 1998: 77). Thus Hurn suggests that some discerned 'admirable aspects' within GPI sufferers because it betokened former virility and strength; indeed in one line of thought, such as that expressed by a naval doctor in *The Lancet* in 1868, sexual excess was a symptom rather than a cause (Hurn 1998: 85). Thus, by the last decade of the nineteenth century, the standard GPI narrative recognised the critical role of intemperance and sexuality, but balanced such traits with positive counterparts because strong and vigorous men were perceived as most likely to be guilty of excess (Hurn 1998: 75-86).

This is not so anomalous when situated in the broader paradox at the heart of the construction of masculinities. A major tension for men in constructing and maintaining masculine identity was its inherent ambivalences. For example, some of the attributes considered unmanly, namely excessive drinking, smoking, eating, and womanising were also less respectable means by which masculinity was constructed and sustained among peers. All these activities were, after all, rooted in conviviality and virility. They were partially tolerated in youths and adult men when they might be seen as a passing phase before maturity was reached, or as an appropriate behaviour within a specific space or group (Davison 2014). Alex Shepard also argues that from the seventeenth century these behaviours were increasingly adopted by those who could not attain the normative version of manhood, as part of an anti-patriarchal masculine sub-culture (Shepherd 2005). Given that these excessive

forms of behaviour had disorderly repercussions including deviant behaviour, inter-personal violence, damage to property, and waste of earnings there was considerable emphasis upon their management by the eighteenth and nineteenth centuries. In short, debauchery and intemperance were therefore seen to be natural forms of behaviour of the male body and temperament. In order to achieve manliness, the dominant form of masculinity in the period studied, these qualities therefore needed to be rigorously controlled. Nevertheless, alternative forms of masculinity continued which permitted and approved hard-drinking and sexual virility. In many ways, the acknowledgment that male bodily collapse and insanity could be caused by such intemperate habits reinforced the cause of hegemonic masculinity by making the penalties of being unmanly shockingly clear.

Perhaps ironically, the moral treatment and moral management implemented in insane asylums exacerbated the unmanliness of men whose self-control over their passions and bodies had abjectly failed. These regimes did not punish in coercive or disciplinarian ways. Instead, they further undermined the men's manliness, at least temporarily, because such men were denied the very will and agency that defined them as manly. Although treatment sought to restore their self-control, male patients were placed in a childlike and dependent state. As Samuel Tuke commented about moral therapy:

> There is much analogy between the judicious treatment of children, and that of insane persons … even with regard to the more violent and vociferous maniacs, a very different mode is found successful; and they are best approached with soft and mild persuasion (Tuke 1818: 95, 96).

Conclusion

To be a manly man required more than a programme of education and training to acquire the prized attributes that we still associate with the concept. To be unmanly was a very risky

business that undermined one's place in society, community, and family. Much was therefore invested in male self-control and the regulation of bodily appetites and passions. Failure to master the passions resulted in an inferior man, but not a man who was like a woman. While lack of self-control risked effeminacy, in the sense of being woman-like, it was more often associated with being unmanly because it diminished the male body, making it beast-like or child-like. Being unmanly not only incurred penalties through loss of public reputation, for, as definitions of insanity surely reminded them, when men failed to exert their will to master their own passions, they also lost bodily, emotional and mental integrity.

---

[1] My thanks to Michael Brown for reading this chapter and sharing with me his expertise in the histories of medicine and masculinities and to Jennifer Wynter for her advice on scholarship on the history of insanity.

[2] As such, accounts of illnesses such as epilepsy or congenital learning difficulties are not included here.

[3] In twenty cases the patient was recorded as entering with a diagnosis of cause unknown, or not assigned, and would then have his state assessed at Colney Hatch. Such a patient therefore might have cause unknown and a cause assigned in this analysis.

Bibliography

Acton, William (1867)*The Functions and disorders of the reproductive organs*, London.

Andrews, Jonathan (1998) 'Case Notes, Case Histories, and the Patient's Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century', *Social History of Medicine* 11:2, 255-281.

Bailey (Begiato), Joanne (2003) *Unquiet Lives: Marriage and Marriage Breakdown*, Cambridge, Cambridge University Press.

Begiato, Joanne (2017) 'Celibacy, "Conjugal Chastity", and Moral Restraint' in idem and Gibson, William, *Sex and the Church in the Long Eighteenth Century: Religion, Enlightenment and the Sexual Revolution*, I B Tauris.

Brown, Hugh Stowell (1858) *Manliness, a Lecture by Rev. Hugh Stowell Brown of Liverpool*, (unpaginated).

Calvert, Samantha Jane (2013) 'Eden's diet: Christianity and vegetarianism 1809 – 2009', unpublished Ph.D. thesis, University of Birmingham.

Capp, Bernard (1999) 'The Double Standard Revisited: Plebeian Women And Male Sexual Reputation In Early Modern England', *Past and Present* 162:1, 70-100.

Charland, Louis C. (2007) 'Benevolent theory: moral treatment at the York Retreat', *History of Psychiatry* 18:1, 61-80.

Clark, Anna (1995) *The Struggle for the Breeches: Gender and the Making of the British Working Class*, Berkeley: University of California Press.

Conley, Mary (1999) '"You Don't Make a Torpedo Gunner Out of a Drunkard:" Agnes Weston, Temperance, and the British Navy', *The Northern Mariner/Le Marin du nord*, IX, 19.

Davidoff, Leonore and Hall, Catherine (1987) *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*, Chicago, University of Chicago Press.

Davison, Kate. (2014) 'Occasional politeness and gentlemen's laughter in 18th c England' *The Historical Journal,* 57:4, 921-945.

Dixon, Thomas (2011) 'Revolting Passions', *Modern Theology* 27:2, 298 - 312.

Dixon, Thomas (2012) '"Emotion": The History of a Keyword in Crisis', *Emotion Review October* 4:4, 338–344.

Ellis, Heather and Meyer, Jessica (2009) *Masculinity and the Other: Historical Perspectives*, Newcastle-upon-Tyne, Cambridge Scholars Publishing.

Forth, Christopher (2009) 'Manhood Incorporated: Diet and the Embodiment of "Civilized" Masculinity', *Men and Masculinities*, 11: 5, 578–601.

Goodman, Helen (2015) '"Madness and Masculinity": Male Patients in London Asylums and Victorian Culture' in Knowles, Thomas and Trowbridge, Serena, eds, *Insanity and the Lunatic Asylum in the Nineteenth Century*, London, Pickering & Chatto Limited.

Hall, Lesley (1992) 'Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral Panic, and Manhood in Great Britain, 1850-1950'*, Journal of the History of Sexuality in Modern Europe* 2:3, 365-87.

Hide, Louise (2014) *Gender & Class in English Asylums 1890-1914*, Basingstoke and New York,Palgrave Macmillan.

Hunter, Richard and MacAlpine, Ida (1974) *Psychiatry for the Poor, 1851 Colney Hatch Asylum, Friern Hospital 1973, A Medical and Social History*, Dawsons Pall Mall .

Hurn, Juliet (1998) 'The History of General Paralysis of the Insane in Britain, 1830-1950', Unpublished PhD Thesis, University of London.

London Metropolitan Archive [LMA] H12/CH/B13/1 Middlesex County Lunatic Aslyum Colney Hatch. Case Book, Male Side. No. 1, 1851; H12/CH/B13/4 Middlesex County Lunatic Aslyum Colney Hatch. Case Book, Male Side. No. 1, 1854

Makras, Kostas (2015) '"The Poison that Upsets My Reason": Men, Madness and Drunkenness in the Victorian Period' in in Knowles, Thomas and Trowbridge, Serena, eds, *Insanity and the Lunatic Asylum in the Nineteenth Century*, London, Pickering & Chatto Limited.

Murray, Frank (2012) 'Picturing the "Road to Ruin": Visual Representations of a Standard Temperance Narrative, 1830-855', *Visual Resources: An International Journal of Documentation*, 28:4, 290-308.

Olsen, Stephanie (2014) *Juvenile Nation: Youth, Emotions and the Making of the Modern British Citizen, 1880-1914*, New York: Bloomsbury Academic.

Parliamentary Papers, Eighth annual report of the directors of convict prisons in Ireland, for the year ended 31st December, 1861.

Porter, Roy (2003) *Flesh in the Age of Reason: The Modern Foundations of Body and Soul.* New York: W. W. Norton.

Rothery, Mark and French, Henry eds (2012) *Making Men. The Formation of Elite Male Identities in England c. 1660-1900: Sourcebook*, Basingstoke, Hampshire, Palgrave Macmillan.

Shepard, Alex (2005) 'From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500–1700', *The Journal of British Studies* 44:2, 281-295.

Shepherd, Anna (2014) *Institutionalizing the Insane in Nineteenth-Century England*, London: Pickering and Chatto Limited.

Smiles, Samuel (1859) *Self Help; with Illustrations of Character and Conduct*, Boston, accessed at Online Library of Liberty web site http://oll.libertyfund.org.

The Bottle and The Drunkard's Children, in Sixteen Plates Designed and Etched by George Cruikshank, London and Glasgow, 1906. Accessed at http://www.archive.org/details/bottledrunkardsc00crui

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

Tosh, John (2005) 'The Old Adam and the New Man: emerging themes in the history of English masculinities 1750-1850' in Tosh, *Manliness and Masculinities in Nineteenth-Century Britain*, Harlow: Pearson Education.

Tuke, Samuel (1818) *Description of the Retreat, an Institution near York for insane persons of the Society of Friends containing an account of its origins and progress, the modes of treatment and a statement of cases*.

Turner, David (2002) *Fashioning Adultery: Gender, Sex And Civility In England, 1660 1740*, Cambridge, Cambridge University Press.

Wallis, Jennifer (2015) '"Atrophied", "Engorged", "Debauched": Degenerative processes and moral worth in the general paralytic body', in Knowles, Thomas and Trowbridge, Serena, eds, *Insanity and the Lunatic Asylum in the Nineteenth Century*, London, Pickering & Chatto Limited.

Wallis, Jennifer, (2011) 'General Paralysis of the Insane: the 'darkest Africa' of psychopathology', Wellcome Trust Blog, http://blog.wellcome.ac.uk/2011/09/21/general-paralysis-of-the-insane-the-%E2%80%98darkest-africa%E2%80%99-of-psychopathology/ Accessed 31/03/15.

Wiltenburg, Joy (2004) 'True Crime: The Origins of Modern Sensationalism', *American Historical Review*, 109:5.

Published in:

Punishing the unregulated manly body and emotions in early Victorian England

[ISBN: 9781474428606] / edited by Joanne Ella Parsons, Ruth Heholt (Edinburgh UP, 2018).